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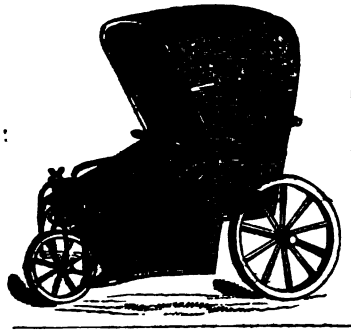

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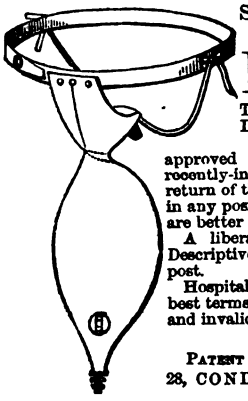

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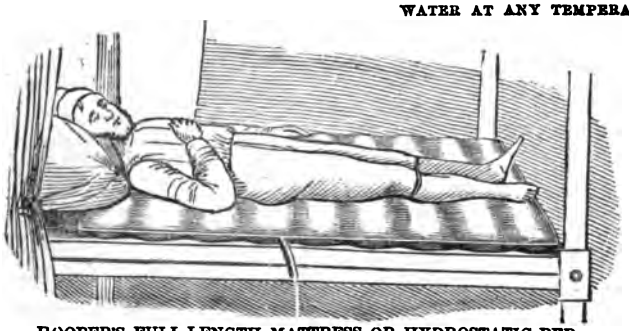
FOR PLACING ON AN ORDINARY BEDSTEAD.

WATER AT ANY TEMPERATURE MAY BE USED.



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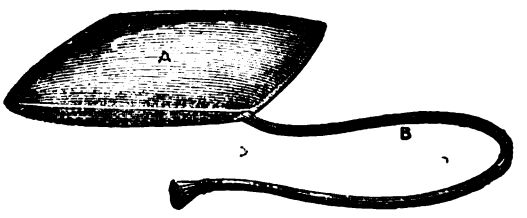
For Bedsores, Cancer, Coldness of the Body, Consumptive Cases, Diseased Joints, Dropsy, Fevers, Fractures, Gout, Gun-shot Wounds.



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For Inflammation of the Bowels, Lassitude, Paralysis, Rheumatism, Spinal Affections, Sloughing Sores, Ulcerated Cartilages, and all Invalids.

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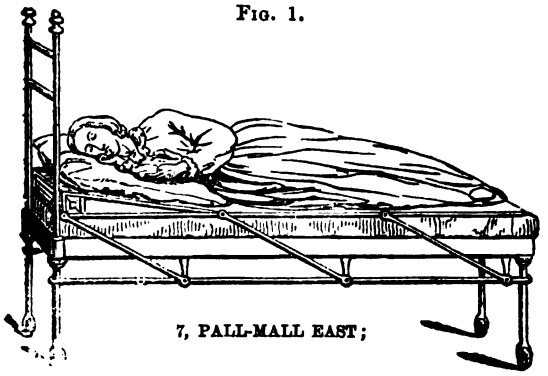
THE OBJECT of this INVENTION is to enable the Patient to be raised in any position above the Bed, so as to allow the Medical Attendant, or Nurse, to get at any part of the body that may be requisite; and also that the Bed may be re-made, the chamber utensil used, and removed with facility.

FIG. 1.



7, PALL-MALL EAST;

FIG. 1 represents a patient on the Patent Lift Bedstead, the Lifting Apparatus not being in use.

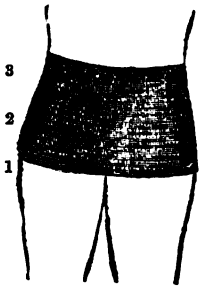
FIG. 2.

AND 55, GROSVENOR-STREET.

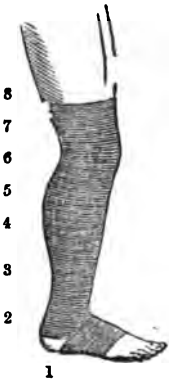
FIG. 2 represents the patient raised up from the ordinary level of the Bed by means of the Lift, so as to enable the Medical Attendant, or Nurse, to perform any of the offices before-named.

HOOPER'S SPIRAL ELASTIC SUPPORTERS.

The Figures 1, 2, 3, &c. show the points at which the measures should be taken; the length should also be stated.



ABDOMINAL SUPPORTER.



STOCKING ABOVE THE KNEE.

ABDOMINAL SUPPORTER AND THIGH-PIECE.

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WITH VALVE TO PREVENT LEAKAGE,

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At a great Reduction in Price. It is soft and inodorous, and not acted on by Urine, Acids or Alkalis, and may be washed as Family Linen.

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ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

LECTURE XIX.

OPERATIVE PHYSIOLOGY.—

ON THE FUNCTIONS OF THE ŒSOPHAGUS—ON FISTULOUS APERTURES OF THE STOMACH.

Summary: Experiments on the Functions of the Œsophagus—Effects produced upon this part of the Digestive Tube, by dividing the Pneumogastric Nerves—Erroneous Inferences drawn from these Results—The Operation abolishes none of the Sensations connected with the Digestive Process—The Effects produced rationally explained, by Stricture of the Cardia—The Fact easily ascertained by performing the Operation on Animals provided with a Fistulous Opening into the Stomach—The Stricture disappears after short lapse of Time—Experiments on the Alimentary Bolus—Amount of Saliva with which Food is impregnated—Experiments on Deglutition—Effects produced by completely dividing the Œsophagian Tube—On the Stomach—On Gastric Fistulæ—Animals fit for the Operation—Various Modes of proceeding—M. Blondlot's Method described—Modifications introduced by M Bernard—Modifications introduced, at a later period, by M. Blondlot himself—Experimental Illustration of the Process.

GENTLEMEN,—The entire series of experiments which refer to the salivary glands having now been exhausted, we shall pursue the study of the digestive functions, viewed in connexion with practical physiology.

In following a strict anatomical order, as it is our purpose to do, the first part of the digestive apparatus which occurs for notice, after the mouth, is the œsophagus. The functions of this particular portion of the alimentary canal do not offer a very extensive field of investigation, and have not been the object of a great number of experiments: we shall find, however, that the subject is not absolutely barren.

The intimate anatomical relations of the pneumogastric nerves with the œsophagian tube have naturally suggested the idea of examining the physiological effects which, by dividing these nerves, are produced on the digestive functions. It has been asserted that the sensations of hunger and repletion, of emptiness and fulness of the stomach, were entirely abolished by this operation; animals are, in fact, generally averse to taking food under these circumstances; and, whenever they consent to do so, symptoms of suffocation almost immediately make their appearance. It was therefore contended that, equally incapable of perceiving the effects of abstinence, or of feeling that the wants of Nature had been fully satisfied, their indifference on the one hand, and their voracity on the other, were the real causes of the accidents observed. But the experiment, in several respects, had not been properly controlled.

Having produced a fistulous aperture in the stomach of a dog, for the purpose of examining the secretion of gastric juice, I was led to divide the pneumogastric nerves, in order to ascertain whether the ingestion of food gave rise to its usual stimulating effects on the glands of the stomach, when partially deprived of nervous influence: but the aliments having been taken by the mouth, I was highly surprised not to see them appear in the stomach; they collected just above the cardia, and gradually filling up the whole length of the œsophagus, reached the upper orifice of the larynx at last; their presence in this latter region occasioning, of course, fits of suffocation. This result appears singular at first sight; for although in a state of health the contractions of the œsophagus contribute to press food into the stomach, yet when its muscular coat is paralyzed by the section of its motor nerves, how does it occur that the contractions of the pharynx do not give a sufficient impulse to the alimentary mass, which tends, by its own weight, to descend into the gastric cavity? The reply is, that a spasmodic contraction of the œsophagian orifice of the stomach opposes the passage of food into its cavity, and withstands the contractions of the pharynx: but in the course of a day or two, this peculiar state ceases to exist, and the animal is generally able to eat when thirty-six hours have elapsed after the operation. It is therefore evident that the section of the pneumogastric nerves exerts no influence whatever upon the sensations connected with the state of emptiness or repletion of the stomach. We shall now perform the experiment in your presence; and the results we have just been describing will be exhibited by the animal.

(The pneumogastric nerves having been divided in a very large rabbit, the animal is presented with food, which it swallows with great voracity, having been purposely kept fasting for the previous twenty-four hours. Symptoms of suffocation are rapidly produced: the animal soon recovers, and attempts again to eat, which brings on another fit. At the close of the lecture the rabbit is killed, and opened. The œsophagus is found entirely filled up with un-digested food, from the cardia to the pharynx, while the stomach only contains some vestiges of the animal's last meal; for in the Rodentia, even when kept fasting for a certain time, the stomach is never completely empty.)

These are not, gentlemen, the only experiments that have been tried on the œsophagus. An opening has been made on this canal for the purpose of extracting the alimentary bolus, in the state in which it makes its exit from the mouth; this experiment enables us to ascertain with what proportion of saliva it has been impregnated during mastication; by giving the animal dry food, and weighing it before and after the operation, the quantity of saliva therein contained is easily calculated; thus, when a horse is given ten grammes of straw, which has been previously dried with care, the mass extracted from the œsophagus weighs a hundred grammes; it might thence be inferred that the animal adds *nine hundred* parts of saliva to *one hundred* parts of food; the proportion, however, varies with the different descriptions of alimentary substances. When the parotidian duct has been opened on both sides, its secretion does not, of course, flow into the mouth, so that the process of mastication is more difficult and lasts a much longer time; the animal's thirst is also increased: all these results are easy to be explained, by the nature of the gland's functions, which we have just been studying in the preceding Lecture.

The mechanism of deglutition has also been studied by means of similar experiments. When the œsophagian duct is opened in a horse, and a ligature applied under the opening, if food is given to the animal, it escapes from the aperture in small separate masses; if on the contrary, the œsophagus is divided, the aliments swallowed make their appearance in one continuous mass, the upper portion pushing out the lower parts. In other words, the power of contraction of the œsophagus is exerted in the first instance, while the impulsion is entirely derived from the pharynx in the second. The natural conclusion which we arrive at from these experiments is, that œsophagian contractions cannot be produced, when fixed points of insertion no longer exist at each end of the membranous tube; for in all other respects the conditions of the experiment are exactly the same as in the previous case, and the nerves have not been injured, as far as the upper extremity of the duct is concerned.

We are now on the point of commencing a most important and interesting study. The experiments made on the stomach during these latter years, are among the most remarkable which exist in the records of science: their results have advanced our physiological knowledge in an extraordinary degree, and the success which has in this respect crowned the efforts of scientific observers, is principally due to the highly ingenious idea of artificially producing apertures into the stomach; in this manner have we been enabled to ascertain the real properties of the gastric juice, and to behold the natural process of digestion in the stomach, as it took place before our eyes.

Gastric fistulæ have been produced on a great number of animals belonging to different species; some, however, are totally unfit for the operation from various reasons. In order to perform the experiment under the most favourable circum-

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stances, an animal must be selected, the stomach of which is large, and easily dilated, and which at the same time lies close to the abdominal parietes. For this reason it becomes altogether impossible to perform the operation on certain animals; the horse, for instance, has a small and deeply situated stomach; besides the peculiar organisation of the equine tribe gives comparatively little importance to the functions of this organ; not only are its dimensions insignificant, but the gastric glands occupy but a very small portion of its surface, the left part being entirely coated with thick layers of hard epithelium, which are continuous with those that line the inner surface of the œsophagus. It is equally difficult for similar reasons to produce gastric fistulæ in birds provided with a gizzard; but the experiment admirably succeeds in those species which offer a muscular stomach,—the crow, for instance, and all birds of prey. It would be useless to perform the operation on the rabbit, whose stomach being never empty, even when the animal has been starved to death, cannot supply the observer with pure, unmixed gastric juice; and many other domestic animals are excluded on nearly the same grounds. In order to perform the experiment with full success, the animal selected must offer great facilities for the Surgical part of the process, and secrete abundant quantities of pure gastric juice. The dog is, in consequence, the animal which best fulfils all the requisite conditions, and is generally made use of in these experiments.

To M. Blondlot belongs the honour of having been the first to conceive the idea of this operation. The following is the process invented by this able observer:—

The animal being laid on its back and properly secured, an incision is made over the linea alba, from the xiphoid appendage down to the symphysis pubis; the stomach is then seized with a pair of forceps and drawn forwards. A silver wire is then passed into the walls of the stomach and twisted round a wooden obturator, placed outside of the abdomen. This first part of the operation having been performed, the animal is allowed to rest for a few days; and when, after a sufficient lapse of time, the walls of the stomach have adhered to the abdominal opening, the anterior surface of the organ is opened with the bistoury, and a canula is introduced.

In my own experiments I found it more convenient to modify the *modus operandi* in the following manner:—The stomach is, in the first place, distended, by allowing the animal to feed copiously an hour or two before the operation; the incision is then made, and simultaneously comprehends the walls of the abdomen and the anterior surface of the stomach, which, being distended, is contiguous to them; the canula is then immediately introduced, and a few sutures are made, in order to connect the abdominal wound with the gastric aperture. The operation almost invariably succeeds; and within a couple of days the experiments on digestion may safely be commenced.

M. Blondlot has lately brought before the public a modification of his own process, which enables the operator to dispense with a canula. It sometimes happens that an intense inflammation of the lips of the wound is produced, and that the presence of the instrument occasions a painful irritation, which renders it necessary to withdraw it; when this is not done, the neighbouring parts are sometimes mortified. In my own experiments I have avoided this inconvenience by using a double canula, which enables me to substitute a smaller one for the first, when too large.

M. Blondlot adopts a different method. After having cut open the abdomen, he provokes an adhesive inflammation, which connects the anterior surface of the stomach with the lips of the wound: he then compels the animal to swallow a ball of packthread, allowing one of its extremities to hang out at the mouth. By means of a forceps he then seizes the other extremity within the gastric cavity, after having opened it; an obturator is then fastened to the anterior extremity, and the string being drawn out through the wound, the obturator passes through the œsophagus into the stomach, and occupies the aperture, which it entirely closes. In this manner the opening can be closed at will by pulling the string fastened to the obturator, and laid open again by forcing the obturator back.

In practice this method appears to offer considerable difficulties; and we still continue, as usual, to make use of a double canula, instead of adopting M. Blondlot's new process.

We shall now perform the operation before you, and in our next Lecture, the animal on which the experiment is now made will no doubt be sufficiently recovered to furnish us with an abundant supply of gastric juice; we shall then examine successively its interesting properties, as well as that part of the digestive act which takes place within the stomach.

(The experiment was immediately performed upon a very large and fine greyhound; the animal having fed about an hour before the operation, was of course in full digestion at the time; and as soon as the stomach was opened a large quantity of gastric juice escaped from the wound.)

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

PART I.—THE HANWELL ASYLUM.

No. VII.

By JOHN CONOLLY, M.D.

THE recently published Annual Reports of all the County Asylums, and the separate notices of Licensed Houses in the Fourteenth Report of the Commissioners in Lunacy (which has just appeared), contain such abundant proofs of the competency of superintendents and proprietors to take care of the insane without having recourse to mechanical restraint of any kind, that I do not feel myself justified in entering more at length into certain details of treatment, including several inventions daily in their turn becoming almost equally unnecessary, but which appeared to be indispensable when a large number of patients were all at once liberated from forms of coercion previously considered necessary for safety. All the more important adoptions of that transition period will be understood after the perusal of the routine of an asylum-day as described in the preceding paper. It will also be readily seen that the great principle of every substitute for restraint is that of securing the general comfort of the patients. Attention was chiefly given, at the time of its discontinuance, to the disordered brain and to the irritated nerves. They may be said to have then become more seriously considered; and the resulting impulses of malady, including many disorderly muscular exertions, were found to become diminished by the abatement of the morbid condition of the functions associated with the volition and the judgment. The cases of oldest date were the slowest to yield to beneficial influences. In them, indulgence had rendered violence a kind of habitual pleasure, not readily resigned; and neglect and accumulated suffering had exasperated many dispositions to an extent which could only be remedied after long-continued kindness and forbearance had partially weakened the memory of past grievances, and time had been afforded for the slow growth of confidence in the hearts of those long insane.

At the same time, new patients very frequently arrived, a few in the early and acute stage of mania, but more in more advanced periods of malady, and who having experienced little kindness in the wretched places where they had passed their first weeks or months of illness, came with the simple impression of merely undergoing removal from one house of torment to another. In these almost chronic cases the non-restraint treatment was not always successful at once; but it seldom failed in the end. The subjects of attacks of less duration, or of recent occurrence, were much more sensible of the kindness of reception which had become the rule at Hanwell; the patients not only showing, from the first, an appreciation of the attentions bestowed upon them, but alluding to it long afterward, and evincing their grateful sense of it in many touching forms. Their condition, indeed, when first admitted, was generally miserable, often deplorable, sometimes incredible. Not a few were already paralysed; some were emaciated and feeble, apparently nearly starved; others were marked and wounded with iron instruments of restraint. In some instances patients were admitted who had the appearance of having lost the use of their lower extremities, and who were emaciated, and marked with long-worn manacles: these patients had generally been fastened down on straw, and often of course on wet straw. When

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left in the enjoyment of liberty they recovered their health, and with it the power of walking. Several patients on admission were found to have extensive ulceration of the back, and in some mortification of portions of the feet had taken place. In some cases the most obvious symptoms of disordered bodily health had been quite overlooked, and these, under proper Medical treatment, recovered both bodily and mental health. Not a few were described by the authorities sending them as incorrigibly dirty and furious, who had apparently only been made so by neglect and rough usage; and others were so subdued by cruelty suffered that at first they could not be comforted, or even approached without exciting their alarm: they held out their hands at night that they might be fastened, and were surprised to be told that they would be left at liberty. Other patients were admitted nearly in a dying state, speechless, feeble, scarcely sensible of anything, being brought in a cart, as if merely to die. It was even with surprise that we found patients, whom neglect had reduced to this deplorable condition, begin to revive under the more favourable influences of the Asylum, some of them living to recover and return to the active world. The more energetic told us how long they had been "jacketed," and timid women related to us with what indelicate violence they had been undressed, and subjected to cold baths, sometimes even by male attendants. Immediate and sometimes surprising improvement often followed the liberation of these newly-admitted patients. Having been bound up, perhaps for many weeks, in strait-waistcoats by day, and having their hands and feet fastened to the bedstead or crib by night, their freedom from these shocking forms of coercion produced a sense of comfort which they scarcely knew how to express; and if they continued liable to accessions of maniacal violence, they always, on becoming more calm again, expressed regret for having been so troublesome. Many examples illustrative of these facts are recorded in the four reports published during my residence in the Hanwell Asylum, which also contain the results of my daily experience respecting all the matters relative to the general treatment of the insane, written on the spot, in a somewhat exciting period, and with a freshness and vivacity not now to be commanded. These four Reports were reprinted in a small volume in 1842; and if I have written anything worth perusing by those who will survive me, I believe it will be found in them.

In the course of these new admissions, the primary advantage of a kind reception of the patients was a lesson soon learned. A superintendent should always visit a new patient with the least possible delay, and help to associate his kind demeanour and words with the first impressions of a time full of anxiety to a helpless person, conscious of his helplessness, and consequent dependence on those to whose care he is consigned. It was seen that the impressions made by observing this rule were seldom without their salutary influence, and seldom or never forgotten. A very general error is perceptible in too many instances in the manner in which insane persons are accosted by those about them; who often seem to consider them insensible to the absence of civility, or even to remarks of an unfavourable nature on their malady and the habits induced by it. The young Practitioner anxious to conciliate his patients, and to acquire influence over them, should carefully avoid this fault, and always treat insane people, of whatever class, with a certain respect. They do not like to be too familiarly or even condescendingly addressed; and their feelings are too real, and even their delusions too serious in their own estimation, to allow them to be jested with or laughed at; and scolding them only excites their anger or detestation. There is something in madness which makes the poorest patient as sensitive in these respects as one of a superior class. A sort of refinement of feeling, one might almost call it, is in some manner associated with their malady, and for a time the conventionalities of life are subjected to a kind of equalisation. The first interview which the patient has with the Physician under whose care he is to be placed, and the first entrance into an asylum, commonly excites his faculties of observation very strongly. Every word is noted, every look is watched; the aspect of the entrance of the house, the dress and manner of the servants, the passing view caught of other patients, all are acutely perceived, and furnish matter for suspicion and dread, or for something approaching to confidence and hope. Among the poor, and sometimes even among the rich, the distress existing in the mind is often in these circumstances increased by the bodily discomfort arising from the neglects to which they have been exposed as regards food, raiment, and personal cleanliness. A reception, kind, quiet, and friendly, the administration of proper refreshment, a warm bath, the prospect of a clean and decent bed, produce so general an improvement as to place a kind superintendent or proprietor in a difficulty as to the written statement required from him by the law after two clear days of observation. Patients of the highest classes respond in some degree to these comfortable influences; but on the poorer the effects of them are commonly striking. In the days to which my Recollections chiefly refer, it may easily be supposed that taking off long-worn restraints, removing ragged and dirty dresses, and supplying the unexpected comforts of a warm bath and a pleasant and wholesome meal, were sometimes even in their first consequences miraculous. The patients who had been brought into the Asylum struggling or shrieking, heated, and flushed, and irritable, were generally found, when visited a few hours afterward, so altered in appearance and manner as scarcely to be recognised. They had heard gentle words, long unknown to them; they perceived, in all their trouble and confusion, that they were not uncared for, not abandoned, not perhaps in quite a hopeless state. Many happy examples of incipient amendment, followed by permanent recovery, occurred in patients whose first appearance was far from promising; some apparently ungovernably turbulent, and some so deeply dejected as to express their belief that there would be for them, to use their own expressions, no sun, no moon, evermore. In subsequent years I have now and then met some of these patients happy and well, and been greeted by them in the crowd of London with a cordiality puzzling to the bystanders. I could fill many pages with cases illustrating these circumstances, on some of which, even after many years, and when some of the sufferers whom unexpected comfort reached in this manner have been long resting in the grave, I sometimes dwell with a satisfaction that no earthly events and no time can weaken or fade.

But there were occasional difficulties to be overcome requiring repeated efforts and unwearied patience; for among the insane of cities and of suburban villages are many whose malady has been but the close of a life of irregularity, or violence, or crime, and whose habitual defiance of social order has qualified them to oppose authority of every kind, and to defy kindness as bitterly as severity. Fierce maniacal men were to be treated, who long regarded forbearance and civility with contempt, until some chord was accidentally touched to a sweeter tone, some subject allied in their wild thoughts with softer impressions, or with past events in which their better feelings had once been interested. Examples of this kind occurred chiefly among our Scotch patients, and I have known the name of Burns act upon them sometimes like a charm, and suspend what had appeared to be endless hostilities. Discharged soldiers, not often of the best class, were to be reduced, if possible, to order; skilful in evasion, and daring in disobedience to rules. Among these the Irish were the most unwearied in troubling; ever impulsive, crazy from the freest use of stimulants, soon recovering when compelled to temperance; full of legal arguments for release; rapidly relapsing when released, and now and then suddenly revengeful and dangerous. The virago, the dread of many a Middlesex hamlet, was to be managed; whose sharp intellect endowed her with exhaustless means of mischief, and who knew peculiarly how to plague every officer, and had a nickname ready for every magistrate who fancied his position and bearing would command her respect. Wild Irish women were not uncommon, passionate and variable, alternately provoking and amusing; but sometimes also grieving and tormenting, with almost a demoniac instinct and delight, those who were indefatigable in their service, so that the nurses would sit down and cry from vexation and despair. The destruction of clothes and furniture effected from time to time by these violent women was extraordinary, and some were so strong, active, and ingenious, that locks, and bolts, and screws, and guards for windows, were so many toys which they could take to pieces without any instrumental aid; the disjointed materials being sometimes politely presented to the astonished attendants, or to the physician at his morning visit. In some of these curious cases the commencement of convalescence was characterised by a more

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humorous mischief. One Irishwoman whose violence had often terrified the whole staff of nurses, becoming less malignly disposed, had a particular satisfaction in sewing the dresses of the female patients to those of their nearest neighbours, as they sat together, sometimes their gowns, sometimes their cloth boots; from which it resulted that when the one at the end of the bench moved away, the next was constrained to follow, and the next, so that they moved altogether if they moved at all. Another had particular pleasure in hiding herself, and causing a wide and general search to be made for her, sometimes including the despatch of a special messenger to one of the London workhouses, where it was thought she might be found. After one rather anxious afternoon of this kind, she emerged from a large coal-box in one of the day-rooms, on the lid of which, to her extreme delight, the nurses had sat for a time in dolorous counsel as to the steps to be taken to find her.

Perhaps I may be unduly afraid of the possibility that at some future day, in consequence of the apparent tendency of the governing bodies of County Asylums, who are more and more pressed for the admission of pauper-lunatics, to enlarge them unreasonably, that mechanical restraint will be revived in some of those establishments and introduced into others in which it has not yet been resorted to. The size to which the asylums of Middlesex have already been extended is clearly incompatible with the exercise of such supervision as can be satisfactory to the Medical officers; and the consequences of various kinds will be such as to direct the thoughts of those who persist in defending unlimited augmentation of buildings for the insane to the old methods, of restraining patients in default of vigilant and unintermitting and impossible inspection. Such a lamentable reaction would not have the sanction of the Medical officers of any asylum, nor of the Commissioners in Lunacy; but the opinions of Physicians and the authority of Commissioners may be found as unavailing in such apparent necessity as they have been in resisting the enlargement of asylums to a point incompatible with the proper management and treatment of the patients.

The least reflection on the various events of each day in a house full of lunatics, and on the occurrences arising from the endless diversity of character of insane patients might, one would think, convince any reasonable person that the Medical officer of such a house should act on a well reflected plan, and should even personally superintend not only its general observance but strict adherence to it in many varieties of circumstance. To maintain the non-restraint system, this watchful superintendence is as much required as to abolish restraint where long established; and it is quite necessary not wholly to forget the ingenious arguments by which mechanical restraint was long defended. Above all, it is necessary that the younger Medical officers, who find all going on tranquilly, and who have had no experience of the turbulence of asylums in which restraints were formerly in daily use, should keep in mind the especially *preventive* character of the system of non-restraint, and should not be deluded into a belief that the strait-waistcoat used to be productive of immediate convenience without any attendant evil consequences on those to whom it was applied, and to all the other patients. Resistance to the abolition of violent auxiliaries of treatment arose and long prevailed more from a want of comprehension of the substitutes for them than from any positive disinclination to change in the minds of those brought up in the old ways, and who, accustomed to trust much in them, were bewildered by novel forms of difficulty or of danger. In the course of the transition from the old treatment to the new at Hanwell, every temporary difficulty was magnified by those who clung to the old methods. Common rumour frequently and singularly magnified every inconvenience not at first avoidable; and even magistrates anxious for progressive improvement, and steady in support of it, sometimes felt alarmed, and came to represent what was said out of doors; while not unfriendly remonstrances came to us by the post, forwarded by persons cherishing no wish to perpetuate barbarity. At one time objections and doubts were expressed by almost every visitor; and for awhile the assistants and attendants and servants were so ill able to answer them, and so little disposed to discourage them, as to leave the impression that various evils were unavoidable which more willingness on their part would have enabled them to prevent. Not being fully masters of the system to which they were required to conform, and being far from cordially engaged in promoting what seemed to them to be merely troublesome, infringements of the new plan were of daily occurrence. Feelings of this kind, and similar consequences, will yet be found to prevail wherever superintendents are negligent; and those under them will always be glad of an excuse for omitting what seem to them to be trifling observances, and slowly brought to comprehend that any means of overcoming violence can be better than the simple one of disabling the violent. The old system and the new differ in every detail that forms a part of each. The old system was wholly applied to the body; the new system may be sad to be almost as wholly applied to the mind. The most powerful resources of the old system were such as restrained muscular movements; the new system is more ambitious; seeking as carefully to avert danger, but at the same time to assuage the cerebral irritations of which the violent muscular actions were but the expression or relief. When once this became the object, and all superadded irritation was excluded, it was found by the attendants that paroxysms of maniacal violence were not generally of very long duration; and that during their continuance the less the patient was interfered with the better. The uselessness of reasoning with or trying to command a passionate madman, and the folly of expecting an afflicted patient to be "wise, amazed, temperate, and furious" in a moment, was also soon discovered. Their first duty was still to render madness harmless, and at length they were convinced, by continually recurring examples, that this was best effected by seclusion for a moderate period in a properly arranged room. This resource, too often misrepresented, and sometimes no doubt prolonged to abuse, is assuredly suggested by physiological considerations and by common sense; and without its employment the older resources must have held their ground; blows, and stripes, and starvation, and cords, and chains, and strait-waistcoats. On seclusion, temperately employed, tranquillity was found to supervene. The patient who rejoiced in making the long galleries echo his vociferations, and exultingly defied collected attendants, was generally astonished to find himself in sudden solitude, in a padded apartment, where no echoes could be created, and nobody could be disturbed. Silence was the first effect, and sleep the usual result. When the storm was passed, it was found that the patient would listen to reason, or at least would accept consolations and kindnesses that proved to a certain extent remedial; and the forms of these remedies of the mind were also found to be endless by attendants possessed of good sense and good feeling, without which no attendant ever commands the obedience or wins the confidence of the insane.

Of all this the superintendent who would abolish or maintain the abolition of mechanical restraints must preserve a firm and earnest conviction, not to be shaken by the misgivings of those whose indolence or indifference makes them insensible to the state of the poor lunatic, whose life is literally in his hands. We can believe in the intensity of feeling which agitated Samuel Tuke, when the struggle had begun at York, more than sixty years since, and which wrung from the good and quiet quaker's heart that earnest prayer recorded in his journal,—"Teach Thou my hands to war, and my fingers to fight for these my defenceless and injured fellow-creatures, for Thou alone art the fountain of knowledge, wisdom and strength." Difficulties, trials, and even griefs may be incurred for a time by all engaged in such a task: few important improvements are effected without these drawbacks, inseparable from all tasks assigned to this mortal state; but the real, and striking, and happy results on the patients will soon afford encouragements more powerful than them all. Such must have been the experience, such the trials of Mr. Gardiner Hill, at Lincoln; of Mr. Gaskell, at Lancaster; of the late Dr. Hutcheson, at Glasgow; and of the late Dr. Anderson, at Haslar. Their labours have not been fruitless; and when they were completed, the question of non-restraint was decided, and as respects the insane, the battle of humanity was fought and won.

THE ELECTRO-MAGNETO CHROMATROPE of Mr. Knight, of Foster-lane, Cheapside, was exhibited recently at the Royal Institution. It is a modification of Mr. Gorham's colour-top, the rapid rotation of the coloured discs being maintained by a small electro-magnetic apparatus.

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ON A NEW FORM OF CATHETER FOR DILATING STRICTURES.

By BUXTON SHILLITOE, F.R.C.S.

I HAVE often tried, in severe cases of stricture, the old plan of retaining a catheter in the bladder, until I could pass a larger instrument; and I have usually found that if I could once pass a No. 1, or even No. ½, the difficulties of the case were overcome. There were, however, several objections which prevented my adopting this plan as often as I otherwise thought it advisable to do.

Firstly. The time that elapsed before a full-sized catheter could be passed (usually four or five days).

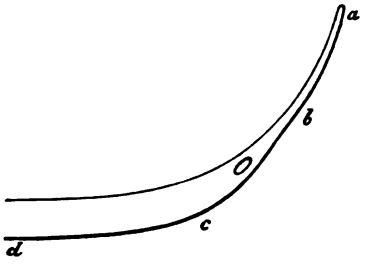
Secondly. The necessity of keeping the patient in the recumbent position during the whole time.

Thirdly. The irritation and soreness induced by keeping the catheter in so long.

Fourthly. The frequent change of the instrument as the dilatation advanced, often produced so much pain as to cause the discontinuance of the treatment before the cure was complete.

Fifthly. The longer the time occupied in the dilatation, the greater the discharge, and the greater the difficulty in getting rid of it afterwards.

These objections, strengthened by the observation that I could frequently skip one or two numbers, even after the first six or eight hours, induced me to try a catheter having the form of a short cone, commencing about one inch and a-quarter from the end. This figure is a diagram of it.



The extremity is made rather smaller than need be, and there should also be a hole near *a*, so that urine may flow through as soon as it has passed into the bladder.

The first part, from *a* to *b*, is of the size of a No. 1 catheter; it then gradually increases in the conical portion, from *b* to *c*, up to the size of a No. 6 catheter, and this size is continued along the remainder of the tube. My second size commences at No. 6, and after the first inch and a-quarter increases, in the next inch, up to 10 or 12.

My first trial of an instrument constructed on this principle was made on a gentleman who had suffered from stricture for the last twenty years. During this time he had submitted to internal division, and the stricture had once (eighteen months since) been dilated to No. 8, by tying in the catheter. This occupied four days. For the four previous months, a No. 1 or No. 2 gum elastic bougie had been passed frequently, but whenever a No. 3 was tried, it was invariably followed by retention. This case, therefore, did not appear to be a very favourable one. I commenced on Thursday evening, at 11 o'clock, having previously ascertained that the seat of the stricture was near the bulbous portion of the urethra. I passed the catheter carefully through the stricture, and soon found the conical part firmly grasped by it; the urine, however, passed through the catheter. I then tied in the catheter, so as to exert a little pressure upon it, sufficient to prevent its slipping out again, and gave him a dose of opium. I visited my patient the next morning at nine, when I found that the catheter had passed up to the handle, so that the portion of the diameter of No. 6 must have gone through the stricture. I then withdrew it, and passed the one commencing with No. 6; this I tied in firmly, and left it in until eight in the evening, when I was obliged to withdraw it, the patient being attacked by diarrhœa, to which he was very liable, and which was uncontrolled by astringents and opium. Previously to withdrawing it, I exerted a slight amount of pressure upon the instrument, and succeeded in passing it fairly through the stricture, so that in twenty-one hours I had succeeded in dilating it from No. 2 to No. 10. My patient did not suffer from retention or spasm, and but very slightly from soreness. I did not make any attempt to pass the instrument again for nine days. I then passed the larger sized catheter. Not the slightest pressure or force was used, and I succeeded in passing it through as far as No. 8 or 9; if I had used a very slight degree of force it would have gone through, but I did not like to run the risk of producing retention, as the patient was compelled to transact business for some hours afterwards. I expect that by passing the instrument about once a-week, and letting the patient sleep with it tied in, once every fortnight or three weeks, a cure will eventually be made; and I believe, that whenever strictures are capable of dilatation, this plan will be found to involve, the least loss of time, the least pain, and the least inconvenience; and whether it be used by tying in the catheter, or by simply passing it, the conical form will be found to dilate more quickly and to be withdrawn more easily, on account of its shape. The part where the cone commences will vary with the seat of stricture, but any instrument maker can easily furnish the requisite catheter. Where this plan does not cure, it will at least be free from risk or danger, and will quickly convert an unmanageable stricture into a perfectly manageable one; or if time is of great importance, the tying in of the instrument for one night per week will dilate the stricture, without encroaching upon the next day.

34, Finsbury-circus.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

RECOVERY AFTER SYMPTOMS OF FRACTURE OF THE BASE OF THE SKULL.

(Under the care of Mr. LUKE.)

T. H., a healthy-looking man, aged 37, while engaged in loading a railway-van with sacks of wool, slipped suddenly, and fell a considerable height from the van, striking his head against some iron rails in his fall. He was picked up quite insensible, and in that condition was brought into the London Hospital on March 9, 1860.

When admitted he showed no external evidence of violence, no swelling or laceration. He was breathing quietly; his pulse was rather slow; both pupils widely dilated (his pupils were naturally large), but acting; skin rather cold. There was considerable bleeding from his left ear. He was taken to bed immediately, and a spirit lotion was ordered to be applied to his head.

March 10.—Slightly sensible, but unable to speak; hæmorrhage still continuing in considerable quantity from the left ear, but less than on the previous night. At noon he was seen by Mr. Luke, who ordered twelve leeches to the temples, and a grain of calomel to be taken three times a-day.

11th.—Quite sensible, but rather stupid; complains of violent pain in his head; hæmorrhage less in quantity, and becoming of a more serious character; pulse quiet, but bowels still unopened. To take a cathartic draught.

12th.—Great pain in the head. There is now an escape of serum from his ear, perfectly transparent, and in sufficient quantities to keep his pillow wetted; bowels slightly opened. Seen by Mr. Luke, who ordered twelve more leeches, and to continue the calomel.

13th.—Better, but still in great pain, serum still oozing from the ear. Ordered a blister to the nape, and to repeat the purgative.

14th.—Stated that the blister had given him great relief. The oozing of serum has gradually ceased; bowels confined, but pain in the head better.

17th.—Improving, but still complains of great pain in his head, extending more particularly from the left ear up to the vertex of the head; has "a continual singing" in the ear, and cannot hear on the left side at all. Has not any paralysis, and can grasp firmly with his hands. Allowed middle diet. From this time he continued to improve, until the

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26th, when he was put on full diet at his own earnest request.

27th.—Attempted to read the newspaper, which brought on a violent headache, and compelled him to refrain.

28th.—Much worse: violent pain in his head. Ordered by Mr. Luke an emp. lyttæ to the back of the neck; to go back to milk and beef-tea, with light pudding.

31st.—Tries to get up, but cannot stand; cannot face the light, but is much better. The application of the blister gave great relief.

April 4.—Able to walk a little; can now bear the light; walks with a kind of shuffle.

7th.—Better; can now read a little without inconvenience; walks better, but cannot hear at all with his left ear. Allowed middle diet.

11th.—He has so far improved as to be allowed full diet. From this time he went on well, without any bad symptom, up to the

18th.—When, having been duly cautioned by Mr. Luke, he went home cured, excepting the deafness in his left ear.

Mr. Cooper, the dresser of the patient, to whom we are indebted for the above notes, adds the following to his narrative;—"The man, on going out, promised to send me word if he did not go on well. Two months have now elapsed since his discharge, and, as I have had no communication from him, I conclude he is progressing satisfactorily."

GUY'S HOSPITAL.

RECOVERY AFTER SYMPTOMS OF FRACTURE OF THE BASE OF THE SKULL.

(Under the care of Mr. BIRKETT.)

THE following case will be of interest in connexion with the one given above. It occurred two or three years ago, and for the notes respecting it we are indebted to Mr. A. B. Ewen, one of the dressers under whose observation the patient was.

William L., aged 24, was admitted on November 5, at 1 a.m., under the care of Mr. Birkett. He was a healthy and temperate man. About an hour before admission he had fallen from a height of 24 feet, and struck his head just above the right ear, inflicting a wound about an inch and a quarter in length. The wound was quite superficial. For about an hour after the accident he lay in a semi-conscious drowsy state, answering but slowly when spoken to, and avoiding the light. He had somewhat revived when brought to the Hospital, was quite sensible, complained of severe pain in his head and also in his body, which had been a good deal bruised by the fall. There was some considerable bleeding from the right ear, and paralysis of the facial nerve on the same side.

He slept pretty quietly till the morning, when the discharge was a good deal altered in character, the blood being mixed with a thin clear fluid, which, on examination, was found to be but slightly albuminous. Pupils unaffected, skin moist and hot, pulse full and labouring, 48 per min. At 9 a.m. the House-Surgeon ordered him a cathartic dose. In the evening he was in about the same condition.

November 6.—From 2 p.m. yesterday until 6 p.m. to-day 10½ oz. of fluid were collected from his ear, after which time the discharge suddenly ceased. Mr. Birkett ordered him a calomel pill and a senna draught; a spirit lotion to the head; low diet. He has slept well, and does not complain much of his head; pulse still 48.

7th.—Passed a comfortable night; seems very drowsy; his bowels have been well opened; pulse not so full, still very slow, 50 per minute.

8th.—Improving; he is rather confused, cannot very well recollect things, and requires to be asked a question two or three times before he can quite understand; he is getting very hungry, and complains of his low diet; pulse 54.

9th.—He has lost his hearing on the affected side, and feels a constant singing in the ear; pulse 58, fast improving.

10th.—Being still better, Mr. Birkett ordered him some fish for dinner.

11th.—He is fast improving, and wants to get up.

14th.—He got up to-day, and expresses himself as feeling quite well. Appetite excellent.

18th.—He left the Hospital to-day, being quite well, with the exception of his partial deafness and his facial paralysis.

ROYAL LONDON OPHTHALMIC HOSPITAL.

IRITIS IN AN INFANT SUFFERING FROM HEREDITARY SYPHILIS.

(Under the care of Mr. MACKMURDO.)

J. W., aged fourteen months, was admitted an out-patient on July 2, 1856, with iritis of the left eye. The inflammation had been going on for about three weeks. On examining the affected eye, the iris was found discoloured; there was a faint sclerotic zone and slight hypopyon. In the right eye there was observed a deep-seated yellowish appearance, as if from strumous deposit. The child was born at seven months, and looked sickly. Six weeks after birth there was an eruption of red spots, which the mother attributed to taint from the father.

Hydrargyrum c. cretâ was prescribed in one-grain doses every night, and three minims of liquor cinchonæ were given twice a-day. Alum lotion was also ordered to be used.

July 5.—The left eye very much better. Condition of the right unchanged.

12th.—The left eye is still improving. The right continues the same.

31st.—Doing well as regards the right. No improvement in the left. The child is now suffering from an attack of diarrhœa.

The above notes were taken by Mr. Moon, who was at the time House-Surgeon to the Hospital. As we have several times observed, a large proportion of the cases hitherto placed on record in which heredito-syphilitic iritis has occurred have been in female infants. In this case the child was a boy.

The notes of the case are unfortunately incomplete; it is notwithstanding well worthy of record.

The following case shows, in a remarkable light, the insidious nature which this form of iritis occasionally assumes. It also demonstrates the importance of being always alert as regards the possibility of a syphilitic taint, when infants are brought under care for anomalous affections of the organ of vision.

BOTH PUPILS CLOSED BY AN INSIDIOUS ATTACK OF IRITIS IN A SYPHILITIC INFANT.

(Under the care of Mr. DIXON.)

A healthy-looking wooman, florid, and without bearing the slightest indication of being the subject of specific cachexia, brought with her an infant who nearly equalled herself in its aspect of good health. The infant was a girl, aged six months, and was believed by her mother to be nearly, if not quite, blind. It was the discovery that she could not see, which had been made for the first time about six weeks ago, which had excited the mother's anxiety. On superficial examination nothing was observed to account for blindness, though it was evident from the manner in which the globes were rolled, and the absence of steady direction of them, that the suspected condition was really present in considerable force. It appeared on careful trials, however, that vision was not wholly lost. There was not the least congestion of the eyes, the irides were of normal brilliancy, and the pupils round. As just stated, the aspect of the infant was quite that of average health, the skin of its face, neck, and arms, was perfectly free from rash or discoloration. It was noticed, however, that the bridge of its nose was rather suspiciously broad, and this led to the question being asked whether it had suffered from snuffles. The mother replied that its nose had been "dreadfully stopped," and on further questioning it was ascertained that the child had ulcers on the nates, that it had, a few months ago, had a rash on the skin, and that two of its nails (thumb and forefinger), had come off "dry-like." The ulcers on its buttocks proved to be condylomata, about the anus of a most unmistakeable character. The mother admitted at once, on being further questioned, that she had contracted a sore from her husband about eleven months before the birth of her infant, that she had had a rash and sore throat after it. No mercury had been given either to mother or child as far as could be ascertained. During the greater part of her pregnancy the mother had been attending the Victoria Park Hospital, under Dr. Edwards' care, on account of repeated slight attacks of hæmoptysis. She had,

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however, quite regained her health, and was now wholly free from specific symptoms.

Mr. Dixon having obtained the above history, inspected the infant's eyes more closely, and discovered evidences of past iritis in both, some small tags of adhesion between the pupillary margin and the capsule of the lens existing in each. Atropine having been used, the pupils dilated very irregularly, and but sparingly, and a thin film of false membrane was seen occluding the pupil almost entirely in each eye. The child had never before been under any Medical care for her eyes, and the mother denied, most positively, having ever observed any signs of inflammation in them. She admitted, however, on its being suggested, that she had once, for a day or two, noticed them a little red, "at least a kind of pink." This was about two months ago.

DEPOSIT OF LEAD IN AN ULCER OF THE CORNEA.

It is well known that lead lotions are not admissible in cases in which there is a solution of continuity of the surface of the cornea, whether it is produced by ulceration in the course of disease, or by an abrasion of the epithelium by accident. The lead lotion, as prepared generally, contains a good deal of lead in the form of the insoluble sulphate and chloride; and even if it were properly made with distilled water, the salts of the tears, etc. will rapidly precipitate it in the insoluble form. The nitrate of silver is liable to a similar objection. Being changed to the insoluble chloride, it becomes fixed, and is by the action of the light reduced to the oxide, and probably ultimately to a metallic state, occasioning a disagreeable permanent brown colour of the white of the eye. It is not, however, very often that a patient presents himself with well-marked deposit of lead, as the lotion is not often persevered in for a sufficient length of time in these cases in which it is generally employed. In the following case, however, it had been used very often, day and night, at very frequent intervals.

A man of middle age applied with what he called inflammation of the left eye. On looking into it, a small white patch, the size of two pins' heads, was seen on the cornea below the pupil. Mr. Dixon declared it to be a deposit of lead, which had occupied the site of an ulcer. It was very superficial, and was readily scraped off by an eye-spatula, and that without much pain. If it had been seated over the pupil, as in a case related by Mr. Dixon (a), it might have interfered very much with vision, and, if early attention had not been paid, permanently. As in the case narrated, and in the case related by Mr. Dixon, the deposit is generally superficial, and, if removed early, the surface is quickly repaired. On inquiry, it was found that the man had been treated with a "white lotion" for some inflammatory condition of the eye. Of this lotion he had had ten bottles, and had used one in a day. He then had three bottles of "clear lotion," probably nitrate of silver. The substance removed was subsequently tested, and this gave the only evidence wanting as to its being lead. The man came again in a few days. The eye was much better. There was no intolerance of light, and no signs of irritability about the eye, and the surface from whence the lead was removed was healing.

MODERN CIVILIZATION.—If the seventeenth century stood in need of such help as the establishment of Societies, such as these afforded it; surely the nineteenth needs it too. If there were darkness and superstition to be be dispelled then, I think I am not wrong in saying that, with an increase of intellectual energy and illumination, there is comparatively as much, if not more, moral and spiritual gloom now. If a century and a-half ago, Sir John Floyer sent the infant lexicographer to Queen Anne to be "touched for the Evil," we have in our days the humiliating spectacle of men, who have been trained in the highest seats of learning, and who have even sipped at brooks that, "flow fast by the oracles of God," endeavouring to disseminate a belief in the most debasing dogmas;—a belief in demoniacal agency through the medium of "table turning" "and spirit rapping;" in "coming tribulations," as well as in the silly and vulgar conceits of the disciples of Mesmer and Hahnemann; and mankind were never more eager to become their dupes.—*Mr. Gay.*

(a) "Diseases of the Eye," p. 92.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

RADCLIFFE INFIRMARY, OXFORD.

PLEURISY, PERICARDITIS, AND DISEASE OF LIVER, SUPERVENING IN ADVANCED CARIES OF THE SPINE—DEATH—AUTOPSY.

(Under the care of Mr. HESTER.)

[Communicated by Mr. EDWARD B. GRAY, M.B. Oxon. House-Surgeon.]

T. B., a sickly-looking lad, aged 18, was admitted into the Radcliffe Infirmary, on February 8, ult., with angular curvature of the lumbar spine, and a superficial abscess on the left hip, just between the trochanter and the anterior spine of the ilium. His general health was feeble. He was free from pain, had no cough, no paralysis of limbs, nor want of power over the rectum or bladder.

History.—He traced the spinal mischief to a kick on the loins, which a playfellow gave him about eight years previously. Since that time the spine had been gradually "growing out," though he had suffered no pain, and had all along enjoyed fair health. About August, 1858 (eighteen months back), finding, for the first time, a soft swelling in the left groin, he applied for admission, and was received into this Infirmary, where he remained for the next six months, and was treated with tonic medicine, cod-liver oil, good diet, and perfect rest in bed. During this time the swelling in the groin gradually, but completely, disappeared, and he went out generally improved. From this period till his re-admission in February last, he was unfortunately apprenticed to a shoemaker, and worked in the usual stooping posture. The curvature meanwhile increased, and the swelling in the groin again made its appearance. About the beginning of January he caught a bad cold, and the efforts of coughing, he said, gradually shifted the swelling from the groin to the situation it occupied on his admission (over the hip).

Treatment.—He was ordered to keep in bed; to take a bark mixture, and nutritious diet. The abscess was left alone.

Progress.—About a week after admission, the abscess burst of its own accord, and several ounces of thin pus flowed out. The opening did not close, and a moderate quantity of pus continued to escape daily. No perceptible change occurred in his general condition till March 11, when he was suddenly seized with urgent dyspnœa, cough and sharp pain in the left hypochondrium. Pulse was 140, very feeble. Pupils widely dilated, and sluggish. Very slight fever. As he lay habitually on his left side, and could not alter this posture without much discomfort, the seat of mischief was not on that day satisfactorily auscultated. He was ordered a mixture containing ammonia and ether, four ounces of brandy, and a blister over the seat of pain.

March 12.—The skin of the whole body began to turn yellow. Urine was tinged with bile, and albuminous, but contained no blood-cells or kidney-casts.

14th.—Jaundice still more marked, though plenty of bile in motions. The severity of the chest symptoms slightly abated. Auscultation now showed dullness and impaired respiration, with a crackling friction sound in lower left lateral region of chest.

During the next fortnight the pain in the chest troubled him but little; the cough and dyspnœa varied in severity; the auscultatory signs continued much the same. The jaundice, however, increased, and obstinate diarrhœa came on. The treatment consisted in supporting his strength to the utmost with wine and food, using slight counter-irritation to the chest, and endeavouring to combat the diarrhœa with astringents and aromatics. He gradually sank, and died March 29.

Autopsy—Chest.—There was a small circumscribed abscess immediately under the ensiform cartilage. The pericardium contained about an ounce of fluid, and was lined throughout with a layer of recently-effused, soft, villous lymph. Heart healthy. Old pleuritic adhesions on right side. Recent pleurisy with abundant effusion of lymph and serum on left side. There was also a separate little collection of matter,

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rather inspissated, under the left pleura, just over the angles of the sixth and seventh ribs. No tubercles, purulent deposits, or signs of inflammation in either lung. *Abdomen.*—A few yellow spots, each about the size of a small pea, but some softer than others, were found scattered in the substance of the spleen. Liver much enlarged, and in extreme fatty degeneration. Kidneys and other organs healthy. The bodies of the four upper lumbar vertebræ were completely destroyed. Their arches, however, remained entire, and formed the prominent angle, which could be felt and seen on the outside. The bodies of the twelfth dorsal and fifth lumbar vertebræ were consequently in apposition; but there was no attempt at repair; their adjacent ends were carious, and by straightening the spine the slight gap between them could be considerably widened. At the bottom of this gap ran the spinal cord, close up against the arch of the curvature. The whole visceral aspect of the sacrum and coccyx was denuded of periosteum, and without vitality. The abscess went from the gap in the vertebræ, in the direction of the left psoas muscle (very little of which remained), down to the brim of the pelvis. There it took two courses, the one going through the abdominal wall into the left groin, and thence round on to the hip; the other descending into the pelvis in front of the denuded sacrum, and forming a cul-de-sac behind and somewhat to the left of the rectum.

Remarks.—Here is a case of a boy with an external abscess dependent on carious vertebræ. The abscess breaks and remains open. For the next month there is no irritative fever, nor a single bad symptom; then, in the course apparently of a few hours, and without obvious cause, we find severe inflammation set up in one pleura; this is very soon complicated with jaundice, and in eighteen days the patient dies. When the pericarditis came on is uncertain, but, from the post-mortem appearances, one would conclude it to be of more recent date than the pleurisy. What is the probable explanation of this series of morbid phenomena? In the absence of any exciting cause, either local or external (such as exposure to cold, etc.) to account for them, it seems reasonable to attribute them to pyæmia, or blood-poison of some kind. The case is of interest, as showing to what a state of things the spinal cord can accommodate itself, when the process of destruction is slow, and the deviation from the natural form gradual. In this boy the spinal cord in one place was bent almost at a right angle; it was separated from the abscess only by its own fibrous sheath; the greater part of the lumbar plexus was without any bony protection; and yet there was no interruption of ony of the functions of the cord, and there had been from the first hardly any pain either *at* the seat of mischief or in other parts, reflected *from it*.

The case just narrated was tediously chronic in its course, and seemed to require an extraordinary complication of disease to bring it to a fatal end. The following was in each respect the reverse—running its course very rapidly, and proving fatal with a far less considerable primary lesion.

ACUTE NECROSIS OF PORTION OF HUMERUS FOLLOWING EXPOSURE TO COLD AND WET—DEATH IN EIGHT DAYS—AUTOPSY—PURULENT DEPOSITS IN LUNGS.

(Under the care of Mr. HESTER.)

G. A., a healthy lad, aged 15, exposed himself to cold and wet in his night-shirt, early on the morning of May 30. The rest of that day he felt chilly and "out of sorts," but whether he had any distinct rigors we could not satisfactorily make out. He also began to complain of stiffness and slight pain in the upper and outer part of the right arm. On the next and two following days, he was able to go about the house, but the arm was getting worse, and the left knee became hot and painful. On the fifth day he was so weak and feverish, that he was obliged to keep his bed. The part of the arm about the deltoid muscle was now hot, red, swollen, and painful. The left knee was similarly affected, though in a much less degree. He became rapidly worse till the seventh day, when he was admitted into the Radcliffe Infirmary, under Mr. Hester's care, having up to this time had no Medical treatment. On admission, he was in a low, typhoid state, with pulse 130 to 140, respiration very hurried, and occasional short, dry cough. As there was evidence of deep-seated matter in the upper and outer part of the right arm, a deep incision was made through the deltoid muscle, and let out two or three ounces of pus and sanious fluid. On examining through the wound, all the humerus within reach of the finger was found denuded of periosteum and dead. The wound was plugged for a couple of hours, to prevent the least loss of blood, and the whole part covered with a poultice. The skin of the knee had an erysipelatous redness about it, but there was no evidence of effusion into the joint itself. He was ordered as much beef-tea, wine and brandy, as he could be got to take, and a mixture, containing ammonia and tincture of cinchona every four hours. He rallied somewhat in the evening, but in the night he became delirious, and died the following morning.

Autopsy.—The lungs alone showed any morbid change, being beset with numerous isolated patches of yellow deposit, varying in size from a pin's head to a pea, and in various stages of softening. They occurred throughout the whole of both lungs, but much more frequent on and near the surface than in the central parts. Those on the pleura itself had given rise to little circumscribed patches of recent pleurisy. The lung tissue, immediately around each spot, was intensely congested, but in the intervals between them perfectly healthy. A piece of the humerus, about 2 × 1 inches, under the lower end of right deltoid, had perished. The shoulder-joint was unaffected. The circumstances under which the autopsy was made did not permit an examination of the axillary vein or of any parts besides those mentioned.

LIVERPOOL NORTHERN HOSPITAL.

CASE OF OVARIOTOMY.

(Under the care of Dr. WATERS and Mr. ELLIS JONES.)

[Communicated by Mr. WORKMAN, Senior House-Surgeon.]

Margaret M., aged 16, a healthy-looking girl, suffering from a tumour in the abdomen, was admitted on April 10, 1860, under the care of Dr. Waters.

Previous History.—In the month of August of last year she first perceived a swelling in the lower part of the abdomen. At the time she observed the tumour it was somewhat larger than an orange, and situated in the hypogastrium. It has gradually increased in size ever since. Her general health has been good, but she has lost flesh latterly. The catamenia have been regular since the tumour appeared, with the exception of two occasions, when they were absent.

Present Condition.—There is a large tense fluctuating tumour occupying the abdomen. It presents an even surface, except just below the umbilicus, where a mass of solid matter apparently exists. The abdomen is dull, except in the epigastrium and two lumbar regions. The uterus, examined per vaginam, is small and the cervix healthy. A uterine sound passed into the cavity shows it to be of normal size. The urine is pale, sp. gr. 1010, and contains no albumen. The abdomen measures in circumference 36½ inches, and from the pubes to the ensiform cartilage 16 inches.

May 3.—Since admission the tumour has been increasing in size, and the patient is losing flesh daily. The measurements of the abdomen are now 17½ + 39 inches. There is a good deal of distress produced by the pressure. *Paracentesis abdominis* was performed by Mr. Ellis Jones. Twelve quarts of pale, clear, highly albuminous fluid were drawn off. After the operation a solid mass could be felt above the pubes.

21st.—She obtained great relief from the tapping, but the abdomen soon began to fill again, and she suffered a good deal of pain and gastric disturbance, with loss of appetite for some days. She obtained great relief from the administration of hydrocyanic acid and effervescing salines. For the last few days her legs have begun to swell, and she has suffered much from the pressure of the fluid in the abdomen. She was again tapped by Mr. E. Jones, eight quarts of fluid only being removed. This was not so pale nor clear as the last. A good deal of fluid remained after the tapping, which was evidently in the peritoneal cavity. She was very much relieved by the tapping, but expressed a strong desire that some further operation for the radical cure of the disease might be performed.

At a consultation of the Surgeons on May 24, it was considered that the case was one in which an operation was fully justifiable, and that the earlier it was performed the greater would be the patient's chances of recovery. The

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dangers of the operation were pointed out to her and her friends, and she decided to undergo it. It was accordingly performed on May 26, by Mr. E. Jones. Chloroform having been administered, an incision about four inches long was first made, but it was subsequently extended up to the umbilicus. On opening the peritoneal cavity several quarts of clear fluid escaped. The tumour was punctured, and after being partially exhausted of its contents was drawn out of the abdomen. There were but few adhesions, which were easily broken down, and did not bleed. The tumour was found to be connected with the left ovary, and attached by a thin pedicle. The pedicle was secured by the clamp, and the lips of the wound brought together by wire sutures. The operation lasted about twenty minutes. It was delayed by the existence of the ascitic fluid. The patient rallied well from the immediate effects of the operation. Two grains of opium were given as soon as the effects of the chloroform had passed off, and one grain every two hours afterwards. In the evening she appeared to be doing favourably; during the night, however, great restlessness came on, followed by collapse, and she died seventeen hours after the operation. At the post-mortem examination the clamp was found secure; there had been no hæmorrhage into the abdomen, but the intestines were found slightly adherent to each other by lymph, and the whole peritoneum showed marks of recent inflammation. The uterus and right ovary were healthy. The tumour was formed mainly of one large cyst situated at the upper part, the lower part being composed of a number of smaller cysts, and some solid matter, the latter in parts consisting of a structure approaching in its character to true bone.

Remarks.—The occurrence of ovarian dropsy, assuming the size it did in the present case at the early age of sixteen, is somewhat rare. The rapidity with which the cyst became filled after the first tapping, and the development of the low form of peritonitis causing effusion into the abdominal cavity, are important features in the case. No doubt the latter had great influence in bringing about the fatal result.

THE NORTHAMPTON INFIRMARY.

PIROGOFF'S AMPUTATION OF THE FOOT FOR GUN-SHOT INJURY — RECOVERY, WITH AN EXCELLENT STUMP.

(Under the care of Mr. MASH.)

[For the Notes of the two following Cases, and the important practical remarks appended, we are indebted to Mr. J. F. GRAY, the House-Surgeon to the Northampton Infirmary.]

E. P., aged 29, married, and the mother of three children, a pale, spare, small, and very delicate-looking woman, four months advanced in pregnancy, and reported to be habitually very feeble and dyspeptic, was admitted into the Infirmary on May 16, 1858, at seven o'clock p.m. Three hours previously a gun, charged with common-sized shot, fell from its support, and went off on the ground at a few feet distance from her, the contents striking the sole of her left foot. According to her statement, there was copious hæmorrhage at the time. She was immediately seen by a neighbouring Surgeon, and then transferred to the Hospital, a distance of twelve miles. On admission she was a good deal collapsed; pulse very quick and feeble; countenance pale and anxious. On removing the bandages there was rather free oozing of blood, but no arterial hæmorrhage; the integuments and muscles of the sole (the heel excepted) were ploughed up from the bones; the metatarsal bones all more or less fractured and comminuted, the integuments and soft parts generally livid and pulpy, the great toe compoundly dislocated, and hanging loose from the rest of the foot. The tendons of the sole were torn through, and those of the peronei exposed below and behind the external malleolus, over and below which process a vertical rent of integument existed, extending into the posterior extremity of the larger wound in the sole. The edges of this rent seemed simply lacerated. In three hours (ten p.m.) the patient had rallied sufficiently for operation, and Mr. Mash removed the foot at the ankle-joint. A transverse incision was made across the sole of the foot, from the wound at the outer malleolus to the front of the inner malleolus, and the soft parts dissected a little from the bone; a second incision, joining the extremities of the first, was then made across the front of the joint, which was at the same time freely opened anteriorly. The foot being then forcibly extended, and the astragalus rendered prominent, the lateral ligaments were divided, and the saw placed behind the disarticulated astragalus, and made to divide the calcis obliquely from the sustentaculum tali to its lower anterior edge; the malleolar extremities of the long bones were then removed by the saw, and the flap of integument and os calcis turned up and secured by three sutures, plaster, etc.; the posterior tibial artery was observed to be divided above its bifurcation, and was ligatured; the several tendons were made to protrude by pressure on the calf, and were cut off by the scissors as high up as possible. Hæmorrhage during the operation was effectually controlled by grasping the leg above the ankle. The parts came readily into excellent apposition; but there was some deficiency of integument on the outer side. The stump was dressed with strips of moistened lint and a roller.

For the first two days the patient was very feeble, feverish, and sick; the vomiting (of pregnancy apparently) which had been troublesome for the last month, being constant, and the patient complaining much of jarring of the stump. On the fourth day the sickness was relieved and the stump dressed; there was no inflammatory action whatever, edges of wound being quite pale and well coapted; little oozing; pulse 110. On the seventh day, the stump was still looking pale and languid, with a considerable discharge of thin serous pus, and the edges of the outer part of the wound looked rather sloughy. On the tenth day, granulations were springing up in all directions; the flap was evidently beginning to adhere pretty firmly; and thenceforward she steadily amended. Six weeks after operation she was out of doors, and in another week left the Hospital, with merely a small superficial sore over the site of the original deficiency in the flap on the outer side; and considerably improved in health, though with a loud anæmic bruit at the base of the heart. She has frequently been seen since, with an excellent stump, which bears pressure to any extent; was ill for a long time after her confinement, but for the last six months has walked regularly upon it without any inconvenience.

With this case may be conveniently considered another of more recent occurrence.

PRIMARY AMPUTATION OF BOTH FEET (PIROGOFF AND CHOPART)—RECOVERY, WITH GOOD STUMPS.

(Under the care of Mr. ASHDOWN.)

E. B., aged 42, married, and the mother of five children, was admitted under the care of Mr. Ashdown, in the evening of February 24, 1860. A few hours before, while feeding a thrashing-machine, she was accidentally pushed, and fell, feet foremost, among the machinery. She was immediately lifted out, and after a journey of ten miles to the Infirmary, was found to have sustained compound fracture with much comminution of the metatarsal bones of both feet, and of the anterior range of the tarsus also of the right foot. The integuments on the dorsum of both feet were much lacerated and contused; those on the plantar aspect were comparatively uninjured.

Chopart's amputation was performed on the left side, and the modified Pirogoff's operation on the right side in precisely the same manner as the preceding case, save that the plantar arteries were left long, and the posterior tibial uninjured. Both wounds were united by metallic sutures and plaster, and the stump of the right foot further secured by a moulded gutta-percha splint. A considerable portion of both wounds healed by first intention, and nothing further worthy of note occurred till the tenth day, when, without obvious cause, severe bilious vomiting, with diarrhœa, supervened which, however, subsided in the course of a week. A month after operation, both wounds were united firmly, and all soundly healed save a few spots of incicatrised granulations. The plantar flap of the right foot bore moderately firm pressure without any pain, and opposed considerable resistance to any lateral pressure. A week or two afterwards a second attack of gastro-hepatic disturbance occurred, accompanied with smart erysipelas of both legs, which greatly protracted her recovery, though in no way damaging the soundly-healed stumps.

Remarks.—The above cases of the modified Pirogoff's operation were certainly eminently successful; each recovered

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with perfect immunity from any of the peculiar inconveniences of amputation at the ankle, and in each the resulting stump would, I think, be pronounced faultless even by the most fastidious surgical critic. All the circumstances of the first case seemed rather adverse than favourable to an auspicious result; the woman was extremely pale and delicate, pregnant, and suffering from the early inconveniences of pregnancy, and had travelled twelve miles to the Hospital. In this case, healing was perhaps rather tardy, by granulation exclusively; in the other it was rapid, and a good deal of union occurred during the first three or four days. The exact position in Surgery of the operation under consideration is perhaps scarcely yet settled, and the question of its superiority over Mr. Syme's method can only be decided by a more extended experience of it. Objections of greater or less importance have been advanced against both. Against Mr. Syme's it may with justice be urged that there is indisputable danger of sloughing of the flap, and although this inconvenience has been ascribed to an *error loci* of the knife—the division of the posterior tibial artery before its bifurcation—yet, as it has occurred to the most cautious and experienced operators, it may not unfairly be assigned to causes less readily avoidable. Again, a propensity to the bagging of matter, a disposition created by the form of the flap itself, is a recognised and undoubted inconvenience. Against Pirogoff's operation and its modifications it has been affirmed that there is danger of non-union of the apposed osseous surfaces, an objection which these cases, and all recorded experience, amply refutes; that there is tendency to caries of the cancellous tissue of the os calcis, especially when the operation is necessitated by similar disease of contiguous parts, an objection probably of much weight, but the importance of which experience alone can decide; that the bony surfaces whose union is required are not nicely shaped so as to be capable of accurate coaptation, and that the extremity of the heel, not its plantar surface, forms the base of support, both of which objections are entirely removed by the oblique section of the calcaneum. A tendency to the formation of abscesses in the course of the tendons seems equally annoying after both operations. It has been emphatically recommended, in order to avoid this result, that the flexor tendons should be left long, yet the evil complained of has nevertheless happened; it seems, therefore, just worthy of mention (in reporting cases which escaped this inconvenience) that these tendons were designedly cut extremely short. Further, it is worthy of remark that in one case the posterior tibial artery was divided, not its plantar branches, yet this in no way interfered with the satisfactory nutrition of the plantar flap. Whatever, therefore, the importance of its integrity in Mr. Syme's operation, its accidental injury need not be dreaded in Pirogoff's amputation. It would seem, however, that against each operation one objection of some importance presses: against Syme's that the flap will, in spite of due care, occasionally slough; against Pirogoff's that the os calcis may become carious. These propensities will, however, manifest themselves in an unequal degree in opposite classes of patients; in cases of disease of the foot which for the most part are of strumous origin, the tendency to caries in injured bone is great, while at the same time the dissection of the soft parts from the os calcis is frequently facilitated, and therefore the risk of sloughing diminished, by the thickening of the soft parts which so frequently exist; in injuries of the foot, on the contrary, the integuments are thin and their dissection less easy; while the proneness to caries of the calcaneum is at a minimum, the section being made through healthy bone. It would seem, then, that the advantages of each operation may be secured, and the chief evils of both avoided, by employing the one or the other according as the operation is necessitated by injury or by disease.

PLATINUM.—MM. Ste-Claire Deville and Debray are still proceeding successfully in casting platinum. At a recent meeting of the French Academy of Sciences they exhibited two ingots of this metal, the two weighing 55 lbs. cast in the same furnace and run into a mould of forged iron. The surface of the metal, which was cast with great perfection, bears the impression of the characters engraved on the mould. These gentlemen say that their experiments prove that platinum can be cast in as large masses as may be desired.

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Medical Times and Gazette.

SATURDAY, JULY 7.

VOL. II. FOR 1860.

THIS being the first number of a New Volume, we may be permitted to give a short sketch of the principal LECTURES we trust it will contain.

1. The Lectures of Professor SIMPSON, of which we have already published thirty-two, will be continued.

2. M. CLAUDE BERNARD's Course on Operative Physiology, will also be continued, and will contain Lectures of great interest on Digestion and the Nervous System. The Course on Experimental Pathology will also be concluded.

3. Occasional Clinical Lectures by eminent London teachers, will appear; and we shall commence next week a Course of Short practical Lectures, delivered at St. Thomas's Hospital, by Mr. F. LE GROS CLARK.

4. Three Lectures by Dr. GOODFELLOW, on Bright's Disease of the Kidney, will be commenced in an early number.

5. A Course of Six Lectures by Mr. WILLIAM ADAMS, on the Pathology and Treatment of Spinal Curvature, with numerous Illustrations, are also quite ready, and will appear after Dr. GOODFELLOW's Lectures.

The series of Papers on Insanity, by Dr. CONOLLY, will be continued, and we have many other Original Communications of great interest waiting their turn for insertion.

Every exertion will be made to maintain and increase the interest of all the other Departments of the Journal.

SCHOOL VENTILATION.

A GUST of "Fresh Air" through the *Times*, in the shape of a letter with that signature to the Editor and a communication from Lord Ducie have set the public mind in motion upon a subject which, however, is by no means new to our pages. It is too important to have been omitted by us, or overlooked by the Profession, though Paterfamilias, Schoolmasters and Inspectors, Patrons, Curates and Commissioners, with a curious pertinacity of ignorance both of facts and of the legitimate sources of information, now that the chord is once struck, raise a simultaneous cry for help, and are more than half inclined to throw about general accusations of indifference because nobody has taught them what everyone is competent to learn for himself, if possessed only of that small amount of intellect so often found in combination with enthusiastic and ostentatious benevolence. In this age of gregarious charity, we too frequently see benevolent impulses leading to the most pernicious maleficence. A blind propensity to do good, goaded into activity by want of rational occupation, originates the wildest projects of human reformation and modelling, and attempts to carry them out with an almost incredible recklessness as to means and secondary consequences. Churches are built with every conceivable defect

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of arrangement and ventilation, endowed with the pittance of a Manchester weaver, and the poor of the neighbourhood crowded into them, under the relentless tyranny of a well-organised brigade of district visitors. The pallid face of the gasping preacher, and the worn and weary aspect of the congregation, are easily interpreted by the physiologist. The souls supposed to be saved are hurried into eternity from that fœtid atmosphere without remorse. The most picturesque infanticidal schools spring up in every parish. Mediæval romancers point with delight to their high-pitched roofs, tiny windows, and thermometers with columns of mercury motionless as bars of iron. Charming, but stupifying, equability of temperature! If in a village, we are sure to find them in the nearest proximity to some stagnant pool; if in a town, in the darkest and closest corner. Now it may be very gratifying to the good people concerned in these depopulating processes to pique themselves upon their facile accommodation to circumstances, and their pliancy in stooping to the level of the poorest and the lowest. But if we follow out their doings beyond the forcing of a few ephemeral creatures up to the standard of some flashy and flippant school inspector, we meet with traces of irredeemable evil at every step. Designs planned in ignorance are committed to the working of ignorant agents, who, when they encounter thwarts and difficulties, grow exasperated, peevish, and more rigidly severe and unjust in their discipline. Children are gathered together in these "educational" places, like the Strasburg geese, are crammed with crude, miscellaneous elements of all the sciences, driven to "Divine worship" twice a-day to endure Eburian tortures, collectised, catechised, biblicised, and tortified, in the intervals, by some devoted lady patroness, who marvels at the reluctance and lethargy of her *protegées*, attributes the irritability and sluggishness resulting from overtasked powers and bad atmosphere to innate wickedness and obstinacy, insists upon submission, orders punishment, and is indignantly inflexible. She expects penitence and amendment, and gets the semblance of it; while she crushes some spirits, taints many minds, and leaves the trail of retrograde change and disease in every delicate organisation she has the care of. This evil of school mis-management has now grown to a noticeable magnitude. For the present, however, we pass on from that question, as a whole, and proceed to offer a few remarks upon that which is at the bottom of much of the mischief,—bad ventilation. But our object is not so much to prove over again what is admitted, and has been verified by the testimony of Her Majesty's Inspectors Jones, Bowstead, Brookfield, Mitchell, Watkins, and Steward, lately marshalled in the *Times* by "Fresh Air," as to point out the remedy, and answer the question put by "Paterfamilias," "Harris," and others,—What is the scheme of ventilation known as McKinnell's? This we can do briefly and satisfactorily by referring to our number for May 1, 1858, where may be found a detailed account of it, with illustrative diagrams and sections. But as many of our readers may not have easy access to that particular paper, we offer a recapitulation of its contents for immediate use.

In arranging his plans for ventilation, McKinnell takes advantage of two simple and well-known facts. If an aperture is made, or a shaft carried through the ceiling of any room, or roof of any building, two currents of air are at once established; and these two currents, instead of jostling each other with human perversity, pass uniformly in definite courses according to fixed laws. The centre of the opening is occupied by an out-draught of the warm exhausted air of the building, while the sides are lined with an insetting current of the colder and purer atmosphere. One shifting column of air is contained within the other, and the two have a relative movement somewhat like that of the pieces of a telescope. Any one may illustrate this fact of the regular self-inclosed movements of fluids, of differing temperatures and densities, by warming a little water suspending a few floating coloured particles, in a test-tube, over a spirit-lamp. Directly the heat is applied, the coloured matter will indicate the presence of two opposite currents, in the positions and directions just mentioned. McKinnell carries two funnels or shafts, of different sizes and lengths, through the roof of the building he wishes to ventilate. The smaller and longer tube is placed in the centre of the larger one, and thus the two currents of air naturally seeking to pass into and out of the apartment, are separated one from the other; and this concentric arrangement of the two tubes is so devised that the capacity of the central tube shall be equal to the annular space enclosed between its outer circumference and the inner aspect of the external concentric tube. The lower end of the inner tube is moveable, and has an expanding mouthpiece or flange. This trumpet-shaped expansion serves two purposes; if drawn down away from the outer tube, it spreads the incoming cold air over the upper part of the room, and so causes its descent to be more uniform and dispersed; it may also by being raised to the level of the inner opening of the outer tube, be made to act as a valve shutting out altogether the external air, or limiting the currents to the area of the central tube. There is no mystery in this. The contrivance is simplicity itself; as, indeed, are most of the mechanisms adapted to natural laws. As applied to the forms of buildings and to the various compartments of compound structures, it acquires a little appearance of complexity, from the course and partial separation of the tubes, and the addition of appendages, to meet architectural requirements. But the principle remains the same, and the slightest infringement of it of course mars the scheme, and leads to disappointment. It, however, admits of infinite modifications, and can be fitted with equal ease to hats, carriages, and ship-cabins, houses, coal-mines, schools, churches, and dungeons. The system, too, is cheap. At small cost it may be introduced into old houses or parts of houses. Of course, in new buildings, the outlay is proportionately much less. But under any circumstances, no one need be deterred by fear of expense, especially if contrasted with the money required for rearing a certificated master or mistress. This is a point of the argument which we are almost ashamed to introduce, though with a certain class of minds there is much to be gained by a sort of profit and loss reckoning, in which the tallies are human beings like ourselves. They can be made to act rightly and advantageously in the right direction, by an appeal to a standard with which they are familiar; whereas you would be met with a stolid stare of wonderment if you took your ground for reformation and money-spending upon the natural claim for ease and consideration, in the matter of health, of your officials and the little untrained victims of "education." This system meets their case effectually. No matter what the building is, how mean, how close, how ill-contrived, the best air that is outside of it can be got in, and the worst got out, for a mere trifle. The direct outlay would be thought nothing of even by a small, higgling committee; and if universally made, the raw material once manufactured into certificated teachers would last a long while, and the subscriptions to the factory might be in a measure reduced. We actually meet with people of this stamp, and needs must we act upon their intellects and moral sense with what would be caustics and searing-irons to better natures. In conclusion, this scheme of ventilation brought forward by McKinnell is unquestionably good, easy, and economical, and completely does that which is the great object in keeping buildings healthy and habitable. It rids them of the foul air, and provides for the free inlet of a fresh supply from the outside. These ends, it is true, may be accomplished in other ways, though perhaps at more expense; and as an instance of this, as well as of other points of good management in the training

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of children, we may mention the Soldiers' Daughters' Home at Hampstead. This national Institution may be reached at any time without difficulty, and is constantly open to public inspection. To all interested in these matters, we say—Go, see, and learn for yourselves.

THE WEEK.

If Rumour speak correctly (and we believe in this instance that she belies her ordinary character of a lying jade) there is not much chance of the Profession being annoyed or gratified with the creation of a third class of Licentiates of the Royal College of Physicians of London. What we hear is, that the counsel to whom the proposed new regulations for the establishment of a third class have been submitted, have given their opinion that such a third class could not be legally created. What a world of trouble and discussion, and ink and paper, would have been saved, had this "legal impediment" to the accomplishment of the new scheme been discovered at the beginning instead of at the end of the long tale! Perhaps, however, Rumour may be false; or the College may have some other plan to supersede legal obstructions.

The following bit of information, which appeared a few days ago in the journals under semi-official authority in the Army and Navy Intelligence, is worthy of note. It demonstrates two facts clearly enough. The first fact is one which has received frequent illustrations—viz. the crass ignorance of military authorities on the subject of military hygiene; and the second is, the necessity so often insisted on by Medical authorities of establishing a Medical Superintendent of the Indian Army. If one did not see it written down in black and white, one could hardly have believed it possible that military chiefs here, under whose orders troops are sent out to India, could be ignorant at this time of day—in 1860—that there is a season in the year when it is not well for troops to land in India; that they actually have to receive advices from Medical authorities in Calcutta in order to stop the troops going out. We have not of late met with a more distinct exemplification of the fact of the old tale about the lion and the asses. Let it, then, be written down:—Those who have the duty to perform of sending troops to India are so well qualified for their task, as to be utterly ignorant of the fact that one season or month of the year is more unhealthy than another; that there is one period which is most unhealthy for the landing of troops:—

"The Government, having received advices from the Medical authorities at Calcutta, to the effect that it would be expedient to delay the embarcation of reinforcements ordered to proceed to Bengal until the season has somewhat further advanced, in order to prevent their arriving in India at the most unhealthy period of the year, the embarcation of the cavalry and infantry troops for Calcutta will consequently be delayed for some time, and it is more than probable that they will not be despatched from England until August."

An extraordinary case of wholesale poisoning by antimony has startled the public at Liverpool:—

"One Thomas Winslow is charged with having poisoned Mrs. Ann Jones, a widow, and keeper of a boarding-house in Vauxhall-road, with whom the prisoner had lived for some years as manager. The deceased, it appears, was 42 years of age, and the prisoner was aware that she had made a will, disposing of her property to some nephews, a niece, and a sister (Mrs. Tounsend), who lived with her. The prisoner was thought so highly of that he was appointed residuary legatee. In September, 1859, Mrs. Tounsend was attacked with vomiting and purging, and died; on December 18 her daughter was seized in a similar manner, and died, and on January 11 her son (and Mrs. Jones's nephew), Samuel Tounsend, was attacked with the same symptoms, and died. In January last Mrs. Jones was herself attacked with the vomiting and purging, but being promptly attended by a Medical man she recovered. In March she was again thus seized, and recovered, and towards the end of May the symptoms returned. Dr. Cameron, her attendant, having his suspicions aroused by the frequency of the symptoms, took an opportunity of analysing some of the discharges, and discovered the presence of antimony. He persuaded Mrs. Jones to be removed to an Hospital, which was done about a fortnight ago, but notwithstanding every care and attention, she died on Sunday. A quantity of cooked sago which had been prepared by the prisoner was found by her bedside before she was removed, and it was stated that she had partaken of it two or three hours before she was attacked on the last occasion. A portion of the sago was analysed, and found to contain antimony, whereas the uncooked sago found in the house did not contain antimony."

The fact of poisoning seems to have been fully made out.

"Dr. Edwards, Analytical Chemist to the Royal Institution, and Lecturer on Chemistry, deposed that on the 7th, 9th, 12th, 13th, 14th, 15th, and 16th June, he received bottles sealed, containing vomiting, urine, and fæces from Mrs. Jones, in almost all of which he discovered traces of antimony in considerable quantities. On the 13th he received from Inspector Horne two cups containing prepared sago, and a bottle of wine. He analysed them, and found antimony in considerable quantities in the sago, but no trace of antimony in the wine, On the 26th he analysed the contents of four bottles and four jars containing the tissues of the stomach, intestines, liver, blood, etc. of Mrs. Jones, in all of which he found the presence of antimony in considerable quantities. He considered, from his analysis, that antimony had been administered in one large dose, or in continuous small doses, between the 6th of June and the time of death (the 24th)."

Dr. Cameron, who attended Mrs. Jones, gave it as his opinion that death was accelerated by the antimony; his suspicions had, in fact, been excited before the death of the lady, and he had already placed the matter in the hands of the police. After hearing the evidence, the jury returned a verdict of "Wilful Murder" against the accused. The difficulty in the case appears to reside solely in the fact, that (as it appeared after death) Mrs. Jones was suffering from malignant disease of the abdomen,—of course a fatal disease. It is probable that under the circumstances, some of the other deceased relatives will be exhumed, and chemical analyses made to ascertain the presence of antimony or otherwise in their bodies.

The meeting of the British Association at Oxford has passed off with great spirit. The chief points of Professional interest were the Priestley Breakfast, and the papers on Sleep by Mr. Durham, and on Oxygen by Dr. Richardson; an interesting discussion on Death from Chloroform; after, a paper by Dr. Kidd; and a very lively debate on the Origin of Species; after a paper by Dr. Draper, of New York. Dr. Rolleston, the new Linacre Professor, was Chairman of the Physiology Section, and performed his task in a manner which gave general satisfaction. It is something not a little gratifying to see so young a Physician presiding—and presiding with credit—over a debate in which such speakers as the Bishop of Oxford, Mr. Huxley, and Mr. Draper, took part.

The Salop Infirmary has hitherto been one of the few Hospitals of the country which excludes the Medical Officers from a seat at the Managing Board. At the last annual meeting of the Institution, one of the Physicians, Dr. Johnson, in a very quiet and straightforward way, brought the subject before the notice of the Governors. He showed clearly enough how injurious it was to the interests of the Hospital that the governing body should not always have the

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assistance of a Medical man at hand in the weekly regulating of the Hospital; and also, that the exclusion of the Medical staff was in reality a slight to the whole body of them. Of course his proposition, viz. That the Physician and Surgeon of the week should always be *ex officio* members of the Weekly Board, met with the usual stale opposing arguments. We are very glad, however, to find that the good sense of the body of Governors prevailed over individual narrow-mindedness, and that the proposition of Dr. Johnson was carried by a majority of 17 against 9.

The re-election of Messrs. Hodgson, Kiernan, and Partridge to the Council of the College of Surgeons, took place on Thursday. There was no opposition.—On Wednesday Mr. Arnott, as we anticipated, was elected by the Council, as representative of the College in the Medical Council.

Mr. Bowen May has been cast in an action in the Court of Common Pleas, and has damages to pay to the amount of £450. We think the verdict unfair, but suppose that it is according to law. The remarks of the Lord Chief Justice may be useful to Registration Associations. He said:—

"In his opinion the article in question was a libel, and, therefore, the point for consideration was what should be the amount of damages. According to the case of 'Lewis *v.* Levy,' the publication of preliminary proceedings at police-courts might or might not be privileged, but the publication of the preliminary proceedings which inculpated the party, and the omission to publish the subsequent proceedings which exculpated him, never could be justified. If the object of Mr. May, and the Association with which he was connected, was to prevent unqualified persons from obtaining money and ruining the health of their patients, they deserved credit for their motives, but if they infringed the rights of any person they must do so at their own risk."

Mr. May has sent us copies of some correspondence on this subject; but the publication would open a discussion upon which we do not wish to enter.

The College of Surgeons of England, the Colleges of Physicians and Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, have been heard by counsel before the Scottish University Commissioners, against the new ordinances, by which the power of granting the degree of Master in Surgery is proposed to be conferred upon the Edinburgh University. The Senatus Academicus of the University has been also heard in support of the ordinances, and the Commissioners will report to Her Majesty in Council on the subject.

A case was tried last Saturday in the Court of Common Pleas, in which a riding-master brought an action against Mr. Hacon, of Hackney, alleging that this gentleman had not treated him properly for an injury to the hip. It appeared that the plaintiff had a fall, suffered great pain for some time after about the hip, and after some months the limb became shortened from the effects of chronic arthritis. Mr. Quain thought the patient ought to have been kept at rest from the first. Mr. Canton supported the same view; but Mr. Paget and Mr. Pollock thought Mr. Hacon had pursued a proper course of treatment, and that keeping the patient in bed, considering his age, would have been improper. The following remarks of Lord Chief Justice Erle are of great importance. He said:—

"The real question is not whether Mr. Herring was cured. It is the most intensely pernicious mistake, to think that an action would lie against a Medical man, because he does not cure his patient in every complaint. All that he is bound to do is, to have competent skill, and to use it to the best of his judgment. When he has done that, he has done his duty; and he is not liable for any consequences which ensue, which may be utterly beyond the control of man. According to the exceedingly valuable evidence which has been given in favour of Mr. Hacon, when he attended this man he brought to bear upon his case a considerable degree of skill; and a disease supervened for which he is no more responsible than I am. If you are all of that opinion, a verdict will be taken for the defendant; which seems to me most satisfactory."

A verdict was then taken for the defendant. We congratulate Mr. Hacon, and the Profession generally, that law and justice for once went hand in hand.

We have been requested to state that the election of Mr. Green as President of the Medical Council took place solely in consequence of his being generally, if not unanimously, considered the fittest person for the office, and without reference to anything previously said to any other Member.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, SATURDAY, JUNE 23, 1860.

Royal College of Physicians, London.

Mr. GREEN took the chair at one o'clock, p.m.

Present—

Mr. Nussey.	Dr. A. Smith.
Dr. Acland.	Dr. Leet.
Dr. Bond.	Dr. Apjohn.
Dr. Embleton.	Dr. Corrigan.
Dr. Storrar.	Sir James Clark.
Dr. Alexander Wood.	Sir Charles Hastings.
Dr. Andrew Wood.	Mr. Lawrence.
Mr. Watt.	Mr. Teale.
Mr. Syme.	Dr. Christison.
Dr. A. Thomson.	Dr. Stokes.

Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

1. Moved by Dr. CHRISTISON, seconded by Mr. NUSSEY—That the letter from Sir Benjamin Collins Brodie, which announces his wish to resign his office as President of the Council, is received with sincere regret; that the Council sender their best thanks to him for the various and eminent services which he has rendered to the Medical Council; and that they cannot refrain from adding that he will carry with him the esteem and respect of every member of the Council into all the other departments of his honourable career.—The motion was put and carried by acclamation.

2. Moved by Dr. CORRIGAN, seconded by Sir CHARLES HASTINGS—That a copy of the foregoing resolution be forwarded to Sir B. C. Brodie.—Agreed to.

3. Moved by Dr. ANDREW WOOD, seconded by Mr. TEALE—That the resolution of the General Council of August 6, 1859, No. 5—"That the General Medical Council have observed that amendments of the Medical Act have been introduced, at the instance of bodies represented in the Medical Council, into Bills brought into Parliament, without previous communication with the General Medical Council; and that the Council consider it desirable that in future such amendments should be first communicated to the President of the Council,"—be amended, by adding "to be by him communicated to the members of the Council."—Agreed to.

Dr. ALEXANDER WOOD brought up the second Report of Committee on Special Claims for Registration.

REPORT.

"The Committee had under their consideration the following cases:—

"Frederick Theophilus Webster.—This gentleman claims to be registered under Clause XLVI. of the Medical Act, as 'a Surgeon in the service of a Charitable Institution;' he being Surgeon to several Benefit Societies. Mr. Webster was appointed by the Guardians, to the office of Medical officer in

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the St. Alban's Union, there being no other candidate, but the appointment was not confirmed by the Poor-law Board. Mr. Webster supports his application by testimonials, which fully prove both character and ability, and a letter has been received from Messrs. Farrer, Ouvry and Farrer, the solicitors to the Council, in reference to it. Mr. Webster's claim is opposed by Mr. Hutchinson, who resides close by him, and who formerly supported the claim of a gentleman no better qualified. On the whole, the Committee are disposed to recommend that Mr. Webster be registered."

"Antoine Reichanck claims registration on a Surgical license from the Medical Faculty of Vienna. There was produced to the Committee a letter from the Dean of the College of Doctors of the Medical Faculty of Vienna, stating that Mr. Rischanck 'absolved the Medical and Chirurgical course of study, formed for the purpose of educating country Surgeons; he studied for three years, and passed his examination on January 28th, 1838, as Patron of Surgery and Midwifery (Surgeon and Accoucheur); he took his oath, and possesses a diploma of the same date."—Recommended for registration.

"Albert Günther, M.A., Dr. Phil., Tubingen—Diploma in Medicine and Surgery from the Medical Council at Stuttgart."—Recommended for registration.

"Theodore Günther:—Emil. Becher:—Charles Milner—Obtained their degrees of Doctors of Medicine at Tubigen, after regular examination, and are recommended for registration.

"Jonathan Sibley—Obtained his degree as M.D. from the University of New York, after examination."—Recommended for registration.

"Frederic Hancorne Prytherch—James Godfrey—Obtained their degrees after regular examination, at Heidelberg."—Recommended for registration.

"Michael Lambton Este, in addition to his titles already registered, wishes to be registered as M.D. of Erfurt—Diploma produced."—Recommended to be registered.

"Daniel B. Bascombe claims registration as M.D. of the University of Pennsylvania. The Dean of the Medical Faculty has failed to satisfy the Council that his degree was obtained after regular examination, it is therefore recommended that the consideration of this case be delayed; but that power be given to the Branch Council for England to register Dr. Bascombe, should they be satisfied meanwhile that he was duly examined."

The following qualifications are recommended to be rejected:—

"William Hitchman, M.D., of the Protestant University of Bavaria—without examination.

"Theodore Bloomenthal, M.D. Wurzburg, obtained after passing of the Medical Act.

"William Ledger Erson, claims to be registered as a Licentiate of Midwifery of the Coombe Lying-in Hospital.

"ALEXANDER WOOD, Chairman."

4. Moved, separately in each case, by Dr. ALEXANDER WOOD, seconded by Sir CHARLES HASTINGS—That Theophilus Webster, Antoine Rischanck, Albert Günther, Theodore Günther, Emil Becher, Charles Milner, Jonathan C. Sibley, Frederic Hancorne Prytherch, James Godfrey, and Michael Lambton Este be registered.—Agreed to.

5. Moved by Dr. ALEXANDER WOOD, seconded by Sir CHARLES HASTINGS—That the recommendation of the Committee respecting Daniel B. Bascombe be adopted.—Agreed to.

6. Moved, separately in each case, by Dr. ALEXANDER WOOD, seconded by Sir CHARLES HASTINGS—That William Hitchman, Theodore Bloomenthal, and William Ledger Erson be not registered.—Agreed to.

Dr. SMITH presented the following

REPORT FROM THE FINANCE COMMITTEE, APPOINTED JUNE 14, 1860.

"The Committee having taken into consideration the matters referred to them, respecting the Financial Affairs of the General Medical Council, report, that the Minutes of the General Council and the Executive Committee, and the Cash Accounts of the General Council are kept in accordance with the recommendations of the Finance Committee appointed in 1859.

"With the view of bringing all the matters referred to the Committee under the notice of the Council in the most concise manner, they have been arranged as follows:—

1st. "Matters referred to the General Council by the Executive Committee and the Branch Council for England (see Resolution 7).

2nd. "Resolutions suggested by the Committee (see Resolutions 8 and 9).

3rd. "Recommendations of the Committee,—to be referred to the Executive Committee."

7. Moved by Dr. ALEXANDER WOOD, seconded by Mr. WATT—That in striking the annual per centage rate, in accordance with Sect. XIII. of the Medical Act, the words "all monies received," be understood to mean all monies received by the respective Branch Councils, from whatever sources derived.—Agreed to.

8. Moved by Dr. A. SMITH, seconded by Dr. ANDREW WOOD—That the scale of fees adopted on August 3, 1859, for attendance on the General Council, the Executive Committee, and the Branch Council, and also for travelling expenses, which was approved of by the Commissioners of Her Majesty's Treasury, be adhered to, until altered by the Council.—Agreed to.

9. Moved by Dr. BURROWS, seconded by Dr. ANDREW WOOD—That the non-resident Members of the General Medical Council shall be paid hotel expenses for every Sunday while in London on the business of the Council.—Agreed to.

10. Moved by Mr. LAWRENCE, seconded by Mr. NUSSEY—That the Resolution proposed by Mr. Syme, No. 3, in No. 21 of the Minutes of the General Council be rescinded.—Negatived.

Dr. CHRISTISON presented the following

REPORT ON THE MODE OF CONDUCTING THE BUSINESS OF THE COUNCIL.

"The Committee appointed on the 20th of June, to extract from the Minutes of Council such regulations as have been passed by the Council for conducting the business of the Council, and to report such alterations and new regulations as may appear to the Committee to be advisable,—have to report, that the Minutes contain the following

"Resolutions passed by the General Council for Conducting Business.

"1. The General Council shall meet each day at 2 p.m., and shall not sit after 6 p.m. (August 3, 1859, p. 4.)

"2. It is expedient that the proceedings of the Council be recorded in writing, in a book to be kept for that purpose. (August 10, 1859, p. 9.)

"3. That the Minutes of each meeting of the Council, as well as all notices of motions, be printed, and transmitted to each member of the Council. (November 23, 1858, p. 3.)

"4. That the Minutes of the several meetings of the Council shall contain simply such resolutions and amendments as have been proposed and adopted, or negatived, with the name of the proposer and seconder, and without any comment or observation of members annexed. (November 24, 1858, p. 1.)

"5. That a programme of the subjects which it is the intention of members of the Medical Council to bring forward, be forthwith prepared by the Registrar, be printed and distributed by him from day to day, as may be required, and that a committee be appointed to aid the Registrar. (August 3, 1859, p. 4.)

"6. That any motion or motions lying over from the previous day take precedence of new matters, except by special permission of the Council. (August 6, 1859, p. 1.)

"7. That in all cases where a division has taken place, any member of the Council may require that the names of the majority and minority shall be entered on the Minutes. (August 11, 1859, p. 2.)

"8. The Business Committee shall report as to the form in which new members shall take their place, both in the Branch Councils and in the General Council. (June 16, 1860, p. 2.)

"9. That whenever a Branch Council shall refer to the General Council the name of any person which it is deemed desirable to remove from the Register, the Registrar of the General Council shall be authorised to obtain the opinion of counsel on the facts and bearings of the case, before it is submitted to the General Council; and that such opinion of counsel shall accompany the statement of the case when it is brought before the General Council. (August 10, 1859, p. 9.)

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"The Committee have considered whether it is desirable to alter or add to these regulations. They do not propose that the Council should alter any of the regulations already passed. They think it undesirable to attempt at present to construct a complete code of regulations for conducting the business of the Council; that much may be safely left to evident convenience and well-known usage; and that it will be sufficient to provide, by additional regulations, for those points in the conduct of business which have become the subject of serious difference of opinion among the members.

"These are two in number: first, the mode of dealing with motions and amendments; and second, the reception of protests.

"(1.) As to the mode of dealing with motions and amendments, the Committee find that three usages prevail in various public bodies, in the three divisions of the United Kingdom. One of these has been adopted, and extended into precise rules, by the London University Convocation. As these rules have been found by the Convocation to answer well in practice, and appear to the Committee well fitted to bring out the sense of such meetings as those of the General Medical Council, they are now recommended for adoption, as follows:

"*a.* No motion or amendment shall be withdrawn, after being put from the Chair, except by leave of the meeting.

"*b.* Any number of amendments may be moved.

"*c.* If there is but one amendment, the amendment shall be the first question put to the vote; and in any case where a motion, and more than one amendment shall be before a meeting of the Council, the first question put to the vote shall be That the original motion be amended.

"*d.* In the case of there being but one amendment if such amendment be lost, or, if in the case of there being several, it be carried that the original motion be not amended, the original motion shall then be put to the vote.

"*e.* If it be carried that the original motion be amended, the amendments shall be put to the vote in the order in which they shall have been moved.

"*f.* No discussion and no amendment shall be allowed after the first question has been put to the vote.

"This mode of procedure differs from the mode recommended from their experience by the Scotch members of Council, only in so far as it is the practice in the bodies with which they are connected to put the last amendment first. The Committee do not consider it material which of the two ways of putting the vote is adopted. But they think either of them better fitted to bring out the true sense of a meeting of such a body as the Council, than the third which has been brought under the Committee's notice; according to which, no amendment can be put to the vote at all, or even so much as minuted unless the previous amendment, or the motion itself, be withdrawn.

"(2.) As to protests, the Committee consider it very undesirable, that these should appear on the Minutes, when they can be avoided. But on mature consideration, they are of opinion, that the right of a minority to protest, and to have their protest entered in the Minutes, is a right which cannot be refused, without risk of substantial injustice to the minority, and eventual damage to this Council in its relations to the public.

"R. Christison, Chairman."

11. Moved by Dr. Christison, seconded by Dr. A. Smith—That the report of the Committee on the mode of conducting the business of the Council be received, and printed in the Minutes.—Agreed to.

Letters having been read which had been received from the Devonport Registration Association, relative to the registration of Edwin Bishop,

12. Moved by Dr. Storrar, seconded by Dr. Christison—That the decision of the Branch Council for England on appeal in this case be not interfered with.—Agreed to.

A letter having been read from Dr. Scott, of Boulogne, relative to the registration of J. M. Cookesley,

13. Moved by Dr. Alexander Wood, seconded by Dr. A. Smith—That Dr. Scott's letter be remitted to the Branch Council for England.—Agreed to.

Dr. Andrew Wood presented the following

Report on the Forms to be Observed on the Introduction of New Members of the Medical Council.

"The Business Committee, to whom was committed the duty of preparing a report as to the forms to be observed when new members take their place on the Branch Councils, or on the General Council, beg to report that in their opinion it is desirable that the following regulations be followed, viz:

"1. That it be the duty of the President, on receipt of intimation of the resignation or death of any member of the General Medical Council, to cause notice of the same to be sent to the Registrar of each of the Branch Councils.

"2. That the President, on receiving from any of the bodies entitled to send representatives to the Medical Council, or, in the case of members nominated by the Crown from the Privy Council, an official notice of the election or nomination of a new member, or of new members, announce the same to the Registrar of each Branch Council.

"3. That the Registrar summon the person so elected or nominated to the first meeting of the Branch Council to be held after such announcement, and before the new member present himself at such meeting, the President's notification of his election or nomination be read, that he then be introduced to the meeting by some member of the Branch Council.

"4. That the same forms be observed in the case of persons who have, or have not taken their seat in the Branch Council, when they take their seat for the first time in the General Council. (Signed)

"Andrew Wood, Chairman."

14. Moved by Dr. Andrew Wood, seconded by Dr. Embleton—That the Report of the Business Committee on the Forms to be observed on the Introduction of New Members into the Branch Councils and General Council be received and adopted.—Agreed to.

15. Moved by Dr. A. Smith, seconded by Dr. Corrigan—That the Registrar be instructed to have the standing orders of the General Medical Council printed, and circulated among the members of the Council.—Agreed to.

16. Moved by Dr. Andrew Wood, seconded by Dr. Corrigan—That the best thanks of this Council are eminently due, and are hereby offered, to the Royal College of Physicians of London, for their obliging and courteous accommodation during the present Session of the Medical Council.—Agreed to.

17. Moved by Dr. Andrew Wood, seconded by Mr. Teale—That a gratuity of ten guineas be given to the servants of the Royal College of Physicians of London.—Agreed to.

A letter having been read from Mr. Nussey, intimating his resignation of the office of Treasurer of the General Medical Council,

18. Moved by Dr. Storrar, seconded by Sir Charles Hastings—That the Council record their grateful acknowledgment of Mr. Nussey's most valuable services.—Agreed to.

19. Moved by Dr. Andrew Wood, seconded by Dr. Embleton—That Dr. Burrows be elected as Treasurer, in room of Mr. Nussey.—Agreed to.

20. Moved by Dr. Andrew Wood, seconded by Dr. Embleton—That the Executive Committee consist of

The President. Sir James Clark.
Dr. Burrows. Mr. Nussey.
Dr. Acland.

Agreed to.

21. Moved by Dr. Andrew Wood, seconded by Mr. Teale—That in the event of a vacancy, or vacancies, occurring during the recess in the Executive Committee, they be empowered to elect a successor or successors.—Agreed to.

Mr. Green having quitted the Chair,

22. Moved by Dr. Burrows, seconded by Dr. A. Smith—That Dr. Stokes take the Chair.—Agreed to.

23. Moved by Dr. Acland, seconded by Dr. Corrigan—That Mr. Green be elected as President of the General Medical Council.—Agreed to unanimously.

Mr. Green then took the Chair, as President.

24. Moved by Dr. Andrew Wood, seconded by Dr. Embleton—That the Council now resolve itself into a Committee of the whole Council on Education.—Agreed to.

The Council having resumed, Mr. Teale brought up the following

Report of the General Committee on Education.

"The Committee on Education, composed of the whole Council, have held several meetings during this Session of Council, the Minutes of which are herewith presented.

"The Committee recommend the Council to defer for the present the consideration of the subject of the 'Visitation of

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Examinations,' regarding which the Minutes contain a full Report from a Sub-Committee.

"The Resolutions agreed to by the Committee, which they recommend the General Council to adopt, are as follows:—

"I.—GENERAL EDUCATION AND EXAMINATION.

"The Medical Council are of opinion that it is desirable,

"1. That all Students pass an examination in General Education before they commence their professional studies.

"2. That, as far as may be practicable, Testimonials of proficiency granted by the National Educational Bodies, according to the following list, be accepted, with such additions as the Medical Council may from time to time think proper to make:—

"A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council.

"Oxford Responsions or Moderations.

"Cambridge Previous Examinations.

"Matriculation Examinations of the University of London.

"Oxford Middle Class Examinations, Senior and Junior.

"Cambridge Middle Class Examinations, Senior and Junior.

"Durham Middle Class Examinations, Senior and Junior.

"Durham Examinations for Students in Arts in their second and first years.

"Queen's University, Ireland, two years' Arts' course for the Diploma of Licentiate in Arts.

"Preliminary Examinations at the end of the A.B. course.

"Middle Class Examinations.

"Matriculation Examinations.

"Dublin University Entrance Examination.

"An Examination by any other University of the United Kingdom, equivalent to the Middle Class Examinations of Oxford and Cambridge.

"3. That the examination on general education be eventually left entirely to the Examining Boards of the National Educational Bodies recognised by the Medical Council.

"4. That Students who cannot produce any of the testimonials referred to in the second resolution, be required to pass an examination in arts, established by any of the Bodies named in Schedule (A) of the Medical Act, and approved by the General Council, provided that such examination shall be in every case conducted by a Special Board of Examiners in Arts.

"5. That without professing to lay down any complete scheme of general education for persons intending to become members of the Medical Profession, the Committee recommend that the scheme of examination in arts of the licensing Bodies be, as nearly as practicable, similar to that of any one of the National Educational Bodies above specified.

"6. That after October 1, 1860, all Medical Students be required to be registered.

"7. That the lists of Students registered be closed within fifteen days after the commencement of each Session or Term.

"8. That no Student beginning professional study after September, 1861, be registered, who has not passed an arts examination, in conformity with Resolutions 2 or 4.

"9. That the several Bodies in Schedule (A) of the Medical Act, either jointly or severally, open a register for Students commencing their studies in Medicine, in the form annexed.

SCHEDULE.

REGISTER OF MEDICAL STUDENTS.

Number.	Name.	Date of Birth.	Place of Birth.	Present Residence.	Date of Registration.	Place of Registration.	Registering Body.	When and by what Body the Examination in Arts was conducted, and its Date.
1	A. B	—	—	London.	—	University College, London.	University of London.	Matriculation Examination of University of London; May, 1861.
2	C. D	—	—	Birmingham.	—	Birmingham General Hospital.	Royal College of Surgeons of England.	Oxford Middle Class Examination; August, 1861.

"10. That the said Register be opened on the first day of each Session or Term, and remain open for fifteen days; and that within seven days after its close, the officer in charge be required to transmit a duly authenticated copy thereof to the Registrar of the Branch Council of that division of the United Kingdom to which the Body or Bodies belong.

"11. That the Registrar of the Branch Council lay the list before the Branch Council, in order that the Branch Council may take whatever steps may seem necessary to secure its accuracy; and that it thereafter be transmitted, with any remarks by the Branch Council thereon, to the Executive Committee.

"12. That the Executive Committee shall arrange these Returns, and publish annually an Alphabetical List of the names contained in them.

"13. That the Licensing Bodies shall have power to admit exceptions as to the time of registration, if satisfactory to them, and shall transmit lists of such exceptions to the Branch Council of the part of the United Kingdom in which such exceptions have been granted, with the grounds stated.

"14. That the varions Educational and Licensing Bodies be requested to transmit to the Registrar of the General Council, Returns, embodying any alterations which they may from time to time introduce into their Courses of General Study and Examinations, which qualify for the Registration of Medical Students."

"II.—PROFESSIONAL EDUCATION.

"15. That the age of twenty-one be the earliest age at which any Professional Licence shall be obtained.

"16. That four years of Professional Study be required, after the Examination in General Education.

"III.—PROFESSIONAL EXAMINATIONS.

"17. That the Professional Examinations be divided into at least two distinct parts; that the first be not undergone until after the termination of two years of study; and the final examination not until after the termination of four years of study.

"18. That the first Professional Examination be conducted partly in writing and partly *vivâ voce*; and that such parts as admit of it be made as practical and demonstrative as may be possible.

"19. That the second Examination be conducted partly in writing, partly *vivâ voce*, and practically as far as may be convenient and attainable.

"20. That the Professional Examinations be held by the several Licensing Bodies (except in special cases) at stated periods, to be publicly notified.

"21. That Returns from the Licensing Bodies under Schedule (A) be made annually, on the 1st January, to the General Medical Council, stating the number and names of the Candidates who have passed their respective Final Examinations, and the number of those who have been rejected.

"The General Medical Council having, in the course of last year, expressed their opinion on the manner in which the General Education of Medical Students ought to be obtained, and stated the principle which appeared to them proper for the regulation of Professional Examinations, consider it undesirable, during the present Session, to enter upon any details upon the so-called higher Degrees and Qualifications.

"But, at the same time, they would record their opinion, that it is not desirable that any University of the United Kingdom should confer a Degree in Medicine, whether that of Bachelor or Doctor, upon Candidates who have not graduated in Arts, or passed all the Examinations required for the Bachelorship in Arts, or the Examinations equivalent to those required for a Degree in Arts."

25. Moved by Dr. CORRIGAN, seconded by Mr. LAWRENCE—That the foregoing Report be adopted.—Agreed to.

The Council then adjourned.

Confirmed—JOSEPH HENRY GREEN.

MINUTES OF MEETING, SATURDAY, JUNE 23, 1860.

Mr. GREEN, President, took the chair at half-past six o'clock.

Present—

Dr. Embleton.	Dr. Apjohn.
Dr. Andrew Wood.	Dr. Corrigan.
Dr. Alexander Wood.	Mr. Lawrence.
Mr. Watt.	Mr. Teale.
Dr. A. Smith.	

The Minutes of the last meeting were read and confirmed.

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REVIEWS.

Obscure Diseases of the Brain and Disorders of the Mind, etc. By Dr. Winslow, M.D. D.C.L. Oxon., etc. 8vo. Pp. 721. London: 1860.

It is impossible for us to attempt in our limited space any criticism of this large volume of Dr. Forbes Winslow. We can do little more than analyse a few of the chapters. In the preface the author tells us that he has two other works to succeed this; and that this volume, indeed, is only an *avant courier*, or introduction, to a treatise on "Softening, etc., of Organic Disease of the Brain." And have we critics not a right to exclaim against such an exuberant production of the brain as is this volume?

On the very first page of his introduction Dr. Winslow praises the "sublimity of truth, majesty of diction," etc., of Hippocrates' well-known aphorism; and quotes it,—"life is short;" but surely he forgets the painful truth when he writes thus largely. All of us are forced to read the *Times* daily; and having done that, we are little inclined to buckle down to a ponderous tome. We may reasonably object to do so. We have gone through our Medical facings, have been well drilled in the ways of Medicine, and fancy that we have obtained a tolerably good smattering of most of the different facts which are the subjects of Medical study; and authors ought to consider that their Medical brethren are in the same state. Therefore what we and they require out of a book is to be told clearly, and quickly, and shortly, all about the matter it treats of. This is a very long book, and its length must be our apology for a slovenly notice of a very important volume.

The object of the work, as we understand it, is to point out the obscure and incipient signs which indicate disease of the brain. "A vast and frightful amount of chronic and incurable insanity exists at this moment, within the precincts of our county and private asylums, which can be clearly traced to the criminal neglect of the disease in the first or incipient stage" (p. 18). And then again Dr. Winslow says:—"It is a well-established fact that seventy, if not eighty, per cent. of cases of insanity admit of easy and speedy cure if treated in the early stage" (p. 18). "A few leeches and cold applications to the head, particularly in young persons of plethoric habit, active purgation, quietude, and freedom from all excitement, physical and mental; counter-irritation to the head, the administration of the tartrate of antimony, and the judicious exhibition of opium after the local congestion has been relieved, and the secretions brought into a healthy condition, will, in eighty per cent. of cases, cure the patient, and arrest the further progress of the mischief."

These extracts put together, if the facts given in them are correct, prove the importance of a knowledge of the incipient signs of brain-disease, if such a knowledge is to be had; and as we have said the object of the book is to point out these signs which are too generally overlooked.

"It will be well to consider, briefly, the cause of the neglect to which the brain is subjected when under the influence of disease. It is a notion too commonly entertained, that many fatal cerebral diseases are *suddenly* developed affections, presenting no evidence of any antecedent encephalic organic change, and unaccompanied by a premonitory stage, or incipient symptoms.

"It is indeed natural that such an idea should be entertained, even by educated professional men, whose attention has not been specially directed to a study of this class of disease, or whose opportunities of watching the progress of such affections have been limited and circumscribed."

Dr. Winslow assumes the position, that a structurally diseased brain always presents recognisable symptoms of its disease, if only the symptoms are wisely appreciated; the brain is, he says, like all other organs in this respect:—"It is generally admitted, that no structural changes can originate in the heart, lungs, liver, stomach, uterus, kidneys, or bladder, without presenting, prior to death, obvious symptoms of their existence."

On this point we must say that we totally differ from Dr. Winslow; and we fancy that the experience of every Practitioner must have presented him with numerous examples of internal diseases, whose existence during life had never been suspected by patient or doctor. Hydatids of the liver, fibrous tumours of the uterus, aneurisms of the aorta, for example. But we shall be told the symptoms were there if we had only had the wit to see them, just as they are in the brain affections, which we overlook. Let us see, then, what these early manifestations of cerebral diseases are. And here we must say, we do feel inclined to quarrel with our author. Instead of carefully detailing and practically illustrating this (as we fancied), the special object of his work, so that we and others might learn in future to better appreciate these obscure divulgences of pathology, we are told:—"I propose to investigate, in detail, the general character of the premonitory symptoms of encephalic and mental disease. It will be well, however, to premise, that I cannot, in this work, do more than generalise on this wide and expansive subject" (p. 22). We must, therefore, await for "the succeeding volume," in which he says, "it will be my object to enter more elaborately into detail, and to point out, as far as practicable, the diagnostic premonitory signs of the various affections of the encephalon" (p. 22). What we find on the head of premonitory signs is summed up at p. 13, and we fancy that this page contains the pith of the facts which are to be detailed in a succeeding volume:—"This disorder of the functions of the brain, in the early period of its manifestation, is of so slight and transient a character, that it is easily overlooked by the patient, as well as by his physician. An apparently unimportant knitting of the brows,—a trifling sensation of numbness in some part of the body,—a condition of general, or local muscular weakness,—a state of *ennui*,—mental peevishness, irritability, and physical restlessness,—an almost inappreciable depression or exaltation of the animal spirits,—an impairment and disorder of the sense of sight,—loss, aberration, or confusion of memory,—defect in, or acute manifestation of the sense of hearing,—an inaptitude for mental work,—an inability to concentrate the attention continuously on any subject,—a state of sleeplessness, or condition of lethargy,—a trivial deviation from the usual mode of talking, such as suddenly pausing in the conversation, as if to regain a lost train of ideas,—a slight defect in the articulation, associated with a transposition of words, and inability to pronounce certain letters, are all characteristic symptoms, frequently diagnostic of disease having commenced in the brain."

Chapter II., on the "Morbid Phenomena of Intelligence," re-affirms the statement made in Chapter I.:—If all those who have died from organic disease of the brain, "apparently in full possession of their intellectual, sensorial, and motorial powers, had been subjected to a close and rigid analysis, some degree of disorder, or impairment of these functions, would I believe, in many cases, have been detected." And a few lines before the author affirms, "as a general postulate, that all structural lesions of the encephalon, etc. are associated with some derangement, modification, or altered action of," etc. (p. 25).

Chapter III.—Premonitory Symptoms of Insanity—contains an interesting discussion on the questions, "What is Insanity?" and "What is the Mind?"

Chapter IV. consists of 100 pages, made up of the "Confessions of Patients after Recovery, etc.;" or the Autobiography of the Insane; and Chapter V. is a continuation of the same subject.

In Chapter VI. Dr. Winslow touches on some very interesting topics, and gives an interesting account of the states of the mind in the early stage of insanity. But here, again, we find no other clear and tangible signs of the disorder given other than such as Physicians at present usually consider as signs of morbid mental conditions. In the cases given, the signs are all distinct and clear at the stage where the Physician takes them up. Dr. Winslow himself again fairly admits the difficulty of the task he has undertaken. At p. 167 he says: "To the unskilled, untutored, and untrained eye, the disease is, in its early stages, occasionally altogether invisible. Even to the practised apprehension of the experienced Physician, it is almost indiscernible, or, at least, of a dubious and uncertain character."

Dr. Winslow also here shows up the ignorance of the world in general on the subject of insanity.

In Chapter VII. we have an account of the "Stage of Consciousness," the period when the patient feels he is going mad. Then, in succeeding chapters, we have the Stage of Exaltation; the Stage of Mental Depression; of Aberration; Impairment of Mind; Morbid Phenomena of Memory; Acute

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Disorders of Memory; and its Chronic Affections, and Perversions and Exaltations, and Psychology and Pathology. Then, again, the Morbid Phenomena of the Special Senses; and, lastly, the General Principles of Cerebral Pathology, Diagnosis, Treatment, and Prophylaxis.

Morbid anatomy does not, Dr. Winslow thinks, throw much light on the nature of insanity. Some types of the disorder "may depend upon a disordered condition or altered action of the *psychical co-ordinating principle* evolved in the cerebrum, which (when the brain is free from a material change, and the mind not disordered) preserves intact the unity of action and normal balance of the intellectual powers" (p. 635).

We regret to say that the great length of this work prevents us doing full justice to it in our pages. The name of the author will doubtless ensure for it an extensive circulation. That it is full of interesting matter is certain; but, candidly, we think Dr. Winslow would have done much more wisely had he condensed the views of his own large experience into a more limited compass. He draws his illustrations much too widely from different authors, showing clearly enough his own extensive reading; but at the same time overshadowing his subject. We fancy that about 250 to 300 of these pages (including 100 pages of the Insane's Autobiography) at least are extracts from other authors; and this surely is disproportionate. We trust that in his next (promised) volume our author will give us the benefit of his large knowledge on the obscure points of insanity in a more concise manner. He will thereby do more justice to himself and his well-known intellectual powers.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON ŒDEMA OF THE BRAIN.

By M. MARCÉ.

M. MARCÉ communicated to the Paris Anatomical Society the results of some researches he has made upon this subject. The opinion that cerebral œdema is the cause of the "stupidity" of the insane after having made considerable way has, of late, fallen into discredit, doubtless from not having been based upon any exact demonstration. M. Marcé has made some researches upon the matter, as far as relates to pathological anatomy, conducting them with the most rigorous precision.

1. His first object was to determine the quantity of water contained in the normal state of the cerebral substance; and to this end he has examined the white and grey matter separately. They were dried in a stove at 100° C., and the weight of the water lost was determined by the balance. The following are the mean results obtained in man and some animals:—

	100 pts. of grey substance.		100 pts. of white substance.	
	Solids.	Water.	Solids.	Water.
Man	20	80	30	70
Sheep	16·4	83·6	30	70
Calf	14·3	85·6	30·2	69·8
Ox	17·4	82·6	36·3	63·7
Rabbit	20·8	79·2	35·7	64·3
Pheasant	17·3	82·7	23·1	76·9
Owl	23·8	76·2	33·3	66·7

From these researches two consequences result:—1. In the normal state the grey substance of the human brain contains more water than the white, seeing that 100 parts of the one contain 80 parts of water to the 70 of the other. 2. In all the species of animals this predominance is also found in different degrees—the mean difference being a tenth of the total weight.

2. The next point was to ascertain whether the cerebral substance was capable of absorbing additional quantities of water without its texture being altered, *i.e.* whether cerebral œdema could exist. To this end two orders of experiments were instituted: 1. Brains which had remained untouched were injected with pure water; and 2. Fragments of cerebral substance were left to soak in water for 24 or 48 hours or more, and were then weighed. It was found that the fragments had absorbed 50 per 100 of their weight of water, so that 30 parts of solid matters in place of corresponding to 70 parts of water as in the normal state, corresponded to 150 parts. Necroscopic researches have confirmed these experiments, for on submitting brains to desiccation the membranes of which had been infiltrated with serosity, it has been constantly found, especially with respect to the grey substance which is more immediately in contact with the effused serosity, that there was a more considerable quantity of water in such brains than in the normal state as, *e.g.* 85·90 per cent. in place of 80 per cent.

Thus, in spite of its close texture the cerebral parenchyma may absorb water and become œdematous. The fact is of importance in various points of view. 1. Thus in comparing the two hemispheres by weight we must not forget that a simple serous infiltration may give rise to a difference in weight which may erroneously give rise to the belief in atrophy of the opposite hemisphere. 2. Infiltration of the parenchyma necessarily gives rise to an increase in volume, which is a matter of great importance in an organ inclosed in a non-extensible case. 3. The symptoms of cerebral compression attributed to the presence of peripheric serous effusion are not only due to this superficial layer of fluid, but also to the increase in the volume of the brain arising from absorption of fluid. 4. The methodical desiccation of the brain, the sole method of ascertaining its œdematous condition, should be employed in the anatomo-pathological study of the organ. It is possible in this way we might discover the anatomical cause of cerebral symptoms hitherto referred to the class of neuroses or nervous affections.—*Bulletin de la Soc. Anatomique*, 1859, p. 66.

EXCERPTA MINORA.

Piperin in Intermittent Fever.—Dr. Meli, of Venice, as the results of numerous experiments, comes to the following conclusions:—1. The febrifuge power of piperin is both energetic and rapid. 2. Its activity is much greater than that of cinchona. 3. It is more convenient than cinchona, and its succedanea, exhibiting a great activity in a very small compass. 4. It neither changes, retards, or suppresses any secretion or excretion. The alvine dejections are regularised, and the urinary secretion is rendered active.—*Presse Belge*, No. 22.

Iodine in Ill-conditioned Wounds.—M. Marchal communicated to the Academy the formula he makes use of as a disinfecting application in ill-conditioned wounds. The compresses may be moistened without its being necessary to remove them, thus avoiding exposure to the air. Iodine, 1 part; iodide of potassium, 2 parts; distilled water, 1000 parts.—*Journ. de Chémie Méd.* May, p. 289.

Turning by External Manipulations (a).—Professor Esterle, of Trent, contributes an interesting paper, founded upon ten cases of external turning successfully performed in his own practice. The following are his general conclusions:—1. Spontaneous correction of transverse presentations is of frequent occurrence during the last months of pregnancy, and takes place sometimes even during parturition. 2. It is due to various causes, but especially to uterine contraction and to the combined action of the spontaneous movements of the fœtus and of its centre of gravity. 3. It is possible to effect turning in transverse presentations by means of external manipulations. 4. This is better effected during pregnancy than during parturition. 5. The best manœuvres consist in gliding pressure and methodical concussions, which should be modified according to the position of the child, and to whether the head or breech be sought to be brought down—turning by the head being that which should in general be preferred. 6. External turning is a harmless operation, and usually by no means a difficult one; and it should be carefully tried in all transverse presentations. 7. It obviates the danger arising from more serious operations, and diminishes the probability of the occurrence of premature labour, which so frequently takes place in presentations of the trunk.—*Omodei Annali*, vol. clxviii. p. 194.

Auscultation of the Head in Children.—M. Roger terminates a memoir upon this subject with the following conclusions:—1. A cephalic *souffle* is very often heard in the chloroanæmia of very young children, the sound being quite exceptional in affections of the encephalon. 2. In all cases it is dependent upon a changed condition of the blood. 3. Chloroanæmia is

(a) See *Medical Times and Gazette*, Vol. I. 1860, p. 196.

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of frequent occurrence during the first year of life, and at the period of dentition. 4. It is also frequent, as well as unappreciated, in pertussis. 5. By cranial auscultation this changed condition of the blood may be recognised at a very early period, and may then be counteracted—a fact of great importance in early life, in which any debilitating cause may lead to, especially when predisposition exists, a general tuberculization. 6. The *souffle* is frequently, if not constantly, heard in rickets. It aids in determining, also, the nature of this affection, which should not be considered as a disease localised in the osseous system, but as an affection due to a changed condition of the blood, capable of implicating all the organism. The author also points out in relation to this sound the importance of determining the exact period of the closure of the fontanelles. But we have already noticed his paper upon that subject (a).—*Bull. de l'Académie*, tome xxv. p. 61.

FOREIGN CORRESPONDENCE.

GERMANY.

BERLIN, May 14.

To the student visiting the Ophthalmic Clinic of the Berlin University, the great attention paid to those forms of disease which demand a precise knowledge of the mechanism of vision, and an exact application of physiological optics for their analysis, diagnosis, and treatment, must form a most striking feature in the course of instruction so indefatigably carried out by the highly-gifted teacher whose name is so inseparably connected with some of the greatest advances in ophthalmic science; a science, for the pursuit of which, among the students of Germany, such enthusiasm has been kindled by his influence. The visitor will, for instance, be particularly struck with the exact methods of investigation pursued in cases of paralytic affections of the external muscles of the eye, and will find as much reason to be gratified with the able manner in which the ætiology of the affection is traced, and the prognostic and therapeutical part of the question handled, as with the mathematical precision which is brought to bear, for diagnostic purposes, on the resulting abnormities in the act of binocular vision. The series of elaborate papers, by Dr. Wells, now in course of publication in the London Ophthalmic Reports, will tend to show the important results, valuable not only for the oculist, but also for the neuro-pathologist, which can be derived from a careful analysis of functional derangement in the motor forces of the eyeball. These are mainly the results of observations collected in the Berlin Clinic.

By observations conducted in this manner, the exact results, embodied in Graefe's papers on Strabismus, have been arrived at; serving not only to elucidate the true pathology of that affection, but also to fix the indications for operative interference on a firm basis, and to permit a *certain* prognosis with regard to the effects of an operation, which, by want of due discrimination in its performance, has been so frequently exposed to discredit. I hope that the Sydenham Society, which has already been the medium of making the Profession acquainted with Graefe's "Memoirs on the Treatment of Glaucoma," will consider the advisability of including a translation of the Strabismus papers in their valuable series of publications.

It would be impossible by any abstract to do justice to the elaborate train of reasoning, and the large number of excellent observations contained in the essays on this important and so frequently ill-used subject.

I was much interested by some remarks made in a recent clinical lecture on strabismus with regard to the benefit which can be expected to accrue from the operation to the amblyopia of the squinting eye. Graefe stated, as the result of his experience, that if the act of fixation is still accurately and readily performed by the squinting eye (the healthy eye being covered) if the power of central vision is maintained, and merely a uniform diminution of the perceptive powers of the retina present—viz. that form of amblyopia which is improved by the use of convex glasses—an absolutely good prognosis can be given for the restoration of the retinal functions.

If, however, fixation is deficient, excentric vision in the external lateral half of the retina is blunted or altogether absent, and the power of central vision so far lost that the inner half of the retina—vicariating, as it were, for the macula lutea, is directed towards an object held before the eye, the axis of vision shooting past the object towards the inner side—the amblyopia of the squinting eye is incurable, and will not be benefited by the operation in any way. This prevalence of the sensitive powers in the inner half of the retina, which can occur in convergent as well as in divergent strabismus, is a phenomenon of great interest, particularly with regard to the participation of the squinting eye in the act of binocular vision. I must refer to Graefe's lucid exposition for details, as also for the pathology of the amblyopic state of the external lateral portions of the retinal expanse.

Graefe's practice of uniting the conjunctival wound by a suture, in order to diminish the effects of the operation in cases where a very slight deviation has to be remedied, or where there is reason to fear the development of the opposite form of strabismus, is highly commendable, and may be new to some of your readers. It acts, of course, by bringing the conjunctiva, and with it the subconjunctival tissues, in which the muscle (still in connexion with the eye-ball by the lateral processes of Tenon's capsule) is embedded, forwards, thus preventing undue retraction, etc. etc. *Apropos*—are there any means of judging, after an operation for strabismus, what the final result will be when the so-called three healing-periods have lapsed? Graefe forms his judgment in this case on the position the eye assumes when called upon to adjust itself for near objects. (Graefe's Archiv. iii. 1, p. 230.) Let us assume, with Graefe, for instance, that the tendon of the internal rectus has been detached in three cases, in the left eye, for the cure of strabismus convergens concomitans; and that after the operation, when both eyes are in the medium position assumed, when adjusted for distant objects, a pathological convergence of $\frac{1}{2}'''$ ($\frac{1}{2}$ line) still exists. Let an object be now approximated in the median line to within 8″ distance, and we may observe that, in the first case, the left eye maintains its position, although the right eye describes the normal accommodatory movement inwards. In the second case, however, if the object be brought within 1 foot's distance, while the right eye will make an accommodatory movement to the inner side of $\frac{1}{2}$ line, the left eye may describe a far greater movement in the same direction; and this pathological convergence will increase the nearer the object is approached. In the third case, the left eye, instead of making an accommodatory movement, will perform an associated movement with the right eye; the axis of vision will shoot past the object externally; and the more the object is approximated, the more pronounced will the resulting divergent strabismus become.

Now, in the first of these cases, we may confidently expect that, after all the effects of the operation have subsided, and the three healing-periods passed, a slight divergent strabismus will remain. In the third, however, a very considerable divergent strabismus will be observed; whereas the second will continue to squint internally to a considerable degree. It would therefore be good Surgery, in the third case, to apply a conjunctival suture, and do all in our power to limit the effect of the operation. In the second, we should be able to foretell with certainty the necessity for a second operation. Thus we are taught by Graefe how to prognosticate, by a simple experiment, the future fate of cases where the immediate results of the operation were seemingly identical. These examples are given, with considerable abbreviation, from Graefe's Essay, where the matter is most ably discussed. The rule to be deduced from them will be, that after operation for internal strabismus, the medium position of the eye will ultimately agree with that position which is assumed in accommodation for near objects, whatever the immediate result may have been. I conclude by repeating my wish that Graefe's Essays on Strabismus may soon be in the hands of all English oculists.

M. BERTHELOT, eminent for his researches on sugars, has laid before the Academy of Sciences a new memoir "On the Glucosic Fermentation of Cane-Sugar" with relation to the action of yeast in brewing.

(a) *Medical Times and Gazette*, vol. i. 1860, p. 402.

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OBITUARY.

DR. ADDISON.

It is our painful duty to announce the death of Dr. Addison, the late distinguished Physician of Guy's Hospital. The melancholy event took place at Brighton, on Friday, June 29. Within a few months we have had to record the decease of two of our greatest Physicians, Bright and Todd, and now we have to add to them the name of Addison, whose health began to fail soon after Christmas. He used to say about that time that he missed his usual holiday; and soon finding that he was unequal to the discharge of his Hospital duties, he resigned his public appointment, and soon afterwards relinquished altogether his practice.

Addison was born near Newcastle; but in what year we are at present unable to say, though we think his age at death was about 67. He was sent to Edinburgh to pursue his professional studies, and took his degree in the year 1815. He subsequently came to London, and was appointed House-Surgeon to the Lock Hospital, where he acquired so great an interest in the subject of syphilis that, although scarcely appertaining to his branch of the Profession, he always considered himself an authority on the subject. He afterwards took a house in Hatton-garden, and attached himself to the Public Dispensary, at the same time becoming a pupil of the celebrated Bateman. He by this means became so great a proficient in the knowledge of Skin Diseases, that it was allowed by all his friends that upon Addison had fallen the mantle of the great dermatologist. This, however, was not generally known, as he did not wish to pursue the subject as a speciality, but it is certain that until within the last few years, Addison had scarcely an equal in the power of discriminating cutaneous eruptions; a statement which scarcely needs corroboration by pointing to the unrivalled collection of wax models of skin diseases in the Museum of Guy's Hospital, and which for so many years were made under his entire superintendence. His great practical knowledge procured him the appointment of Assistant-Physician to the Hospital in 1824, when his fame rapidly spread among the pupils, and he became a brilliant acquisition to the new School. He was among the first to appreciate the great discoveries of Laennec, and while some of his seniors were sneering, he boldly put in practice all the principles of the celebrated Frenchman. Addison thus soon became proficient with his stethoscope, and was distinguished for his splendid diagnosis of chest affections. Here again had he made these the subject of a speciality he might have rapidly risen into public fame; by his not doing so, he has been constantly heard to say that as regards worldly prudence he was very unwise. His clear perception of disease was not all, he was equally ready in imparting his knowledge to others, and his fluency in debate at the Physical Society had not passed unnoticed. He was consequently appointed Lecturer on Materia Medica in the room of Drs. Cholmeley and Back in the year 1827, and soon obtained the best class in London. At that time when Medical Students paid fees for separate courses, they sought throughout the metropolis for the most attractive lecturer; Armstrong was drawing a large class for the Practice of Medicine at the Webb-street School, and most of his pupils remained to hear Dr. Addison. His fees for the course could not have been much less than £700 or £800. In the year 1837, he was appointed Physician to the Hospital, and at the same time joined Dr. Bright in the Chair of Medicine. At this period he commenced to publish, conjointly with the above-named Physician, a work on "Medicine," one volume only appeared, which was very highly estimated, and now both authors have departed from their labours there can be no harm in the statement that the greater portion of the work was from the pen of Dr. Addison. On Bright's retirement from the Chair of Physic in 1840, Dr. Addison took it wholly, while Dr. Golding Bird succeeded to Materia Medica. Addison's other contributions to Medical literature can scarcely be called numerous, considering the vast amount of knowledge which he was capable of imparting to the Profession; these, though few, are mostly to be found in the well-known "Reports" of the Hospital. The most important, without doubt, are those pertaining to the subjects of pneumonia and phthisis; we believe he was the first to announce the doctrine now generally admitted, that the inflammatory exudation in pneumonia took place into the air-cells of the lungs, and not into any supposed parenchyma of the organ; and as regards phthisis he was a powerful advocate for the doctrine that the most important morbid processes in this disease were due to inflammation. He asserted this with the utmost determination, and principally with the view of opposing the prevailing opinion that the whole disorganising process in phthisis is due to tubercle. He maintained that tubercle was very frequently not present; and he was never tired of relating how in some mast advanced cases of the disease he had been asked by Practitioners whether he believed tubercle had yet formed or not. Addison also published, in the same work, some eminently practical papers on the cerebral affections of Bright's disease, on fatty liver, etc. There was not, however, one subject relating to his Profession in which he was not deeply interested. His whole thoughts were concentrated on his business; and being a man of wonderful shrewdness and acumen, he was eminently the practical Physician. This is the term by which, above all others, he would no doubt have preferred to be distinguished. All who knew him must remember how strongly this word *practical* was insisted on by him in the study of disease; it is, indeed, the word which constitutes the key to Addison's whole character and professional career. He was not adverse to novel theories, and was always ready to discuss them; but he never for a moment allowed them to stand in the way of his more matured experience. Having immense perceptive powers—being shrewd and sagacious above the average of men—when he had his patient before him he looked him through and through, so that few diseases could escape his penetrating glance. He never reasoned upon a half-discovered fact, but would remain at the bedside for a period which would often weary his class, determined to search out the malady to its very bottom. If he could then lay his finger on the seat of the disease his victory was complete. Diagnosis was his forte; and those who knew him best are aware that he stood unrivalled in his power of searching into the complex frame-work of the body, and dragging the hidden malady to light. When this was done, we fear that nearly all was accomplished; for his very meagre and simple prescriptions (if he remembered to prescribe at all) showed that he made no study of therapeutics. It may be clearly discerned from this what the character of his private practice at Spring-gardens must have been; why he never obtained public celebrity, and never could have become the fashionable Physician. Instead of having his house full every morning, he was comparatively unknown to the public, who can scarcely do more than appreciate the superficial qualities of the man, but his profound knowledge of disease could not be unknown to the Profession, and thus he acquired the higher honour (though the less remunerative one) of being consulted by his Medical brethren in their most difficult cases, and his decision when pronounced was deemed somewhat oracular. This peculiarity of his practice will explain, in some measure, the charges made against Addison, that he was too apt to regard all maladies as of a too serious kind, and that he was seldom content until he could fix the symptoms upon some local organic disease. His constant work at the Hospital where few but serious cases are admitted, and the peculiarity of his practice just named, no doubt, produced such a tendency of thought. This was also increased by his daily attendance in the post-mortem room, from which he was rarely absent, until the last two years of his life. He was thoroughly conversant with morbid appearances, and, indeed, it may be safely said, that few Physicians are ever so good pathologists as Addison was. It might thus be certain that if he had a serious case before him, and failing to find any local organic disease, was forced to use such an expression as anæmia, that it implied something serious; and many a Practitioner could tell of his consternation when Addison pronounced the name "idiopathic anæmia." And this reminds us of his late great discovery, which, although of very little practical importance in connexion with Addison's career as a teacher, will do more than any other circumstance to perpetuate his name; and in this again we perceive his wonderful acumen. By power of observation and clear perception, he alighted upon a fact connected with the supra-renal cupsulea of far more importance than all which the experiments, researches of learned Germans had previously gained by years of labour; one cannot but remark an exemplification of

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English character in this respect. It were scarcely necessary to state to scientific readers how fallacious is a very popular opinion that discoveries come by chance, but that they are the fruits only of long investigation. In this very matter, no Physician, but one well acquainted with all the ordinarily well-known morbid processes in the body, and at the same time "well up" in cutaneous affections could have alighted on the discovery, and therefore, although we consider that every novel doctrine should be well exposed to thorough investigation, none but those entirely ignorant of Addison's character could suppose that after half-a-century's experience, he would hazard any statements that were not worth profound consideration, or that could be at once upset by the most superficial observations. The very last case of the disease which came before Addison in Hospital practice, he asserted to be the most perfect which he had ever witnessed, and directed that models should be taken of the dark-coloured skin: the lad soon after died, verifying his positive diagnosis. This was the example related to the Medical and Chirurgical Society at their very last meeting, it being Addison's wish that Dr. Aldis should exhibit the models at a Society of which he had once been President. It may be remarked that neither Addison nor his friends ever suggested that his name should accompany this most remarkable affection, it being styled simply *melasma supra renale*, but being at once recognised in France, the term Morbus Addisonii was applied we think by Trousseau. Thus by a curious coincidence, on adjoining compartments of the Museum at Guy's Hospital may be seen specimens of Morbus Brightii and Morbus Addisonii, perpetuating the names of those who were intimately allied during life.

We must, in conclusion, say a word in respect to Addison's character. Looking upon it professionally, none ever stood higher; we have never heard of a single instance where a word of disparagement passed his mouth against a Professional brother. His whole bearing was honourable in the extreme, and anything like jealousy or ill-will against another man never entered his thoughts. The estimation in which he was held by his colleagues is signified by the fact of their subscribing together to present the Hospital with his marble bust. This, an admirable likeness by Towne, now adorns the Museum. He was for many years recognised as the spirit which influenced all the Medical doings at Guy's Hospital, and to Addison is due in great measure the high character which the Medical department of the Institution has for a long time evinced. It would be unfair to our readers to overlook in Addison a peculiarity in his manner which no doubt militated against his ever attaining an extensive practice, and which was displeasing to many Professional brethren; we allude to a certain bluntness or rudeness, as it was sometimes called, in his expression towards them, or an *hauteur*, as others would designate it. Those who complained were impressed at the same time with his dignity of bearing, and assumed for him a very great physical and moral energy; they regarded his somewhat unapproachable manner as a haughtiness and an assumption of a superior position. Having known Dr. Addison for several years, we are convinced that such an estimation of his character was wrong, and we need, indeed, scarcely point to human nature generally to remark that a quick or hasty manner often covers a mind which has not in itself the greatest controlling power. The latter is to be found rather in the placid and even-tempered man. So with Addison—we believe his apparent resolute and energetic manner rather betrayed a weakness, and from conversation with him, we have his word that this was the case. We know that no brain could be more susceptible than his, and that although wearing the outward garb of resolution, he was, above all others, liable to sink under trial. He used to tell his class how, when a young man and anxious about his future career, how a friend touching him on the shoulder in the street, would send a thrill of horror through him. During the last two years trivial matters connected with his retirement from the Hospital were a perpetual worry to him, and other matters affected his susceptible mind. We use the term advisedly and puposely to vindicate Addison's character from the unamiable spirit which we have heard charged against him. A trial in which he was engaged harassed him, and soon afterwards, the death of his friend Dr. Todd seemed entirely to upset him. He had only lately had an attack of gall-stones, having previously suffered from this distressing complaint, accompanied by jaundice. He became despondent about his health, resigned his office at the Hospital, and soon after retired from his new house in Berkeley-square. Probably nothing could have been worse for his health, for being out of harness, he settled down into a state of melancholy from which nothing could arouse him, and closed his career last Friday week. His last communication was a letter which he sent to the pupils of the Hospital who had written a letter of condolence on his retirement. We have been favoured with this note, and will give it below, as it affords some characteristics of the man. We would say, in conclusion, that in hurriedly writing these few remarks, we have not sat down to pen an eulogy on Addison, but we would say to those who may at any time have been ever vexed with his uncourteous manner, to take the explanation we have offered, and give thanks to God that they have been blessed with a calmer and less perturbable spirit.

The following is Dr. Addison's last letter:—

"March 17, 1860.

"My dear Sir,—A considerable break down in my health has scared me from the anxieties, responsibilities and excitement of the Profession, whether temporarily or permanently cannot yet be determined; but, whatever may be the issue, be assured that nothing was better calculated to soothe me than the kind interest manifested by the pupils of Guy's Hospital during the many trying years devoted to that Institution.

"I can truly affirm that I ever found my best support and encouragement in the generous gratitude and affectionate attachment, as well as my proudest reflections, in the honourable, and most exemplary conduct, of its pupils. Present my sincere regards and best wishes to every one of them, and believe me,

"Yours truly and affectionately,

"E. Galton, Esq." "Thomas Addison."

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

CRIMINAL LUNATIC ASYLUMS BILL.

This Bill was read a second time.

CRIMINAL LUNATICS BILL.

This Bill, after a few observations from Lord Wodehouse, Lord Denman, and Lord Ebury, passed through committee.

MEDICAL NEWS.

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, June 28:—

Case, George Henry, Fareham, Hants
Farrington, William Hicks, Ottery St. Mary, Devon
Griffiths, Frederick, Huntingdonshire
Johnson, William Seton, Maidstone, Kent
Smith, William Charnley, Great Ancoats-street, Manchester

The following gentlemen also on the same day passed their First Examination:—

Batho, William, King's College
George Sealy, King's College

DEATHS.

Dewar.—Recently, Alexander Dewar, Surgeon, Royal Navy.

Donnelly.—Felix A. Donnelly, Surgeon, Royal Navy.

Eccles.—June 27, at St. Thomas's-street, Southwark, William Charles Eccles, Medical Student of Guy's Hospital, aged 30.

Francis.—June 28, at St. Mary Elms, Ipswich, James Ougham Francis, M.R.C.S. Eng., L.S.A. Lond., aged 63.

Hughes.—Joseph H. Hughes, Surgeon, Royal Navy.

Isaacs.—June 16, at Brooklyn, New York, Charles E. Isaacs, M.D.

Macintosh.—July 2, at 6, Bury-street, St. James's, Andrew Macintosh, M.D., late of H.M.'s Madras Medical Service.

Reeve.—July 3, at his residence, Moreton-terrace, Kentish Town, Henry Reeve.

Roberts.—William O. Roberts, Assistant-Surgeon, Royal Navy.

Somerville.—June 25, at Florence, William Somerville, M.D., formerly one of the Principal Inspectors of the Army Medical Board, and Physician to the Royal Hospital at Chelsea, aged 91.

Strother.—June 27, at Darlington, Durham, Arthur Strother, F.R.C.S. Eng. 1856, M.R.C.S. 1827, L.S.A. Lond., aged 57.

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Tanner.—June 27, John Marshall Comins Tanner, of Torquay, Devon, M.R.C.S. Eng., L.S.A. Lond.

Whitmarsh.—John Whitmarsh, Assistant-Surgeon, Royal Navy.

Young.—June 30, James Forbes Young, of Upper Kennington-lane, M.D. Edin., L.S.A. Lond., a Magistrate and Deputy-Lieutenant of the County of Surrey, aged 64.

THE *post mortem* examination of the body of Prince Jerome led to the discovery of a ball which had remained in his chest after a duel which he fought in his youth with a brother of Marshal Davoust.

THE Trustees of Owen's College, Manchester, in connexion with the University of London, have resolved to found a chair of Natural Philosophy, in which science is to be taught mathematically and experimentally. The salary is £200 per annum, with a proportion of the fees. Candidates must apply to the trustees, not to any individual trustee.

THE Propagation of Electricity in moderate conductors has been the subject of a course of experiments by M. J. M. Gaugain. They are described by him in the *Annales de Chimie*, with illustrative engravings, showing the electroscopes and other apparatus employed. The same number contains some studies in electrolysis by M. Buff.

THE Medico-Chirurgical School of Lisbon has granted the diploma of pharmacien to Mesdames Marie Fajardo and Caroline de Matos, after they had been legally examined. These illustrious *pharmaceuticas* have a regular knowledge of their business. The *Gazette* does not say if they are *religieuses* charged with the management of a private pharmacy, or whether they are acting as civil *pharmaciennes*.

IN the Hospital of St. Bazile, at Wilna, seven thousand five hundred bodies were piled like pigs of lead over one another in the corridors; carcasses were strewed about in every part; and all the broken windows and walls were stuffed with feet, legs, arms, hands, trunks and heads to fit the apertures and keep out the air from the yet living.—*Sir Robert Wilson's "Invasion of Russia."*

HYDROPATHY.—Until Professor Liebig directed attention anew to the action of oxygen on the human body, the causes of success or failure in hydropathy were unknown. The greatest possible action of the skin is produced under hydropathy, on the system by baths: large quantities of water are taken, and by these means the action of oxygen on the body is promoted to a very high degree, and death ensues, if ever the system is unable to furnish matter to resist the action of oxygen.—*Dr. Bence Jones.*

HOMŒOPATHY.—"There is," says Dr. Mayo, "one modification of Medical thought, in the present day, which certainly may deserve the name of mere guessing, and which advances no pretensions to philosophy: one, which contemns all hypotheses as to causes, the only legitimate subject of treatment in Medicine; and which, cataloguing symptoms and the presumed remedies for those symptoms, prescribes from the catalogue. Such reasoning," he says, "is to be found in books purporting to convey the principles of homœopathy."

OZONE.—M. Schrötter (Secretary of the Academy of Sciences at Vienna) has discovered ozone in the mineral kingdom. A violet-coloured variety of fluorate of lime, from the stratified granite of Welsendorf, in the Upper Palatinate, on rubbing, gives out an odour resembling hydrochloric acid, and on examination by M. Schrötter has been found to manifest energetically all the reactions proper to ozone. Future researches will be laid before the Academy, in whose reports they will be published.

MAGNESIUM A SOURCE OF LIGHT.—This rare metal inflames at the temperature at which bottle glass softens. According to M. Bunsen the light of the solar disc exceeds that of inflamed magnesium only by 524·7. M. Schmitt therefore recommends the use of the flame as a source of light at night for photographers, especially as the photochemical power of the sun only exceeds by 36·6 that of the flame of magnesium. M. Nicklès (in the *Journal de Pharmacie*) says that M. Schmitt seems not to have considered the volatility of the metal, which, according to Deville and De Bray, has its points of ebullition nearly the same as zinc.

NEW STATE ASYLUM.—The State Asylum for Criminal Lunatics at Broadmoor, on Bagshot-heath, now approaches completion. The site comprises 290 acres, and the land, which is of an undulating character, falls towards the south, and is sheltered from the north and east winds by a belt of wood. There is a stream, yielding from 50,000 to 100,000 gallons daily, of bright soft water. The buildings are erected upon the northern part, from which fine and extensive views are commanded. The Commissioners in Lunacy state that it has been deemed sufficient at present to provide accommodation for 400 males and 100 females, because, although the number of criminal lunatics has for years been increasing, and was 731 at the commencement of the year, and may accumulate through the readiness of juries to admit the plea of insanity, many have been for years inmates of asylums from which it would be a hardship to remove them. There will be the means of classification according to the condition in life, education and habits, mental state, and propensities of the inmates. The Government are carrying a Bill through Parliament for "the custody and care of criminal lunatics in an Asylum appropriated to that purpose."

MR. RUTHERFORD ALCOCK, who was Surgeon of the British Legion in Spain, is now representative of England in Japan. In a very interesting despatch to Lord John Russell on the attempted murder of the Regent of Japan, he writes: "I thought it right, on receiving the official intelligence, to address a few lines of condolence to the Ministers of Foreign Affairs, and of congratulation also, at the escape of the Go-tai-ro out of the hands of the assassins. I added that, possessing some Surgical experience, my services should be at the disposal of the Regent; but I have little idea that they will be accepted, nor have I much reason to desire it, under all the circumstances. Yet, looking at the low state of their Medical and Surgical knowledge, it seemed but an act of common humanity, as well as of courtesy, to make the offer, and I trust your lordship will approve of my having taken this course."

SCOTTISH UNIVERSITIES.—The Scottish Universities Commission have issued an ordinance relative to the retirement of aged and infirm Principals and Professors. After quoting the provisions of the Act, the ordinance states that, as the Act does not provide in what manner a Principal or Professor, disabled from the performance of his duties by age or infirmity, should make application to be allowed to retire on a retiring allowance, the Commissioners statute and ordain:—"That any Principal or Professor desiring to retire from his office on a retiring allowance, on the ground of age or infirmity, shall apply by petition to the University Court, stating the grounds on which his application is rested, and if the University Court, after due inquiry, shall be satisfied that the petitioner is, by reason of age or infirmity, permanently incapable to discharge the duties of his office, they shall report the same to her Majesty in Council, together with a statement of their opinion that the petitioner ought to be permitted to retire; and, in the event of the opinion of the University Court receiving the approval of her Majesty in Council, the petitioner shall be entitled to retire from his office, and to receive a retiring allowance on the same scale and conditions as may for the time be applicable to the case of a Principal or Professor retiring under Section XII. 5 of the said Act."

STATISTICS OF DRUNKENNESS.—In the year ending Michaelmas last 56,161 persons in England and Wales were punished by magistrates for being drunk, or drunk and disorderly, 10,486 of them were women; the number charged was 89,903, 24,395 of them women. In 306 cases in the year 1859, on coroners' inquests, a verdict was found of "Died from excessive drinking." We took toll upon the 6,775,911 gallons of foreign wine and the 4,909,847 gallons of foreign spirits that were imported and retained for home consumption in 1859; and, as for home-made beverages, the Inland Revenue Office has just informed us that in the year ending March 31, 1860, the Excise duty collected on spirits amounted to £10,000,191, on malt to £9,852,458, on hops to £462,881.

REVIVALS AND INSANITY.—Dr. Howden, in an able Report of the Montrose Lunatic Asylum, says with regard to some cases in which insanity was stated to have originated in religious excitement:—"The number of instances in which insanity is stated to have originated in religious excitement has been very considerable; but in seven only could I satisfy myself, after the most careful and candid investigation, that such was really the case. In these the patients' relatives had no doubt whatever as to the origin of their attack, and each of them after recovery—for they all recovered—most un-

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hesitatingly corroborated the opinion of others. Four of them were persons of strong religious convictions before the commencement of the revival movement, and I ascertained that the other three had led regular and exemplary lives for some years previous to their illness. It is a common impression, and, as far as my limited experience goes, an erroneous one, that in such cases the terrors of hell and of a future judgment held up to the excited imagination, act immediately in disturbing the mental equilibrium. The individuals alluded to above, on the contrary, either had, or believed they had, 'found peace;' and it was the overwhelming excitement and joy attendant on this belief that produced insanity. The mind constantly occupied with one subject, neglect of regular hours, want of sleep, late and early attendance on prayer-meetings, foolish attempts to teach others—a vocation for which they were ill adapted—in fact, a direct contravention of the laws of mental and physical health, combined to produce their natural result—mental disease. One gentleman succumbed to the anxiety and distress of mind occasioned by unsuccessful attempts to address an audience. Another was so overjoyed by his conversion that he scarcely eat or slept for a week, and his joy culminated in an attack of most violent mania. A man who became affected by powerful emotional disturbance, was considered by those who had seen such cases in Ireland, to be a genuine example of 'striking down,' and he was treated accordingly, until his 'physical manifestations' became of too turbulent a character to be controlled out of an asylum. In some instances the insanity assumed the type of violent mania—one of them perhaps the most extravagant case I have ever witnessed during the brief paroxysms of excitement; and it is somewhat remarkable that in one individual only were delusions of a religious cast present accompanying a deep melancholia. As I formerly mentioned, all of these persons recovered; all of them were convinced in their own minds of the cause of their illness, leaving the Asylum with a firm determination to avoid for the future an excitement which had proved so perilous to them."

SCHILLER AS A SURGEON.—Schiller commenced the study of Medicine at Stuttgart in 1775, in the Academy erected by the Duke of Wurtemberg for the benefit of Officers' sons. For two years he pursued his Medical studies with great zeal, and wrote a Latin treatise on the "Philosophy of Physiology" which was never printed. In 1780 he composed his essay on the connexion of the Animal and Spiritual Nature of Man which was published in the *Monatsschrift* of Berlin in 1821. In the same year he received the appointment of Surgeon to a regiment in the Wurtemberg army and performed his duties most satisfactorily. Schiller's intimate friend, Scharffenstein has transmitted a ludicrous description of the young Surgeon as he appeared on parade in the full glory of regimentals. His body was squeezed into a uniform cut in the Prussian style. On each side of his face were three stiff rolls intended to represent curls; a heavy queue was surrounded by a little military hat, which scarcely covered the crown of his head, and his long neck protruded from a tight horse-hair stock. But the most wonderful part of the costume was the leg and foot attire. The feet were forced into gaiters covered with felt and two cylinders of great size were compressed into narrow stockings. Schiller studied medicine rather from compulsion than from choice, and finding that it seriously interfered with his literary labours, he determined to abandon it altogether. This course indeed seems to have been forced upon him by the Duke, who after the publication of the "Robbers" sent for him and ordered him to confine his writings to Medical subjects. Feeling this to be impossible, Schiller left his regiment, in consequence of which he was banished from Stuttgart and was compelled to live under an assumed name in the adjacent towns.

BOOKS RECEIVED.

Kiwisch on Diseases of the Ovaries. Translated by John Clay, M.R.C.S. London: 1860.

Curiosities of Science. By John Timbs, F.S.A. London: 1860.

Journal of the Workhouse Visiting Society. May, 1860.

Practical Pharmacy. By E. Parrish. Second Edition. Philadelphia: 1859

Astro-Theology. By H. Moseley. Third Edition. London 1860.

On Diabetes. By J. M. Camplin, M.D. Second Edition. London; 1860.

Stammering; the Cause and Cure. By the Rev. W. W. Cazalet. Third Edition. London: 1860.

Reports of Cases Treated at the Bath Hospital. By R. W. Falconer, M.D. Bath: 1860.

Additional Notes on the State of the Medical Profession. By H. Lee, M.D. London: 1860.

Small-Pox and Vaccination. By A. Collinson, M.D. London; 1860.

Rational Medicine. By S. H. Ward, M.D. London: 1860.

The Pathology of the Pituitary Body. By M. Michel, M.D. Charleston: 1860.

A Letter to the Fellows of the Royal College of Surgeons of Ireland. By R. Macnamara, F.R.C.S. Dublin; 1860.

On Retroflexion of the Unimpregnated Uterus. By J. Moir, M.D. Edinburgh: 1860.

VITAL STATISTICS OF LONDON.

Week ending Saturday, June 30, 1860.

BIRTHS.

Births of Boys, 859; Girls, 872; Total, 1731.
Average of 10 corresponding weeks, 1850–59, 1697·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	511	490	1001
Average of the ten years 1850–59	591·8	514·4	1106·2
Average corrected to increased population..	..	..	1217
Deaths of people above 90	..	..	4
Deaths in 15 General Hospitals	40	21	61

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	7	5	..	4	2	4
North ..	490,396	..	17	5	2	8	1	8
Central ..	393,256	1	4	5	1	3	2	2
East	485,522	4	18	5	1	4	6	2
South ..	616,635	4	19	3	4	6	4	1
Total.. ..	2,362,236	10	65	23	8	25	15	12

TO CORRESPONDENTS.

Dr. Clarkson.—Letter received.

R. A. C.—The reports will be inserted.

A correspondent at *Tealby* sent us, last August, an interesting note on Vaccination Without a Lancet. Will he oblige us with his name? The note shall be inserted at once, the delay having been quite accidental.

S.—Date, 1859. Published by Trübner. Price 10s.

Dr. Osborn's Case of Poisoning by Strychnia shall appear in an early number.

A Dyspeptic Baker had better apply to his ordinary Medical attendant.

Dr. Henderson's letter will appear in an early number.

Dr. Shorthouse's letter arrived too late for insertion this week.

A Very Old Subscriber.—"A list of modern works and plates on midwifery and its operations" would be a very extensive one. The works of Ramsbotham and Churchill are those in most general use, and most other modern writers are alluded to in them.

A QUERY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Do you keep a "Sanitary Commissioner" on the staff of your journal? If so, will you please tell me what his functions are. I am curious to know, for I have just received a prospectus of Lectures to be given by different gentlemen to the Ladies' Sanitary Association; and I find that one of the Lecturers (not Dr. Hassall) styles himself as "Sanitary Commissioner to the *Lancet*." I ought to say that I have no other claim upon your kindness than that of being a subscriber; and that it is simply curiosity which leads me to pen this query, and to forward it to you. I am, &c, SUBSCRIBER.

TREATMENT OF ERUPTIONS AROUND THE ANUS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Occasionally we see obstinate cutaneous ulceration surrounding the anus in children. Considerable tumefaction attends it betimes, and deep fissures are occasionally seen. This disorder is probably herpetic, and almost always can be cured with yellow wash. The proportions being from one grain to one grain and a-half of hydrarg. bichlorid, to one ounce aq. calcis. The part is to be frequently bathed with it, and should the lotion produce pain it is to be diluted with water, and when at rest a little lint soaked in the lotion is to be applied and left on the part; deobstruents being at the same time administered. I am, &c.

Gateshead, June 26. JOSEPH BELL.

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Ergot.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If Mr. O. Foster has not used the ethereal tincture of ergot in his midwifery practice, I would venture to suggest his giving it a fair trial. I prepare my own as follows: 2 ounces of the bruised ergot to 4 ounces of the sp. æther. sulph. co. macerated for 14 days and strained; dose 3ss. ad 3j. to be repeated as required. I have used it for some years and have found it very efficacious and specially adapted for patients of an hysterical tendency and those in whom the pains are of a spasmodic character.

In the case of one patient who had had nine children, and invariably suffered from unusually severe after-pains, which large doses of opium failed to relieve, one dose of 3j. of the ethereal tincture of ergot, with 3ss. of laudanum afforded great relief. I administered this on the supposition that inefficient primary contraction of the uterus might be the cause of the intense spasmodic pain, her labours being always very rapid, sometimes not more than two or three pains preceding the birth of the child.

I am, &c.

Milton Abbas, Blandford, June 30. John Ewens.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In answer to Mr. Foster's inquiry in your impression of June 30, for a convenient and efficacious preparation of Ergot, I can with confidence recommend to him the liquor secalis prepared by Messrs. Corbyn and Co., 300, Holborn. I have used this preparation for several years, and I have every reason to be satisfied with it. I am, &c.

42, Canonbury-square, July 3. H. J. Stokes, M.D.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If your correspondent, Mr. O. Foster, has not tried the liquor secalis cornuti, as prepared by Mr. H. A. Thompson, of Chiswell-street, Finsbury-square, London, I would advise his doing so, as I have used this preparation in my practice for the last six years, and cannot remember one case in which it has failed to produce the desired effect.

I am, &c.

Brant Broughton, Newark, June 30. W. Dramer.

Numbers Living at Different Ages.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I should feel obliged if you would inform me in your Notices to Correspondents,—1. How to calculate the numbers living at different ages in any given population? In a population, *e. g.*, of 100,000, how to find the probable numbers living below 5, 10, 15, 20, 30, 40, or 50, or above 50 years of age. 2. The authority for the mode of calculation.

I am, &c. X. Y. Z.

The only way of estimating the number of persons living at different ages out of a given population is:—1. To ascertain what proportion the population of the whole country at each respective age bore to the total number living. 2. Apply the same rates to the population given in any particular case. The numbers living at each age at the census of 1851, are given in the Report of the Census Commissioners. *See Occupation Abstract*, Vol. I. pp. cliv.—clx.

Deposits in the Cornea.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In reference to cases of permanent stains of the cornea suggested by Mr. Gillott's letter in last week's *Medical Times and Gazette*, the following may be of interest. It is an editorial addition by Dr. Turnbull, of Philadelphia, to Mr. Wharton Jones's book, "On Defects of Sight," republished in America:—

"It has been found that a solution of hyposulphite of soda (gr. x. ad 3j.) applied twice a-day by means of an eye glass will remove the discoloration of the conjunctiva by the nitrate of silver." I am, &c.

Old Burlington-street, July 2. A. Leared.

Toxic Properties of Oxalic Acid.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—*Apropos* of the toxic properties of oxalic acid, permit me to mention that some years since, while standing in the open shop or surgery of a General Practitioner, in summer time, in the Kent-road, a person came in and purchased some twenty or thirty grains of oxalic acid. I was inquisitive enough to ask what it was designed for. The buyer stated that it was to prepare a summer drink with sugar and water. I then turned to the salesman, and inquired if much oxalic acid were purchased for that purpose. He replied that in summer time it was in considerable request. I could not help thinking of the circumstance, which surprised me at the time, when perusing Dr. Thudichum's interesting experiments with oxalic acid and gruel, reported in your columns.

Oxalic acid abounds in certain of our culinary vegetables; and it may undoubtedly be employed to a certain extent with impunity. Still, it is not a desirable ingredient in human sustenance; and I am in the habit, when the opportunity offers, of telling housekeepers to throw away the first water which exudes in cooking rhubarb, now so generally used,—that is to say, if rhubarb intended for tarts or pies be first heated in an oven, after being peeled and otherwise made ready for cooking, before the sugar is added, it will be found to discharge a large quantity of a watery, and, at the same time, very acid juice. When this water, containing mixed acids, is rejected, the rhubarb forms a very much more agreeable, as well as much more wholesome, dish; and I think Medical men would be in the line of their duty to urge the universal adoption of this very simple and easily-conducted precaution. I am, &c.

Belfast, June 24. Henry McCormack, M.D.

Congenital Hernia Cerebri.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Should the following case present features of sufficient interest for insertion in your valuable Journal, I shall feel obliged if you will give it a place. During an extensive Midwifery practice of thirty-seven years, I have met with several cases of malformation of the cranium and acephalous monstrosity, but this specimen of hernia cerebri is, in my experience, unique. A female, resident in this town, was confined on the 14th inst., of her fourth child, which, with the exception of the head, was otherwise perfect and well formed. The peculiar malformation consisted in the absence of that portion of the right half of the frontal bone which is comprised within the sagittal, coronal, and squamous sutures, down to the orbitor process of the frontal, which was natural. Through this somewhat triangular aperture the cerebrum protruded, protected by its meningeal coverings and by the integuments of the head, to which the dura mater was firmly adherent, forming altogether a soft pendulous tumour of the size of the fœtal head, which, when not supported, inclined forwards, concealing the larger portion of the features. In addition to this there existed a fissure of the bony palate.

The child was born alive, and survived thirty-six hours, during which period it several times swallowed small portions of fluid given by the spoon, and the bowels and bladder acted repeatedly.

I made a post-mortem examination of the head, and on dividing the integuments and dura mater, there was an escape of from two to three ounces of serum which had been accumulated between that membrane and the arachnoid; the remainder of the tumour was composed of the entire cerebral mass, leaving no part of that structure except the medulla oblongata beneath the arch of the cranium. The various bones forming that arch were firmly ossified, but so comparatively undeveloped, that the depth of the cranial vault from the opening in the frontal bone to the foramen magnum scarcely exceeded two inches. The structure of the brain was normal, but small, and the lateral ventricles were also distended with serum. The former children of this female had been free from malformation.

I am, &c.

Stalybridge, June 18. John Pearson.

A Peace-Offering.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I hope that you will aid by your powerful advocacy the views expressed in a letter signed a Peace-Maker, which appeared in last Saturday's *Medical Times and Gazette*. I do so the more readily because I feel assured that it has not been without reluctance that the opinions you have avowed from time to time have been adopted, with regard to the title of Doctor, occasioning pain, as they must have done to many honourable men.

It appears to me that no British University need fear a loss of prestige by making known a resolution to admit, for a given period, and as a set-off to the liberal conduct of the London College of Physicians, any of its non-graduated members or Licentiates to the degree of M.D., without examination, on payment of a moderate fee. Both the members and extra-licentiates of this College are pledged not to practise Pharmacy, but any doubt on this point might be met by a declaration of those candidates for the degree who are not members, the latter having recently solemnly given or renewed that pledge, *i.e.* all who were admitted during the year of grace. So that the applicants would be either pure Physicians, or those who take the higher departments of surgery, in the provinces, being Physicians, also, and thus a peaceful and fair solution might be found for this perplexing question. I am, &c. M.R.C.P.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. Farr; Sir Ranald Martin; Mr. Le Gros Clark; Dr. Goodfellow; Mr. W. Adams; Dr. Arnott; Dr. Stokes; Dr. Osborne; Dr. Crowdy; Mr. Alfrey; Mr. Hulme; Mr. Chipple; Mr. Workman; Mr. Wratislaw; Mr. Bowen May; Dr. Shorthouse; Dr. Henderson; Messrs. Rowland and Hacon.

APPOINTMENTS FOR THE WEEK.

July 7. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's 2 p.m.; Charing-Cross, 1 p.m.

9. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Royal College of Physicians, 9 p.m. Soirée.

10. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

11. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

12. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

King's College Medical Society. Dr. Alfred Duffin "On Cellular Pathology."

13. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Resection of Hip-Joint; Lithotomy; Fistula in Perinæo; Fistula in Ano. By Mr. Bowman—Plastic Operation on Face.

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WINE AT THE REDUCED DUTY.

W and A. Gilbey, Wine, Spirit, and LIQUEUR IMPORTERS and DISTILLERS, will send, on application, their detailed Price-list of the peculiar Wines and Spirits of every Country; and any can be tasted at each of their Establishments in England, Ireland, and Scotland; at either of the London Docks, and Bonded Warehouses; at their large Cellarage under the Princess's Theatre; or at their Counting-house and Sample-rooms, 357, Oxford-street, London (three doors from the Pantheon).

W. and A. G.'s connexion—extending to 18,000 Families, and upwards of 80 of the chief Hospitals, Military Messes, and Public Institutions—offers every reasonable guarantee to inspire confidence in their mode of doing business.

WINES FROM FRANCE at the Reduced Duty.

Clarets, Vin Ordinaire, 18s. and 24s., also
Medoc, 24s. St. Emilion, 28s, and St. Julien, 30s. per doz.
Bordeaux White Wines—Sauterne, 18s. and 24s., also Vin de Graves, 24s., and Barsac 24s. per doz.
Burgundy Red Wines—Macon, 24s., Beaune, 24s., Pomard, 30s., Aloxe, 30s., and Volnay, 36s. per doz.
Burgundy White Wines—Chablis, 18s. and 24s., also Pouilly, 24s. and Meursault, 36s. per doz.
Sparkling Champagne, 33s. per doz. quarts, and 18s. per dozen pints. (This Wine possesses great delicacy, exquisite bouquet, and is good enough for any gentleman's table. It is the produce of one of the finest Epernay Vineyards, where we have contracts for direct and regular shipments. We append this remark, as many are under the impression that good sparkling Wines cannot be obtained, but by paying exorbitant prices.) Also other Champagnes, 48s., 54s., and 66s. per doz.
Sparkling White Burgundy, 42s., and Sparkling St. Peray, 42s. per doz.

WINES FROM THE RHINE at the Reduced Duty.

White Wines—Hocheimer 18s. and 24s., also Marcobruner 26s. per doz.
Sparkling Hock 38s., also Sparkling Moselle 38s. per doz. quarts, and 21s. per doz. pints.

WINES FROM SPAIN at the Reduced Duty.

Sherry (Pale or Gold) 26s. per doz., or in cask, £4 7s. 6d. per 7 gall. £8 13s. 3d. per 14 gall., and £17 3s. per cask of 28 gall.
The alteration of the Duty enables us to import a really good sound dinner Wine at the above prices.

WINES FROM PORTUGAL at the Reduced Duty.

Port, 8 years in the wood, 30s. per doz., or in cask, £5 1s. 6d. per 7 gall. and £10 1s. 3d. per 14 gall., £19 19s. per quarter cask of 28 gall.
Port 11 years in the wood, 36s. per doz., or in cask £5 19s. per 7 gall., £11 11s. 6d. per 14 gall, £23 2s. per 28 gall. cask.
We cannot too strongly recommend to Port consumers these matured Wines from the wood—they are the old school of silky Oporto Wine, and certainly more palatable and wholesome than those extremely high-priced old-Bottled Wines, which have nothing left to recommend them but vegetable decay. The public are now beginning to realise what we long ago advocated, that a Wine matured in the wood is preferable to Wine old in Bottle.

WINES FROM THE CAPE OF GOOD HOPE.

Port, Sherry, Madeira, &c., all First Growth, 20s. per dozen, £3 6s. 6d. per 7-gallon cask, £6 11s. 3d. per 14-gallon cask, and £12 19s. per quarter cask of 28 gallons.
Also first growths with age 24s. per dozen, £4 0s. 6d. per 7-gallon cask, £7 19s. 3d. per 14-gallon cask, £15 15s. per 28-gallon.
They are delicate, wholesome, and in every way suitable for either dinner or dessert. In the present state of the Wine markets, there are no Wines we can import to offer to the public as better value for money.
Since the great care that has been bestowed of late years on the culture and careful training of the vine at the Cape, Wine cannot be better and more pure, and the exclusive use of these Wines in most of the important Institutions, of which a list can be had, is a further proof of their restorative qualities.
The Custom-House Returns for 1859 show that W. and A. G. paid duty on the unprecedented quantity of 73,464 gallons of these wines alone in that year.

WINES FROM MARSALA at the Reduced Duties.

Marsala, 20s. per dozen, £3 6s. 6d. per 7-gallon cask, and £6 11s. 3d. per 14-gallon cask, and £10 3s. 6d. per cask of 22 gallons.
This is old Bronte Wine, and considered by many superior to the finest Sherries.

FOREIGN AND BRITISH SPIRITS at the Reduced Duties.

BRANDY, U.V. Brand very fine	15s. per gallon.
Do. the finest Cognac	20s. ,,
Do, very old	24s. ,,
RUM, finest Jamaica	14s. ,,
WHISKEY, pure old Scotch	16s. ,,
Do. pure old Irish	16s. ,,
GIN, excellent Household	9s. ,,
HOLLANDS, Geneva "Silver Stream"	12s. ,,
Do. do, in the original green Cases and square Bottles, as imported	28s. per dozen.

A small sample of most of the above Wines will be forwarded for 6d.
A detailed Price-List on application of the particular Wines of every country.
In England, Cheques to be crossed to our Bankers, the Bank of England; and Post-office Orders made payable to the General Post-office, London; in Ireland, the Bank of Ireland, and General Post-office, Dublin; in Scotland, the Bank of Scotland, and General Post-office, Edinburgh.

W. and A. GILBEY, 357, Oxford-street, London.
31, Upper Sackville-street, Dublin. 12, St. Andrew's-square, Edinburgh.

NOTICE.—2½ PER CENT. DISCOUNT ALLOWED FOR CASH WITHIN FOURTEEN DAYS FROM RECEIPT OF GOODS.

Great Saving in the Purchase of New

MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS, ISAACS and SON (Proprietors).—London Warehouses, 24 and 25, Francis-st., Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	}	clear	8s. per gross.
3 and 4 oz. ditto	ditto	} blue tinted	7s. 6d. do.
½ oz. Moulded Phials	}	of a very superior quality.	4s. 6d. do.
1 oz. ditto			5s. 6d. do.
1½oz. ditto			6s. 0d. do.
2 oz. ditto			7s. 0d. do.

A remittance not required till the goods are received. Packages free. Delivered free within seven miles. Post-office Orders payable to "S. Isaacs and Son," at Tottenham-court-road. Bankers: Unity Bank.

2½ PER CENT. DISCOUNT FOR PROMPT CASH.

Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, near Thames-street, City, E.C., and 2, Upper Copenhagen-street, Barnsbury-road, Islington. E. and H. HARRIS and CO. Proprietors.

6 & 8 oz., any shape, plain or graduated	}	clear	8s. per gross.
3 & 4 oz., do.	do.	} blue tinted	7s. 6d. do.
½ oz. white moulded phials	do.	} of a very superior quality.	4s. 6d. do.
1 oz. do.	do.		5s. 6d. do.
1½ oz. do.	do.		6s. do.
2 oz. do.	do.		7s. do.

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office orders made payable to E. and H. HARRIS and Co., at the Chief Office, London. Bankers: Union Bank of London.

Oil of Horse-chesnuts. — Caution. —

Messrs. REW and CO. are compelled to Caution the Profession against the purchase of Spurious Oils, which are sold as Oil of Horse-chesnuts.
The increasing demand for their invaluable Oil has caused several imitations to be attempted, the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark Sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address, as under.
LIQUOR CASTANEA EQUINA.—This preparation of the Horse-chesnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, 2 to 4 drachms.
LITHIA WATER, LITHIA with AMMONIA, and LITHIA with POTASH, prepared by the directions of Dr. Garrod.—These waters are most agreeable in flavour, and strongly effervescent. 5s. per Doz., with directions. A liberal discount to the Profession.
Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.
R. M. Rew and Co., Operative Chemists, 282, Regent-street, London.

Sauces.—Connoisseurs have

pronounced
LEA and PERRINS' "WORCESTERSHIRE SAUCE"
One of the best additions to Soup, Fish, Joints, and Game. The large and increasing demand has caused unprincipled traders to manufacture a spurious article; but the "GENUINE" all bear Lea and Perrins' name on Bottle, Label, and Stopper.
Sold by Cross and Blackwell, London, and all respectable Oilmen and Grocers. Sole Manufacturers—
LEA AND PERRINS, WORCESTER.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of
CROSSE and BLACKWELL, 21, Soho-square.

Important Saving, by Prepayment,

in the PURCHASE of
NEW WHITE ROUND MOULDED VIALS OF THE BEST QUALITY.
PELLATT and Co. submit the following PRICES of VIALS, for PREPAYMENT only:—

½ oz., 1 oz., 10 dr., and 1½ oz. per Gross,	6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London No charge for Package. Breakage at risk of Purchaser.
14 dr., and 2 oz. ,,	7s.	
3 oz. ,,	8s.	
4 oz. ,,	10s.	
6 oz. ,,	15s.	
8 oz. ,,	18s.	
½ oz. graduated in 8 doses, ,,	12s. 6d.	

The above Prices being based upon a calculation which excludes *all charges* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—P. and Co. do not supply Green Glass.—Orders and remittances to be addressed,
PELLATT & Co.,
FALCON GLASS WORKS, LONDON.

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Pilules de Hogg a la Pepsine, pure ou

unis aux FERRUGINEUX.—These three useful preparations have already been prescribed by many eminent Physicians throughout France, who have reported that the most satisfactory results have attended their administration in such cases and conditions as the following :—

PILLS of PURE PEPSINE, exhibited for Dyspepsia, Diarrhœa, Indigestion, and sense of uneasiness after eating.

PILLS of PEPSINE united with IRON, in Female Complaints, Impoverishment of the Blood, and in most cases of convalescence, to strengthen the system generally.

PILLS of PEPSINE united with PROTO-IODIDE of IRON, in all cases where this latter medicine is indicated : Debility, Chlorosis, Rheumatism, Cutaneous Affections, Tumours, Consumption, &c. &c., and as an excellent adjunct to Cod-liver Oil.

The great hindrance to the more extensive satisfactory treatment of disease by means of this agent, has been the difficulty of obtaining Acidulated Pepsine in a pure state and administering it in an agreeable form without destroying its wonderful properties.

Mr. HOGG, Pharmacien, 2, Rue Castiglione, Paris, has not only been fortunate enough in preparing pure Pepsine in large quantities and in a convenient form, resino-Balsamic-coated Pills, but also in uniting most successfully this valuable agent with *pure Iron reduced by Hydrogen* and the *Proto-Iodide of Iron*.

In the Report of the Committee composed of Messrs. Longet, Londe, and Bouchardat, appointed by the Imperial Academy of Medicine of Paris to examine the merits of Mr. Hogg's preparations it is stated :—"That Pepsine combined with Iron or its Proto-Iodide, modifies by its digestive powers the irritating qualities which have so often prevented Physicians prescribing these medicines for delicate and nervous temperaments before the introduction of these valuable preparations of Mr. Hogg."

Mr. R. HOGG, 9, Albion-place, Hyde-park-square, is Agent for these three preparations in the United Kingdom, and sold by all Patent Medicine Vendors. In bottles, 2s. 9d. and 4s. 6d. of 50 and 100 Pills, see Pamphlets sent free by post.

Hogg's Lithia Water, Super-

CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c. : Citrate of Potash, containing 30 grs. Citrate of Potash and Iron, 30 grs. and 5 grs.

Bicarbonate of Potash, 20 grs. ; and Soda, 15 grs.

Seltzer, Vichy, Pullna, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-pl., Hyde-park-sq.

Aerated Lithia Water. — Messrs.

BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD'S instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain 2 grains and 5 grains in each bottle, either by itself, or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.

The following Waters as usual :—Potash, containing 18 grains of the Bicarbonate in each bottle ; Citrate of Potash, 30 grains ; Soda, 15 grains ; Ammonia, 10 grains ; Seltzer and Vichy from their respective analyses ; and a very delicious, as well as useful, MINERAL ACID WATER.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Struve's Seltzer, Fachingen, Vichy,

MARIENBAD, and other MINERAL WATERS.—ROYAL GERMAN SPA, BRIGHTON.—Under her Majesty's especial Patronage. The PUMP-ROOM and PROMENADES are now OPEN for the Thirty-sixth Season. The Bottled Waters are sold at the Pump-room and by GEORGE WAUGH and Co., Pharmaceutical Chemists to the Queen, 177, Regent-street, London, W., and by other respectable houses in London and the provincial towns, where a prospectus with the highest Medical Testimonials may be obtained gratis. CAUTION.—Owing to the use of Struve's bottles by other parties, please to observe that Struve's name is on the label, and red-ink stamp affixed to every bottle of Struve's manufacture.

The Mineral Water of Carlsbad is a

searching and solvent Remedy, powerfully promoting the secretions of the liver, of the intestinal tube, of the kidneys and skin, operating beneficially in all chronic disorders of the abdomen, of which pure weakness is not the essential basis and cause ; as also in those affections of the head, breast and nerves, whose seat and origin are to be sought in the same ; likewise in disorders of the lymphatic and glandular system. It has maintained its great celebrity in opposition to the prevailing pathological theories, because it has cured diseases, which had baffled all other sanative remedies and mineral springs.

The experiments of distinguished CHEMISTS and PHYSICIANS have proved, that the CARLSBAD WATERS may be exported and kept for a long period, without undergoing any essential changes ; the experience of several years has convinced the MEDICAL MEN OF EUROPE and likewise of other quarters of the globe, as well in private practice as in large HOSPITALS for the SICK and in LUNATIC ESTABLISHMENTS, that the exported CARLSBAD WATER operates in the same manner as that drunk at the source, although perhaps less vigorously.

Agents in London :—W. Best and Son, Foreign Wine, Spirit, and Mineral Water Merchants, 22, Henrietta-street, Cavendish-square, W.

Gazogenes.—Messrs. Mathieu Friquet

and Co. beg to inform Chemists, Druggists, and all concerned, that from the Fifteenth of July next, they will be the SOLE AGENTS for the celebrated BRIET'S PATENT GAZOGENE or SODA WATER APPARATUS, and that they will be ready to execute orders from the above date on the most reasonable terms. Address, MATHIEU FRIQUET and Co., 5a, Little James-street, Bedford-row, London, W.C.

Pau, South of France.—An English

SCHOOL has been established for the last three years at this town for the purpose of giving a classical, mathematical, and general education to the children of English resident in Pau, or of visitors.

The plan of the School includes Latin, Greek, Euclid, Algebra, German, French by a native, and a thorough course of English.

The Principal of the School, the Rev. JOHN HATTERSLEY, invites the attention of Physicians and others to this advertisement, believing that the opportunity of regular instruction for children will be considered an important addition to the many advantages of Pau.

Further information may be obtained from the Rev. John Hattersley 32, Haute Plante, Pau, Basses Pyrénées, or from Messrs. Williams and Norgate, booksellers and publishers, Henrietta-street, Covent-garden, W.C.

New Remedies by Savory and Moore.

HYPOPHOSPHITE OF QUININE,

HYPOPHOSPHITE OF IRON,

HYPOPHOSPHITE OF IRON AND QUININE,

IN SCALES, PERFECTLY SOLUBLE,

SYRUP OF HYPOPHOSPHITE OF QUININE AND IRON,

which have been employed with highly satisfactory results in debility and low vitality.

LIQUOR NASTURTII (Fluid Extract of Watercress) of great therapeutic value in the various forms of scorbutic affections.

CARBONATE of LITHIA ; Hypophosphite of Lime, Soda, and Ammonia ; Syrups of Phosphate of Iron, Lime, Manganese, &c.

GENUINE MEDICATED COD LIVER OILS (introduced by Messrs. Savory and Moore), are also prepared in the

Laboratory, 143, New Bond-street, London.

NEW EYE DOUCHE,

INVENTED BY

Savory and Moore,

Chemists to the Queen, 143, NEW BOND-STREET ; 29, CHAPEL-STREET, BELGRAVE-SQUARE ; and 220, REGENT-STREET, LONDON.

"Eye Douches are eminently useful in many affections of the Eyes, but their utility has been much restricted in consequence of the defective and inconvenient kind of Instrument hitherto made for the purpose.

"The New Douche effectually provides against these drawbacks, &c."—Lancet, March 31, 1860.

LICHEN ISLANDICUS ; or,

Iceland Moss Cocoa,

Manufactured by DUNN and HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen—or flesh-producing substance,—and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which is always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

TESTIMONIAL FROM A. H. HASSALL, Esq., M.D.—"I have carefully examined both microscopically and chemically the preparation of Iceland Moss and Cocoa made by Messrs. DUNN and HEWETT ; I find it to be carefully manufactured with ingredients of the first quality."

"The Combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses moreover tonic properties."

(Signed) A. H. HASSALL, M.D.

CHLORODYNE.

Address to the Medical Profession, &c.

—Physicians when prescribing CHLORODYNE believe that their Patient will have it, and anticipate on their next visit a marked benefit from its employment. But too often disappointment results, and why ?—Because the word CHLORODYNE is dishonestly, fraudulently, and piratically applied to compounds made in imitation of or substituted for the only genuine, viz. :—

DR. J. COLLIS BROWN'S CHLORODYNE.

Dr. J. C. Browne discovered and named this extraordinary remedy and confided its manufacture solely to J. T. DAVENPORT, 33, GREAT RUSSELL-STREET, BLOOMSBURY-SQUARE, ; therefore the assumption of the name or title of this word to any mixture or compound but the genuine is a gross and palpable deceit and representation of what is not true. Physicians and Practitioners are impressed with the necessity of remembering this fact, and when prescribing, using the words "Dr. J. Collis Browne's Chlorodyne."

Price to the Profession 3s. per fluid oz., in quantities of 10 oz. carriage free. Each bottle to be genuine should have a red label, with the words Dr. J. Collis Browne, in white letters outside, and the signature of J. T. Davenport, on the label within.

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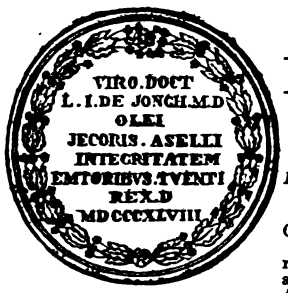
(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.



OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

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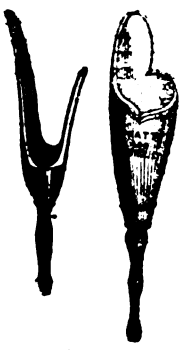

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Army Medical Department.—

6, Whitehall-yard, 27th June, 1860.

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Application to be made at once to the Director-General, Army Medical Department, No. 6, Whitehall-yard. There are about Thirty Vacancies.

J. B. GIBSON, Director-General.

Apothecaries' Hall, June 28th, 1860.—

NOTICE.—On and after Thursday, the 12th of July, 1860, the EXAMINATIONS of CANDIDATES for a LICENCE to PRACTISE MEDICINE, will be conducted partly in Writing and partly Viva Voce.

ALFRED M. RANDALL,

Secretary to the Court of Examiners.

Essex and Colchester Hospital.—

There will be a VACANCY in the above Institution in September next for an IN-DOOR APPRENTICE. Premium £200. Application to be made to the Committee either personally or by letter.

July 5, 1860. By Order, JOHN LAY, Secretary.

North Staffordshire Infirmary, Etruria.

—The Situation of DISPENSER to the above Institution having become VACANT, owing to the resignation of Mr. W. Coker, persons intending to offer themselves as Candidates for the Appointment, must send in their applications, with Testimonials, to the Secretary, on or before Tuesday, the 7th of August. The election which is in the hands of the General Committee, will take place on Thursday, August 16th, and due notice will be given to those Candidates whose personal attendance will be required on that day. Salary £40 for the first year, £50 for the second (if he proves efficient and satisfactory), with Board, Washing and Lodging.

July 3, 1860. RALPH HORDLEY, Secretary.

Coventry and Warwickshire Hospital.

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Coventry, June 25.

Cambridgeshire, Isle of Ely, and BOROUGH of CAMBRIDGE PAUPER LUNATIC ASYLUM.—RESIDENT MEDICAL SUPERINTENDENT.—The Committee of Visitors are desirous of ENGAGING a Gentleman qualified to act both as SURGEON and APOTHECARY (whether possessing a Degree or not) and fully capable of taking upon himself the responsible duties of Medical Superintendent of the above Asylum, distant about three miles from Cambridge.

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Testimonials to be forwarded to "The Committee of Visitors," under cover to me, on or before Monday, the 30th day of July next.

CLEMENT FRANCIS, Clerk to the Visitors.

Cambridge, June 26.

N.B.—It is particularly desired that no application, either personally or by letter, be made to any member of the Committee, or their Clerk; and any such, if made, will not receive attention.

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July 4th, 1860. T. W. NUNN, Dean of the College.

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LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture XX.

EXPERIMENTAL PATHOLOGY—
ON THE ANALOGY BETWEEN THE ACTION OF MORBID CAUSES, AND THAT OF POISONS.

Summary: Reflections on the General Characteristics of Morbid Causes—They require to be examined, like all other Agents introduced into the Body, in their Physiological Agency—Injustice of Reproaches usually addressed to Medical Men on their Ignorance of Biological Causes—Certain Problems, in Science, cannot possibly meet with a Solution, the Human Mind not being able to seize the Intimate Nature of the Properties which belong to Matter—Practical Results always connected, however, with the accessible Part of Scientific Questions—Mode of Action of Morbid Causes compared with that of Poisons—Woorara—Strychnia—Effects of Cold on the Motion of the Heart—Singular Case of Poisoning by Arsenic, related by Corvisart—Its Analogy with certain Forms of Disease—In what Manner various Disorders ultimately produce Death—Rational Autopsies—They consist in examining successively all the Tissues, the Blood itself included—The Liver taken as an Instance; contains no more Glycogenic Substance, towards the Close of fatal Diseases, in a variety of Cases—Absolute Insufficiency of Post-mortem Examinations, as usually performed—Practical Conclusions to be deduced from the preceding Reflections—False Notions of the Power exerted over Nature by Man—The Aurora Borealis which lately took place at Paris adduced as an Instance of this—Necessity of combining Experimental Researches with Clinical Observations: and of comparing Healthy Tissues with Diseased Ones—The Blood principally requires to be thus examined—Chemical Analysis, in this respect, will never supersede Physiological Investigation—Effects of Morbid Principles curable in a two-fold Manner: 1st, by Neutralization; 2nd, by Elimination—The latter Process is the only one over which we possess any control.

Gentlemen,—The general notions which, up to the present moment, have been the fundamental support of all our studies, are entirely derived from the parallel established at the very commencement of these lectures between Physiology and Pathology. We have shown you that physiology having, especially in these latter times, made rapid strides in advance of its elder sister, is now enabled to return the assistance which, at an earlier period, it received from the science of disease. We have, subsequently, examined the influence exerted by various agents upon the organs and tissues of the living body; a less extensive, and better defined subject now lies open to our investigation; it is time that we should enter into the special domain of Pathology, and commence the study of Morbid Causes. The method of inquiry which up to this point has been our guide, must still continue to direct our researches. To ascertain the mechanism of natural phenomena, and the mode of action of natural forces; to deduce from the knowledge of facts the practical consequences which belong to our subject,—such must always be our aim, without attempting to solve the abstruse difficulties, which lie beyond the pale of human knowledge. In our introductory lecture we exhibited the regular evolution which, step by step, carries a science from its very cradle up to the highest stage of development, and you have seen that in every possible branch of study the progress of the human mind is arrested at a given limit. "When we arrive at a certain point," says Lord Bacon, "Nature grows deaf, and answers no longer our inquiries.

The ignorance of Medical men in these respects has often been the object of ironical reflections; and you well know the sarcastic reply with which Molière answers the question:—"Cur opium facit dormire?"—"Quia inest in eo Virtus dormitiva." But, in order to do justice to the sciences, and those who cultivate them, a question must never be put in such terms; each separate branch of natural philosophy might in the same manner be tried and condemned. If, for instance, it were inquired for what motive all ponderous bodies fall towards the centre of the earth, we should be equally unable to answer the question. The law which Newton established has taught us in what manner the force of gravitation acts, without throwing any light upon the intimate nature of that power. It is, therefore, as irrational as unjust to blame the biological sciences for a defect inherent to all human knowledge. Let us be satisfied with inquiring how diseases are produced, how medicines cure them, and how poisons destroy life. It has not been allotted to us to know why things are; but only in what manner they exist.

Our purpose is, therefore, to examine, in the natural order of succession, the phenomena which take place within the living body, when foreign substances have been ingested, in order to learn the mode of action which enables it to produce baneful or salutary effects (as the case may be) throughout the whole system. We have found, for instance, that woorara paralyses all the motor nerves, puts a stop to all motion, suspends the act of respiration, and thus brings on suffocation. The practical result is that by artificially insufflating air into the lungs during a sufficient length of time, the animal is kept alive till the poison has been eliminated, and all danger is past; now, the same takes place with all poisonous substances which do not produce actual disorganizations of the tissues: strychnia is in the same case as the former poison, for, if all the external excitement which perpetually provokes reflex action, and thereby brings on convulsions, which end in death, if all these irritating causes, which inevitably act upon the animal left in the open air, are cautiously removed, all danger is avoided, and the animal slowly recovers, if the dose of poison has not been too large. Place a frog under a glass bell, in a cellar, after poisoning it with the alkaloid, if left there during a sufficient time, the animal is found to recover perfectly; while another frog, *cæteris paribus*, rapidly dies in violent convulsions, when repeatedly excited. The effects of cold may also be brought forward as an instance; when moderate, they benumb, but do not freeze the tissues; a frog's heart may be brought to stop under the influence of cold; but give it a more favourable medium, and it will recommence beating: if frozen, however, there is an end of all vital properties, its tissue having been disorganized.

Such is the process of reasoning brought to bear upon physiological questions; an entirely similar method ought to be followed in clinical researches, for nothing resembles so much the action of poisons as that of morbid causes of an ordinary description: the analogy holds good even in those cases in which the disorder is wholly local, and does not end in death. Corvisart, in his celebrated work on Diseases of the Heart, relates the case of a young girl, who, in order to commit suicide, swallowed a very large dose of arsenic; some symptoms of poisoning followed, but the patient recovered, and, several months later, died of consumption. In making the autopsy, a large pseudo-membranous cyst was found in the stomach; within this cyst was enclosed a solid mass of arsenic, which might have sufficed to poison nine or ten persons: this was the residue of the primitive dose, a very small portion of which had been absorbed, while the remaining part, incased in this accidental cavity, rested within the stomach without producing other effects than those of an ordinary and inoffensive tumour. Now, if the cyst had been a spontaneous morbid production, instead of resulting from the ingestion of a foreign substance, the consequences would have been identically the same, unless inflammation, suppuration, and resorption had taken place within the tumour.

If we examine some of the diseases which most frequently produce death, we shall equally be obliged to have recourse to general effects, in order to explain the mechanism through which the ultimate result is attained: numberless patients die of peritonitis, and in a very short space of time too; how does this take place?—for peritonitis, at first sight, does not seem to interfere with any of the higher functions of life. Inflammation of the lungs or pleura frequently proves mortal in a few days; and in such diseases, the respiratory functions are of course impeded; yet mere asphyxia is evidently not the cause of death in acute cases of pneumonia; and, in affections which rapidly prove fatal, the animal, although deprived of food, cannot evidently be supposed to die from mere inanition in so short a space of time. It therefore becomes necessary to proceed to a rational investigation of *all* the diseased tissues, in order to ascertain the mechanism

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through which death has been produced: both nerves, muscles, glands, and other tissues; both the solids and liquids of the body require to be examined. If, for instance, the substance of the liver is submitted to chemical analysis, it is found to contain no more glycogenic principles; the total disappearance of which is, in our opinion, one of the most ordinary causes of death; for animals kept fasting for several days together still retain a certain amount of sugar in the blood. It therefore seems that life may be extinguished in two different ways: firstly, by the introduction of deleterious principles into the blood; and, secondly, by the total absence of indispensable elements in that fluid. From such instances, it is hardly difficult to judge what degree of scientific accuracy we may expect to find, in ordinary post-mortem examinations: local lesions are exclusively sought for, while the general disturbance passes unperceived; and, even supposing its existence to have been suspected during life, how difficult it becomes, in the human subject, to ascertain the fact after death! Twenty-four hours must have elapsed before we are allowed to touch the corpse: now, although in animals recently slain the natural properties of healthy tissues persist, during a certain space of time, we are perfectly aware that, after a few hours, they are no longer to be found: such, for instance, is the case with respect to the galvanic excitability of muscles and nerves in birds and mammiferous animals. If, therefore, the effects of woorara, digitalis, and other poisons, which act upon these very tissues, had been exclusively studied in the human species, we should never have been able to ascertain by comparison the precise nature of the injury.

To observe Nature in her operations is the only method of acquiring the power of turning them to our advantage. The extraordinary progress of science and industry in the course of the present century, and the astonishing forces which have in consequence been placed at our disposal, have given rise to several false notions, which, however, are at the present moment currently received; and we frequently hear it asserted that man holds the elements under his control; that fire, water, steam, electricity, and all the powers of Nature, obey his commands. Now the exact reverse of these opinions is truth; and, as Bacon philosophically observes, "Naturæ non nisi parendo imperatur;" we are, in reality, only submitting to Nature at the very moment when she appears to obey our will. A singular phenomenon, of very unusual occurrence in our climate, has lately afforded us a striking instance of this. During the Aurora Borealis which took place at Paris in the course of last summer, strange and inexplicable perturbations were noticed in the action of the electric telegraph; the wires no longer conveyed the electric fluid to its ultimate destination, and for a short space of time, intelligence could no longer be communicated to Paris. The impossibility of controlling Nature was in this case placed in a very strong light; had we been acquainted with the law which directed the unusual effects of that unknown cause, we might have obviated the inconvenience which our ignorance compelled us to undergo. The situation in which Medical men are placed, in the treatment of diseases, is exactly the same: to alter their course is beyond our power, but the accurate observation of their successive symptoms sometimes enables us to interfere at the proper moment.

It is, therefore, altogether indispensable to combine experimental researches with clinical observation; to create artificial disease by known means in living animals, and proceed, immediately after death, to a rational post-mortem examination; all the tissues must successively be compared to those in a normal condition, but the state of the blood more especially deserves our attention. Towards this subject the energies of all physiologists ought to be mainly directed. Organic chemistry, however, is unfortunately not in an advanced state, especially as regards the constituent principles of the animal organization; and chemical analysis must therefore be in a great measure left aside when the properties of the blood are the subject of investigation; in other terms, a physiological analysis is in this respect far preferable. Let the vital properties of the nervous system be brought into play, and modifications of the very highest importance will be discovered, which neither morbid anatomy, nor the known methods of analysis would have been able to render apparent. The same is the case with muscles—when poisoned by certain substances, they lose their contractile power, but no modification whatever is to be discovered in their chemical constitution. The blood therefore may naturally be expected, in various states of health and disease, to present changes which none but the physiologist can appreciate; thus, when oxyde of carbon has been inhaled, the blood-globule is deprived or its characteristic property, of absorbing oxygen in exchange for carbonic acid; the fact is ascertained by physiological experiments, but ordinary analysis gives no clue whatever to the solution of the problem. Far be it from me to disapprove the chemical researches of which the blood has been made the subject; on the contrary, they deserve to be carried out on a more extensive scale than ever; but if performed apart from experiments on the living animal, their results will never contribute to the real progress of science.

The study of morbid principles can, therefore, alone enable us to discover the means of curing the disorders to which they give rise; and for this purpose two different systems might be adopted; firstly, to neutralise the morbid agents; and secondly, to eliminate them from the body. In the present state of our knowledge, we possess no means whatever of neutralizing their actions; as in the case of poisons, they must be expelled before they cease to act. To this result do all the efforts of Nature tend, and to this result also must all the Physician's endeavours be devoted.

CLINICAL LECTURES

DELIVERED AT

ST. THOMAS'S HOSPITAL IN 1860.

By F. LE GROS CLARK, F.R.C.S.

Surgeon to the Hospital.

LECTURE I.

GENTLEMEN,—Several cases of interest have been admitted during the past week, which I will pass in review, for the purpose of directing your attention to the practical points associated with their pathology and treatment.

The first case is one of attempted suicide, the patient being an old man, who cut his throat. The instrument used was a razor; and the incision extends from near the median line behind,—an unusual position—across the right side of the neck, and terminates in the middle of the front of the neck. The windpipe is, therefore, not laid open; and, fortunately, the prominence of the sterno-mastoid muscle and trachea saved the great vessels of the neck, except the external jugular vein, from injury. A few strips of adhesive plaister and the water-dressing constitutes all the local treatment required, in addition, of course, to the position of the head, which is such as to favour the approximation of the edges of the wound. The usual precaution of enveloping the neck in a warm wrapper, to act as a respirator and prevent the introduction of cold air to the lungs, was unneeded in this case, as the air-tube was intact.

In connexion with this case I may remind you of the patient to whom I was sent for hurriedly from Lecture at the beginning of the week, and who was said to be *in articulo mortis* from some laryngeal affection. The operation of tracheotomy had been urged on him by Dr. Barker, but in vain; until, in this extremity, when he was fast losing consciousness, he assented. What was remarked by a bystander afterwards, seemed to be literally true—viz. "that he was dying when I operated, and dead when the operation was completed." The operation was necessarily performed hurriedly, and without the usual pauses which it is desirable, when practicable, to make between its different steps; and yet, when the tube was introduced, the patient had apparently ceased to breathe. Still the heart's action was perceptible, and he did not look like a dead man. For a long time, however, the unceasing efforts which were made to induce a single natural respiratory act were unavailing; but at length, by repeated dashing of cold water on the face, compression of the chest, rolling the body on the side, and tickling the trachea with a feather introduced through the tube, some slight movement of the diaphragm became perceptible, and we ventured to put some brandy and water into his mouth, which was swallowed, and he began to revive, and soon afterwards passed into that heavy slumber so often noticed in patients, under similar circumstances, who have been suddenly relieved by this operation from distressing

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dyspnœa. More than an hour must have elapsed before any certainty could be felt as to whether our efforts would be rewarded with success. This patient has been going on remarkably well since. I may remind you how valuable, at a later stage of this resuscitating process, we found the irritation excited by the introduction of a feather through the tube into the trachea. It produced a violent expiratory effort, by which the accumulated blood and mucus were expelled.

A case of fractured patella, also admitted during the week, illustrates incontrovertibly that this bone may be broken, as indeed I believe it usually is, by muscular action only. The patient, a middle-aged, rather heavy, but active man, fell violently, and in the effort to save himself extended his leg forcibly: he is certain he did not strike his knee, nor indeed any part of his leg. The fracture is transverse and through the centre of the bone, the separation between the fragments being sufficient to admit easily two fingers. You will have observed the way in which I have put up this injury. Besides adopting the necessary position of keeping the limb elevated on pillows or by a sling, so as to relax the muscles acting on the patella by extending the leg and flexing the thigh, I have enveloped the knee in a piece of stout gutta percha, having a central aperture in it corresponding to the patella. This I mould on the sound limb, and subsequently cut out the piece corresponding to the prominence of the patella; and when it is firmly bandaged with a light pad of lint above and below, the fragments are kept in pretty accurate relative position, for they are unable to escape from the perforation which is made for them. This simple apparatus is worn without inconvenience by the patient.

I may remark that I have not much faith in bony union in these fractures. I do not deny that such does occur sometimes; but I believe it to be rare, and to occur in those cases only in which the aponeurotic capsule extending around and over the patella is not torn through, or is but slightly lacerated.

An injury to the forearm, of which I have seen several examples, and which is interesting from the facility with which it may be mistaken, has also occurred during the past week. I was informed one morning that there was a case of dislocation of the radius from the carpus then in the Surgery. I remarked that I should be glad to see it, as I had never yet witnessed this injury, anticipating, however, what it would prove to be.

The patient, a lad of 15, had fallen with violence upon his outstretched hand. The supposed dislocation had been reduced, but immediately the support was removed from the wrist, the hand fell, and the radius projected on the back of the carpus. A brief examination sufficed to satisfy me that the case was one of separation of the epiphysis of the radius, which was thus carried forwards in company with the hand, the base of the bone being left, deprived of its articular extremity, projecting on the back of the wrist. The source of fallacy is the similarity in the form of the base of the radius, minus the epiphysis, to that of the perfect bone. The diagnostic difference is in the interval between the base of the middle metacarpal bone and the projecting extremity of the radius, which is of course greater when the epiphysis accompanies the carpus; but more especially in the noticeable fact that the styloid process of the radius is identified with the carpus in its movements and distinctly isolated from the radius. Moreover, if this joint can be, or ever is, dislocated, it would surely not be so readily reducible as in the form of injury I am speaking of. I have had an opportunity of dissecting a precisely parallel case to this, and I believe the preparation is in our Museum. The hand and wrist of the present patient are confined in gutta percha splints moulded to the entire palm, and the lower part of the forearm both before and behind.

A case of rupture of the urethra has also occurred in a young man, who fell violently with his perineum in contact with the sharp edge of a chair-back, when admitted shortly after the accident, he was bleeding profusely from the urethra. I immediately passed a full-sized catheter without difficulty, and ordered a bag of ice to be applied to the perineum. The water drawn off was clear, proving that the blood was derived from the urethra.

In this case it was important to pass a catheter before the patient attempted to micturate; and my reason for selecting a full-sized instrument was, that I was thus less likely to meet with obstruction or to do mischief than with a small one; moreover, it would more effectually fill the urethra, and prevent the urine from finding its way along the side of it, and also help to arrest the bleeding. This patient is doing well.

There were also two cases of retention of urine admitted. One of these patients described his water as usually passing in a good stream, as regards size, but twisted and divided. He had been unable, without assignable cause to micturate for many hours, and his bladder was largely distended. Attempts to pass a catheter had failed before I saw him, and I was unable to succeed by such means as I thought justifiable. The symptoms being urgent, and no relief obtained by warm bath and opium, I was contemplating puncturing the bladder by the rectum, when I tried a simple experiment in which I have not unfrequently succeeded, I mean the introduction of a firm bougie as far as it will go, and while keeping it pressed against the stricture, directing the patient to make an effort to pass water, and then suddenly withdrawing the instrument. A small stream of water followed this experiment, and I left the patient for an hour. On my return he had further relieved himself to the extent of four or six ounces. I then ordered him an active saline purge, and on the following morning he had passed abundance of water, and has had no return of the retention since. Yet I cannot get even a small catheter into the bladder, though he micturates in a tolerably large but divided stream. I believe in this instance the urethra is rendered tortuous by the irregular deposit of lymph at different points in the submucous cellular tissue; but it is no doubt long since this mischief occurred.

Another case of retention of urine which was admitted, is complicated with fistulous opening, and partially obliterated urethra: to this patient I shall direct your attention at a future time.

A case of femoral hernia was likewise admitted, and subjected to operation. It presented nothing unusual. The strangulation—indeed, the rupture itself—had existed only about twelve or fifteen hours; yet the symptoms were unequivocal and urgent. As the tumour was small, and the strangulation so recent, a limited opening through the skin sufficed to enable me to reach the crural ring, and divide the stricture, without opening the sac; and I thus deviated from my usual practice, and that which I consider the most secure for the patient. This vexed question I have heretofore brought under your notice, and shall return to it at some convenient opportunity; suffice it that I consider the present example belongs to that class of cases in which the operation for the relief of strangulated bowel may be usually safely performed without opening the sac. You observed that I used a knife which I am in the habit of employing instead of the ordinary hernia knife. It is simple, safe, and efficient, combining in one instrument a director and a knife, and enabling the operator to find and relieve the seat of stricture with more safety and certainty than the ordinary knife. This patient, a spare female of 45, is doing well.

Lastly, I have admitted two cases of injury to the head, cases of which you will probably meet many parallel in the course of your practice, and therefore well worthy of your careful attention while under your notice in the Hospital.

Though the mode in which the injury was caused was different in the two cases, and though the amount of lesion and its result will, I fear, prove also to be widely different, yet the apparent condition of the patients on their admission, and the actual symptoms from which they were suffering, were almost identical. Both are labouring men of about 35 years old; one received his injury by falling on his head; the other was struck by the revolving arm of a crane on the temple, and thrown violently on the back of his head; two scalp wounds correspond to the seat of these blows. Both patients were suffering from concussion, stupor with inactive pupils, and feeble circulation; in both there was free bleeding from one ear, but no tangible evidence of fracture. The stupor was more profound in the latter than in the former case, and the hæmorrhage more persistent. In the milder case, the patient has recovered without other treatment than rest, cold to the head, and an active purge. Indeed, he has insisted on leaving the Hospital, notwithstanding my expostulation to the contrary, and warning him that any licence in living, and even physical exertion, may bring on serious symptoms; for these cases of apparently rapid recovery, after the occurrence of serious head symptoms, are very

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treacherous; and a state of parts may exist, awaiting only the occurrence of an exciting cause, to induce even a fatal result. I advise you to be very cautious in the opinion you express, and the liberty you give your patient, under these circumstances.

The other poor fellow will, I fear, succumb to his accident; for I have very little doubt that he is the subject of a fracture through the base of the skull. But I propose recurring to this case when next I meet you; and in the interval I recommend you to watch carefully its progress.

ORIGINAL COMMUNICATIONS.

ON THE TREATMENT OF RHEUMATIC AFFECTIONS.

By JAMES ARNOTT, M.D.

In the whole catalogue of diseases there is none which, from the failure of his efforts at cure, gives the Practitioner more annoyance than chronic rheumatism. Though not a dangerous malady, like rheumatic fever, it is so frequent, so painful, so apt to produce a permanent incapacity of using the limbs, and has been so little under the influence of Medical treatment, as to make it a question whether of the two affections it has not constituted the greater evil to humanity. A large proportion of our military pensioners, and of the inmates of our workhouses, consists of those who have thus been rendered incapable of earning their livelihood; and as respects the former class, even when the usual remedies for this disease prove successful, so much time is required for the accomplishment of a cure by them, as often seriously to injure the public service. Acute rheumatism, like most other fevers, runs a determinate course, and this may, doubtless, be frequently shortened by judicious treatment; but no one can foretell the end of chronic rheumatism. When the disease disappears it generally remains a question whether the cure is to be attributed to the remedy employed or solely to the efforts of Nature. And it is often the most judicious plan to leave the cure to these efforts exclusively, or to attempt nothing more than, by strengthening the system and removing all disturbing influences, to render the *vis medicatrix* adequate to its task.

Among the various purposes served by the new remedial agent, congelation, the most striking, if not the most important, is its use in the various forms of chronic rheumatism. I do not bring it forward as a remedy which may only occasionally be of service, for this may be affirmed of numerous other plans of treatment, but as one which extensive experience of its use has shown to be capable, in the great majority of instances, of immediately and permanently relieving the pain and subduing the inflammatory condition of the part to which it is applied. Indeed so few have been the cases in which considerable advantage has not been obtained from its use, that I have attributed the apparent failure more to error in the diagnosis or to a complication of rheumatism with other affections, than to the inefficacy of the remedy. It is almost unnecessary to add that this agent can have no influence on any constitutional affection co-existing with that which is local; but the existence of such a general affection is only known by the local symptoms, and when these are permanently removed the disease may be said to be cured.

If this (or indeed any disease) can be cured by the application of local measures, instead of those whose agency pervades the system, the local measures should be preferred. Few internal medicines of an efficient character can be long persisted in without incurring some degree of danger; and, after all, though the whole constitution is pervaded by them, their beneficial action may be limited to the seat of disease. A coroner's inquest was lately held at Chatham to investigate the circumstance of a death caused by an overdose of opium, administered for the cure of rheumatism; and two days ago, I was requested to visit a gentleman dying from an attack of bronchitis, which owed its fatal severity to the extreme debility caused by a protracted course of active medicine for sciatica. A vulgar and pernicious prejudice against local or external remedies is that they "drive the disease inwards;" but when internal remedies succeed in "driving it out," they too often cause, or (as in the instance just mentioned) predispose to, a worse disease in its stead.

Of the *modus operandi* of congelation in chronic rheumatism it may be difficult to afford a satisfactory explanation. Some may deny that there is any new or peculiar action exerted by it, contending that it is only the thorough development of the antiphlogistic and narcotic virtues of cold applications; while others may regard it as only an appropriate mode of producing counter-irritation, or as a combination or succession of these two remedial agencies. A rational explanation of the mode in which a remedy operates is always very desirable, but experience is the only real test of its utility. The following case illustrates the mode of using the remedy, and its usual effects.

A woman, between fifty and sixty years of age, employed as a cook in a gentleman's family, was, after an exposure to cold and dampness, affected with pain, swelling, heat, and slight redness of both ankles. She walked with great difficulty, and her sleep was much disturbed by an increase of pain during the night. There was no fever, nor other symptoms of constitutional disturbance. I saw her nine weeks after the commencement of the disease, and learned that the colchicum, iodine, quinine, and other remedies, which she had taken, had proved of no avail. On the contrary, her sufferings had increased, and it was proposed to send her into the country for change of air. On the 26th of February last, recourse was had to congelation. About three-quarters of a pound of ice, enclosed in a small canvas bag, were, by means of a flat iron, broken into a fine powder, and rapidly mixed with about half their weight of common salt. The mixture was then poured into a piece of gauze, and applied to both sides, successively, of each ankle, while the foot rested on the edge of a basin. The gauze bag covered a circular space of skin of between three and four inches diameter, and was kept in contact with it for about six minutes. During the last half of this period, the skin was white, hard, and insensible. When this congelation had ceased, a small quantity of pounded ice was placed across the ankles in order to prevent the smarting which would have otherwise accompanied the returning sensation, and the patient was desired to keep the ice applied for a quarter-of-an-hour, or longer than this, if the smarting should return on its removal.

Circumstances prevented my seeing the patient until the third day afterwards, when she expressed in very energetic terms, her thankfulness for the relief which had been afforded. There had been no return of pain after the congelation, and consequently no interruption of her rest at night. All that she now felt was a sense of stiffness of the joints. There had been heat and tingling of the skin, particularly on the second day after the frigorific had been used, but this she had quickly removed by sponging the part with iced water. As the congelation had not been kept up so long as it sometimes is, there had been no vesication produced, and, consequently, none of that tenderness of the skin which follows vesication. The stiffness and weakness of the joints continued for some time, but not in such a degree as to prevent her walking; and had the disease been of shorter duration, these effects of it probably would not have existed. On the other hand, when the disease has continued for a very long period, and produced organic change in the joint, though all suffering may be removed, the stiffness will probably be permanent.

The congelation did not last four minutes; for being desirous to avoid vesication of the skin, I should have preferred repeating the milder application to causing this annoyance from one of greater duration. In determining the proper period during which the part should be kept congealed, it is necessary to take into the account the strength of the frigorific mixture employed. A large quantity of well-pounded ice and salt, applied when the materials are acting strongly on each other, will produce a more deeply penetrating and a more lasting cold than a smaller quantity not so well prepared. The only instance which I have known of healing by the first intention being impeded after an operation performed under congelation, proceeded from its having been too long continued when produced by a very powerful frigorific; but even under these circumstances there would probably have been no impediment, had an appropriate mode of dressing the wound been adopted.

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To the prevalence of two errors must the imperfection in the treatment of rheumatism be chiefly attributed. One of these is the undue influence which certain theories of the nature of the disease have been permitted to exercise; the other is the false view that has been taken of the disposition which rheumatic inflammation has to extend from one part of the fibrous system to another, or of what has been termed metastasis.

The theory of the nature of acute rheumatism at present in vogue is a plausible one, but it ought not to be relied upon to the degree that would render those lessons of experience which are apparently contradictory to it less impressive. That an acid exists abnormally in the blood, there can, reasoning from chemical analysis alone, be little doubt; but whether this acid be the cause of the disease, or only one of its numerous effects, or what the importance of each of these effects may be, are points to be yet ascertained. What has been termed by the late Dr. Todd the eliminating mode of treatment, and which mainly consists in the administration of large doses of some alkaline substance, accords with this theory; but the well-attested advantages proceeding from what are known as the bark, opium, and lemon-juice modes of treatment are adverse to it. So, also, though the supposed common causes of rheumatism, cold and moisture, are in favour of the idea that the emunctories of the skin are closed by their influence, the immediate occurrence of this disease, and of the analogous disease, gout, after sprains, wounds, and urethral irritations, would lead to a different conclusion. One of the most severe attacks which I have met with of rheumatic fever, immediately followed the bite of a horse; and one of the severest attacks of gout was the consequence of sudden dilatation or rupture of stricture of the urethra.

The common opinion respecting the metastasis of these diseases is founded partly on imperfect observation and partly on imperfect theory. Inflammation of the heart sometimes precedes inflammation of the joints in rheumatism; and is so common an event during the continuance of the disease, that Dr. Watson has only known two cases of rheumatic fever occurring previously to puberty in which the heart was not affected. That rheumatic inflammation of the heart often takes place about the same time that inflammation ceases in a joint, is indisputable; but this coincidence no more shows the connexion of cause and effect, than the occasional coincidence of dreams and events shows that dreams are prophetic. Rheumatic inflammation extends to various parts of the fibrous system, just as common inflammation attacks successively various parts of the respiratory mucous system; and, doubtless, the part last affected may act in some degree as a counter-irritant in removing the inflammation previously existing in other parts. If it be true (and the idea is, to a certain degree, supported by the pathological researches of Dr. Garrod) that the articular inflammation is produced by the deposition of a *materies morbi*, it must follow that, as inflammation so produced would impede this secretion or deposition, whatever is calculated to moderate or remove it, will, instead of repelling the poison into the blood, not only promote its deposition in the joints, but, by preventing a febrile disturbance of the system from the violence of the local affection, facilitate its excretion by the skin and kidneys. If we take it for granted that rheumatism is a blood disease, we must admit, with Dr. Graves, that the poison, in certain favourable conditions of the system, may pass off by the emunctories without exciting local disturbance—just as electricity may pass from the clouds to the earth without injury to buildings on its surface.

Before concluding, I may mention another circumstance calculated to oppose the general introduction of congelation in chronic rheumatism; I allude to the imperfect manner in which it has been too often used for antiphlogistic and other purposes. To this cause principally I would attribute the failures in its use mentioned in a work on rheumatism recently published by Dr. Fuller. He states that, out of five cases of lumbago in which he employed congelation, there were two failures. As this differs widely from my own experience, I can only explain the difference by the supposition that the remedy was applied by him in a different manner; and this opinion is confirmed by finding it stated in his book, that congelation is objectionable from the pain produced by it both during and after the application. When properly used, the smarting or tingling caused by it is too little to be complained of, and will certainly never be deemed by the patient a counterbalance to the immediate and permanent relief of the suffering from the disease. Dr. Fuller thinks that these failures of two out of five cases supported his theory, that rheumatism of every description arises from lactic acid in the blood, which must be neutralised or expelled by internal medicine. But surely, instead of the two failures, it would have been more reasonable to have adduced the three successful cases as a corroboration of this theory. What appears a metastasis or shifting of inflammation, probably arises from the poison (assuming the truth of the theory) being carried by the *vis medicatrix* to a new outlet or excreting texture, when the previously excreting texture or former outlet has been obstructed or disturbed by inflammation set up by the excreted matter; and, consequently, what would continue or restore the excretion in a joint already affected by removing this disturbing cause, or, in other words, by arresting the inflammation, would appear well fitted to prevent its extension to other parts. The truth is, however, that there is too great a dissimilarity between the various forms of acute and chronic rheumatism to authorize reliance on reasoning of this description, far less the substitution of such reasoning for the results of experience.

6, York-street, Portman-square.

A CASE OF

CONGENITAL (?) MALIGNANT DISEASE OF THE RIGHT EYEBALL.

By EDWARD C. HULME, F.R.C.S.
Surgeon to the Central London Ophthalmic Hospital, etc.

M. B., a child of apparently healthy constitution, of healthy parents and grandparents, was observed by its mother to have a peculiar appearance in its right eye shortly after birth, certainly before the child was two months old, which she called a "cat's eye;" no Medical opinion was then taken, the left eye being sound and possessing fair vision, till the child was about eighteen months old, when the father, beginning to suspect something wrong with the sight, and the same appearance showing in the left eye, the child was brought to me by my friend Mr. Philip Burrowes, to whom he had applied for advice. The diagnosis of the case was then sufficiently evident; the corneæ and lenses of both eyes being quite clear, and the pupils freely dilated, the growths in the fundi of both eyes were easily recognised, that in the right being rather more developed; an unfavourable opinion was given, non-interference by operation was recommended, in which Mr. Ware, to whom the child was also shown, concurred, and after some general directions as to the child's treatment, Mr. Burrowes, to whom I am indebted for the further history of the case, undertook to keep the child under observation.

The disease gradually progressed for about twelve months, the right eye especially became more and more prominent, although not much enlarged in diameter, or staphylomatous, till at last the lids could not be fairly closed over the eye. The child's health, however, kept up tolerably well, its intelligence being more than usually quick, till about ten weeks before its death, when it became rapidly emaciated, vomiting became constant, scarcely any nourishment being retained; apparently but little pain was experienced, paralysis of the left side supervened, and after a few days, during which slight convulsive twitchings were noticed, the child sank from exhaustion, but retaining its full intelligence till a very few hours before death, which took place on December 12, 1859, the child being two years and eight months old.

Post-mortem examination sixteen hours after death, assisted by Messrs. Burrowes and Sawyer:—On removing the calvarium, the veins in the diploe of the skull and the sinuses were more than usually full. The dura mater and membranes were healthy, no deposit being found on their surfaces. The upper surface of the brain was quite healthy, and of natural consistence and vascularity. On lifting up carefully the anterior lobes of the brain, the whole of the under surface of these lobes, extending also to the middle lobes, but to a greater extent on the right than on the left side, was reduced to a soft mass, of a creamy

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consistence, involving, without any defined limit, the whole of the structures at the base, the origin and distribution of the majority of the nerves being indistinguishable. The olfactory bulbs were recognisable. The optic nerves enlarged, but perfect at the commissure, although not to be traced back to the thalami. The fourth nerve on both sides took their normal course, but enlarged in diameter. The cerebellum appeared healthy on section. After breaking away the upper plates of the orbit, and removing entire the contents of both; on the lower wall, and lying on the floor of the right, under the periosteum, and continuous through the spheno maxillary fissure, was a mass of morbid growth prolonged backwards towards the brain, through an ulcerated opening in the dura mater; and in the upper and outer part of the left orbit and also under the periosteum, were two other growths of the same structure and appearance, apparently having made their way through the sphenoidal fissure. On examining the contents of the orbit on the right side, a vascular growth of the size and shape of a small chesnut, was found situate beneath the superior rectus, and bounded by the two lateral recti; it involved the ciliary ganglion, and the whole of the vessels and nerves in the vicinity, it was unconnected with the optic nerve upon which it lay, and took its origin from the optic foramen, its anterior termination being free. The optic nerve was enlarged to about three times its diameter, elongated and lobed, contracted at the perforation of the sclerotic, and having, at this point, around it, but unconnected with it, a white brain-like soft structure also lobed.

On making a section of the eye, the sclerotic seemed to preserve its continuity and normal thickness; and although imperforate, it was closely adherent to the choroid, which was thickened posteriorly to the extent of a quarter of an inch by a white pulverulent deposit between its layers, the pigmental layer being pushed forwards. Of the retina, as a membrane, no trace was present; the space normally occupied by the vitreous humour was filled by a growth similar to that developed between the layers of the choroid, which, however, did not extend as far as the lens, the intervening space being filled by a thick, whitish fluid. The ciliary muscle was thickened by deposit on its surface. The lens and cornea were clear.

The appearances of the contents of the left side varied a little—a soft, white growth was developed beneath the optic nerve and the inferior rectus, closely adherent but unconnected with both optic nerve and sclerotic. The optic nerve was more enlarged, the sheath being contracted in its centre, as though a tight string had been tied around it, and on a section being made, it was found divided into two distinct lobes. The sclerotic was perfect; the choroid thickened posteriorly to about the 1-20th of an inch. The whole of the interior of the eye-ball was filled with the same kind of deposit as that in the right eye, a pinkish line through its centre showing the remains of the retina and hyaloid with their vessels.

Microscopic examination showed the morbid deposit in the brain, the orbital growths, those round the optic nerve and behind the eye, that within the sheath of the optic nerve, and that in the interior of the eye to be all of the same structure; *i.e.* of small roundish cells of $\frac{1}{3500}$ to $\frac{1}{3000}$ of an inch diameter, for the most part with granular contents, many large cells, however, having nuclei and some possessing one or two nuclei, rendered more apparent by the addition of acetic acid; generally speaking the structure was non-vascular and deposited free, without any connective tissue, although that in the brain was mixed up with blood and pus globules, and *debris* of brain structure. The tubules of the enlarged optic nerve were absent, being almost entirely replaced by the cell growth above described, and when the remains of the tubules were found, oil-globules were deposited in and around their sheaths. In neither eye could any retinal structure with certainty be recognised. In the left, numerous large pellucid cells, similar to those connecting the retina and hyaloid were abundant in the pinkish deposit in its centre. In the tissues around the optic foramen the cells assumed a more decided tailed form and nucleated structure. Plates of cholesterine were abundantly interspered throughout all the growths. The muscles of both eyeballs were free and uninvolved in the surrounding disease.

The very early period of life at which the above disease was first observed, I think may fairly warrant the entitling of it as congenital, and this has been the chief point of interest which has induced me to publish the case at full length. In the various specimens of malignant disease of the eyeball which have fallen under my own observation, both by dissection, by the examination of museum specimens, and by descriptions given by others, it does not appear that any particular coat or structure of the eye is especially the seat of the morbid deposit. In the majority of cases the retina, and frequently the contents of the optic sheath, and the brain are involved, so that possibly in these nervous tissues the disease takes its origin, secondarily developing itself in the adjacent structures. Such may have been the case here, the cell growth being also extensively developed in the right choroid, and thence extending to, and infiltrating, the sclerotic.

19, Gower-street.

POISONING BY STRYCHNIA—ANALYSIS OF THE VISCERA.

By HENRY OSBORN, M.R.C.P. Lond.
Physician to the Southampton Dispensary.

Prior to the discovery of Marshe's test for the detection of minute quantities of arsenic in organic mixtures, many cases of arsenical poisoning, probably, occurred which were never brought to light; but whether cases of poisoning by strychnia have been overlooked for want of a delicate process for its extraction, or whether errors in diagnosis occurred, I cannot venture to assert. It is possible, however, that there was a greater difficulty in procuring strychnia by the public formerly than now.

A few months since a case of poisoning by strychnia occurred in this town, and Mr. Lawrence, who was called in, made a correct diagnosis of the case, as it ultimately proved to be by the result of the analysis which I was requested by that gentleman to undertake.

Mr. Lawrence kindly invited me to the post-mortem examination which he performed, and we placed in three jars, the stomach with its contents, a portion of the small intestines, including the duodenum, and a portion of the liver. By keeping the parts separate from each other we prevented the possibility of transferring any portion of the poison from one part to another. On opening the stomach about eight ounces of fluid, mixed with a quantity of partly digested food, was present. The mucous membrane of the stomach presented no appearance of congestion, as is usually observed when death takes place after a full meal, but it exhibited a pale colour, except at the pylorus, which was congested.

In conducting the analysis I was kindly assisted by Mr. Lawrence, and proceeded at once to search for strychnia (a). One half of the contents of the stomach and the organ itself were submitted to the chloroform process, as recommended by Messrs. Rogers and Girdwood, using sulphuric acid for the solvent. The duodenum and its contents were submitted to the same process, using hydrochloric acid for the solvent; but so much colouring matter was taken up by the acids, that a further process was necessary ere the strychnia could be obtained sufficiently pure for the application of the colour tests. Owing to the difficulty and time occupied in getting rid of the organic matter, I used acetic acid for the solvent for the other half of the stomach and its contents; also for the liver, substituting ether and potash for ammonia, as recommended by Dr. Letheby, when the strychnia was obtained at once in a state of purity for the application of the colour tests.

After washing the potash solution with ether it was treated with chloroform, and the strychnia obtained equally pure by that solvent, thus showing the superiority of acetic acid over the two former acids, at least in the case under consideration; and I trust the observation affords a sufficient excuse for publishing the process which I found to be the most direct for obtaining a satisfactory result.

It may be necessary to state that in the alcoholic stage of the process we were surprised to find the extract only slightly bitter to the taste (a small quantity only being applied to the tongue), and in order to prove whether the strychnia was taken up by the sulphuric and hydrochloric acids, we resolved

(a) A small bottle (without a label) was found after death, containing strychnia.

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upon trying its effect upon animals. For this purpose a kitten was procured, and a small quantity of the fluid extract (deprived of spirit) administered. The first symptom observed was that the hair of the animal stood on end, and within the space of about an hour it died, with all the symptoms of poisoning by strychnia. It may be remembered that Dr. Marshall Hall suggested a physiological test for the detection of strychnia, and although Mr. Lawrence expressed his satisfaction at the result of the colour tests, he suggested the advisability of trying the strychnia, which I had extracted in a pure state, on a frog; a small quantity being administered, well marked tetanic symptoms were produced.

Southampton.

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

ON IRITIS AS IT OCCURS IN SYPHILITIC INFANTS.

THE form of iritis which is occasionally met with in syphilitic infants, is of great interest to all engaged in the extensive practice of our Profession. Several circumstances combine to make this affection of much greater importance than its admitted rarity might seem to indicate. Among these may be mentioned, its insidious nature and the ease with which it may be, and usually is, overlooked; its very serious consequences; and, lastly, the facility and certainty with which its destructive effects upon the function of sight may be prevented if a correct diagnosis be early formed. The circumstance that these cases rarely come, in the first instance, under the care of specialists, but are met with by those who, whether in Union practice or otherwise, come in contact with large numbers of the poor, also tends to make a correct knowledge of the features of this disease, by the Profession at large, of increased importance.

In the pages of this Journal, during the last few years, repeated examples of it have been adduced. These it is now proposed to collect into a tabular statement, with also the addition of such other cases as are to be found on record elsewhere. The number of the latter is not large. Mr. Lawrence, in the first edition of his work on "Syphilitic Diseases of the Eye," was the first to publish an example of infantile iritis, and since that date—by Mr. Dixon, Dr. Jacob, Messrs. Maunsell and Evanson, and Mr. Walker—about half-a-dozen others have been placed on record. It is possible that the discovery of a few others might reward a more detailed search through the journals than the writer has been able to make. It is a fact of some value, however, as denoting the infrequency of the disease, that the best writers on hereditary syphilis omit altogether to mention it.

In the accompanying table the reader will find the particulars of twenty-one cases. Of these the first six have been quoted from the authors above mentioned, and the remainder are from the writer's own notes (a).

CONCLUSIONS DEDUCIBLE FROM THE SERIES OF CASES.

1. *That the subjects of Infantile Iritis* (b) *are much more frequently of the female than the male sex.*—In Cases 2 and 3 in the tabular statement we have no information as to the sex; of the nineteen others, in fourteen the infants were girls, and in five only were they boys. There is no doubt a reason for this.

2. *That syphilitic infants are most liable to suffer from Iritis at about the age of five months.*—The youngest patient in the series before us was seven weeks old at the date of the first attack (Case 21), the oldest sixteen months (Case 14).

3. *That Syphilitic Iritis in infants is often symmetrical, but quite as frequently not so.*—Our cases give nine instances in which both eyes suffered, and eleven in which the disease was limited to one only; probably, however, in not a few of the latter a transitory and unobserved inflammation had occurred in the other eye. In some also it is very likely that the other eye suffered subsequently to the period at which the patient was under observation, since the interval between the attacks in the two eyes was in several instances considerable, and a mercurial cure of iritis in one by no means preserves against an attack in the other.

4. *That Iritis, as it occurs in infants, is seldom complicated, and is attended by but few of the more severe symptoms which characterise the disease in the adult.*—In but very few of the cases was there any haziness of the cornea, a complication very common in the iritis of adults, nor was there usually any marked degree of intolerance of light denoting inflammation of the ciliary muscle and adjacent structures. The absence of sclerotic congestion was also very noticeable in more than half the cases, while in scarcely any did the patients appear to suffer much pain. In a few of the cases the pink zone of sclerotic congestion was well marked, the eye intolerant of light, and the cornea hazy. As a rule, however, the disease may be considered a very insidious one.

5. *Notwithstanding the ill-characterised phenomena of acute inflammation, the effusion of lymph is usually very free, and the danger of occlusion of the pupil great.*

6. *Mercurial treatment is most signally efficacious in curing the disease, and, if recent, in procuring the complete absorption of the effused lymph.*—In all the cases in which the remedy had a fair chance, the disease promptly yielded to it, and in several in which the effusion was of considerable duration, and apparently organised, it was absorbed under the mercurial influence (see Cases 7 and 13).

7. *Mercurial treatment previously adopted does not prevent the occurrence of this form of Iritis.*—In many of the cases the patients had previously been treated by mercury for other symptoms of hereditary syphilis. In one instance the second eye was attacked while the patient was taking mercury for the cure of iritis in that first affected. This I have known occur more than once in adults. In the latter, in two instances I have seen acute syphilitic iritis set in during actual ptyalism.

8. *The subjects of Infantile Iritis, though often puny and cachectic, are also often apparently in good health.*—The more ill-nourished of the subjects of hereditary syphilis are certainly not those most prone to iritis. In several of the cases given, the patients, despite the presence of indubitable indications of hereditary taint, were in remarkably good condition. The puny class of syphilitic infants are those in whom the disease falls with its chief stress on the organs of assimilation, on the mucous surfaces or very certainly on the skin.

9. *That infants suffering from Iritis almost always show one or other of the well-recognised symptoms of hereditary taint.*—In the cases before us, the following symptoms were present at the time of the outbreak of iritis:—

Psoriasis of the general surface	in 9 cases.
A papular rash	2 ,,
Psoriasis palmaris	1 ,,
Erythema marginatum	2 ,,
"Peeling of the skin"	1 ,,
Falling of the eyelashes and tinea tarsi	2 ,,
Snuffles	10 ,,
Sore mouth and aphthæ	4 ,,
Condylomata at the anus	5 ,,

In two instances (Cases 5 and 15) no other specific symptoms existed at the time of the outbreak of the iritis. In these, however, as in almost all the others, there was a history of symptoms of a suspicious character, which had previously occurred and had disappeared.

10. *Most of those who suffer from Syphilitic Iritis are infants born within a short period of the date of the primary disease in their parents.*—In one instance the mother had contracted primary syphilis (from her husband) only three months before the birth of the infant. In another the interval was four, and in a third six months. In five about a year had probably

(a) Cases 1 to 16 have been published in the *Ophthalmic Journal* about two years ago, and the latter five have recently appeared as scattered cases in the Hospital Reports of this Journal.

(b) The expression "Infantile Iritis" may be used as synonymous with Hereditо-Syphilitic Iritis without much risk of misleading. The subjects of hereditary syphilitic taint are not liable to simple uncomplicated iritis at any age excepting that of infancy; and, on the other hand, infants do not seem to be liable to suffer from iritis of any other form excepting the hereditо-syphilitic.

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TABULAR STATEMENT OF TWENTY-ONE CASES OF INFANTILE IRITIS.

No.	Name, Hospital, Reference, etc.	Age.	Parents' History.	Interval between Pr. Syph. in Parents and Birth of Child.	Symptoms present at the time in the Child.	Which Eye Affected.	Treatment and Result.	Remarks.
1	Jane M.; Mr. Lawrence ..	16 months	The mother had contracted syphilis three months before her confinement	3 months	Vaginal discharge and condylomata at the anus	The left only	Complete recovery of the eye under mercurial treatment	The first recorded case of infantile iritis.
2	Sex not stated; Maunsell and Evanson	11 months	Its father had at the time a tubercular syphilide	Probably short	No details given	In one eye only	No details given	This appears to have been the only example of infantile iritis witnessed by the authors quoted.
3	"A child;" Dr. Jacob ..	A few months	No details	No details	No details. The child had unmistakeable symptoms when under notice	No note	No treatment had been adopted, and the pupil was closed by adhesions	Dr. Jacob did not see the patient until three years after the attack.
4	Mary O.; Mr. Walker ..	5 months	No details	No details	A copper-coloured rash, of four months' duration	The right only	Both rash and iritis were cured by mercurial treatment	Mr. Walker states that he had seen several, but this is the only case of which he gives details.
5	Mary Ann W.; Mr. Dixon; the Ophthalmic Hospital	9 weeks	Both parents denied having had syphilis	Not known	Scaly, copper-coloured eruption; loss of eyelashes; peeling of cuticle; sore mouth	Both eyes	Under the use of mercurials every trace of the effused lymph was removed from both eyes	The treatment was not commenced until the disease had existed three weeks.
6	William J. J.; the Ophthalmic Hospital; Mr. Dixon	4 months	The mother had had sores, followed by rash, a few weeks before her confinement	2 months (?)	A dusky, red eruption	The right first; subsequently the left	Under mercurial treatment the left eye wholly cleared; the pupil of the right was left occluded	In this case the child was at the date of the iritis, "healthy-looking, well-grown, and lively."
7	Harriet H.; the Hospital for Diseases of the Skin; (the writer's own notes)	8 months	Mother covered with a secondary syphilitic rash. Child illegitimate and first-born	A few months	Emaciation; cachexia; ulcerated condylomata	The right first, and two months later the left	Complete recovery of both eyes under mercurial treatment continued for several months	
8	Emily C.; St. Bartholomew's; Mr. Wormald	3 months	The mother denied all history; father not seen	Not known	Snuffles; emaciation; sore mouth; syphilitic psoriasis	The left only	The patient was lost sight of before the case was complete	
9	Christopher T.; Hospital for Diseases of the Skin; (the writer's own notes)	8 months	Mother under treatment for a syphilitic rash. A first-born child	A few months	Had been attending for 4 months on account of a syphilitic rash, which was disappearing	One eye only	The iris cleared perfectly under mercurial treatment	Previous mercurial treatment did not prevent the iritis.
10	Sarah P., St. Bartholomew's; Mr. Wormald; (the writer's own notes)	5 months	The mother had lost five infants with suspicious symptoms, and this was her only living child	Not known (probably six years)	Syphilitic psoriasis; condylomata; emaciation	The right only	The pupil was wholly occluded; no treatment had been adopted for three months	
11	Alice K. C.; the Ophthalmic Hospital; Mr. Critchett	2 months	Her mother had borne 8, 6 of whom were still-born, and one died with suspicious symptoms. The patient was the only living one	Not known (probably seven years or eight years)	Emaciation and cachexia; syphilitic psoriasis; tinea tarsi; psoriasis palmaris	Both	The result was not known, owing to the patient's irregularity of attendance	
12	Anna L.; the Ophthalmic Hospital; Mr. Critchett	3 months	Two previous infants had died; the mother showed suspicious sores at the angles of the mouth	Not known (probably two or three years)	Cachexia and emaciation; fissures at oral angles; psoriasis of arms and hands	Right eye only	Mercurial treatment; no record of result	
13	Emily W.; the Ophthalmic Hospital; Mr. Critchett	10 months	All history denied; but four infants had died with suspicious symptoms	Not known (probably several years)	Emaciation and cachexia; had had sore mouth and anus	Right eye	The pupil was occluded by dense, yellow lymph, of two months' duration, when the mercurial treatment was begun; great improvement followed	
14	A girl; St. Bartholomew's; Mr. Wormald	16 months	The mother confessed to having had syphilis	Probably only a few months, but uncertain	No details	Left first; the right eight months afterwards	The lymph which had been abundant, was absorbed under mercurial treatment, but left the left pupil closed	
15	James C.; Ophthalmic Hospital; Mr. Critchett	2 months	No notes	Not known	Snuffles; scaly rash; ulcers at anus	Both	The right eye recovered under mercurial treatment, but the left pupil was occluded	
16	Wm. John J.; Ophthalmic Hospital; Mr. Critchett	9 weeks	Mother suffering from suspicious symptoms, but not aware of primary sores	Not known (probably a few months)	Snuffles; ulcerated condylomata at anus; syphilitic eczema	Left only	Recovered under mercurial treatment	
17	James W.; Ophthalmic Hospital; Mr. Macmurdo; Mr. Moon's notes	14 months	Father known to have had syphilis	Not known	Cachexia; an eruption	Both	The right eye improved under mercurial treatment, but the left had probably been destroyed	In the right eye there appeared to be deep-seated effusion of lymph, probably choroidal.
18	A girl; the Ophthalmic Hospital; Mr. Dixon	4 months	Both parents had had syphilis	11 months	Condylomata at anus	Both	Both pupils were almost closed by iritis, which had occurred two months before, and had not been treated	The child looked as if in excellent health.
19	A girl; the Ophthalmic Hospital; Mr. Hulke	7 months	Both parents had suffered from primary syphilis four months before the infant's birth	4 months	Cachexia and emaciation; hydrocephalus; snuffles	Right only	The right pupil was closed by red, organised lymph	
20	Emma D.; Ophthalmic Hospital; Mr. Dixon	4 months	The father had had syphilis fourteen months before the infant's birth	14 months	Snuffles; sore tongue; copper-coloured psoriasis; psoriasis at anus	Right only	The inflammation had not been treated, and the pupil was wholly closed	
21	Mary L.; the Ophthalmic Hospital; Mr. Dixon	7 weeks	No notes	Not known	Copper-tinted psoriasis; snuffles; separation of the nails	Both	Mercurial treatment was early adopted, and both eyes perfectly recovered	In this instance the child was well-grown.

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elapsed; and in another five at least two years. In two, judging by the fact that the mother had previously borne a number of children, some of whom had died with suspicious symptoms, the date of the original disease in the father could not be placed nearer than six or seven years. This calculation quite accords with what is observed in the iritis of adults, which, in a great majority of instances, is a secondary—and not a tertiary—symptom.

SHEFFIELD GENERAL INFIRMARY.

CASE OF SUPPOSED CONGENITAL ABSENCE OF UTERUS AND OCCLUSION OF VAGINA.

(Under the care of Mr. BARBER.)

[Notes of the Case by Mr. H. J. KNIGHT, House-Surgeon.]

H. E., a healthy, good-looking girl, aged 21, applied at this Hospital last month for advice under the following circumstances. She stated "that she had been married nine months, during the last two only, however, she had cohabited with her husband; that the marriage had never been properly consummated, and she thought there 'must be something wrong with her.'" She had always enjoyed good health, though she had never menstruated. When about the age of 14, she had fits of an epileptic character, which have recurred at irregular periods, sometimes with an interval of six months. She had never suffered from lumbar or abdominal pains.

An examination was accordingly made externally. The external parts presented a perfectly natural appearance. On separating the labia pudendi, the nymphæ were found to be well formed, but there was no meatus urinarius, or any communication with the bladder external to, or above the vagina. A small caruncle of mucous membrane about the size of a pea, and having on its upper surface a preputial membrane, represented the clitoris. The finger passed into the vagina revealed the following state of parts. That passage, instead of leading to the uterus, terminated in a cul-de-sac about two inches from its commencement; the mucous membrane moved freely on the subjacent tissues, and there was no fulness or tension in any part. Just within the vagina was a septum or mucous fold formed by its anterior wall, in front of which the finger passed forwards through a passage of about an inch in length, grasped by a sphincter muscle, into a large cavity from which, on introducing a catheter, urine was drawn. She was examined also per rectum, and by means of a catheter passed into the bladder through the urethral opening in the vagina, but no hard body or sign of an uterus could be detected, nor was there any fulness in or about the rectum or lower part of abdomen. The diameter of the outlet of the pelvis was rather more contracted than natural, and the perineum was about half-an-inch in length. The mammæ were well developed; but she asserted that she had never experienced sexual desire or feeling, either prior to or since her marriage, though micturition was always excited by coitus. At a consultation held on the case, it was considered undesirable to attempt any exploratory operative proceeding, and she therefore left the Hospital in a few days.

The evidence in the above case as to the absence, or rather the non-development of the uterus, may be classed under three heads: 1st. The non-occurrence of menstruation. 2nd. The state of the parts as ascertained by tactile examination. 3rd. The asserted absence of sexual desire. The latter point is one of course to which little or no weight can be attached; since, apart from the doubt which must be felt as to a woman's statement on such a subject, it is probable that the instinct in question has more to do with the ovaries than the uterus. In a case recorded by M. Depaul (*L'Union Méd.* No. lxxix. 1851), a young woman, aged 22, whose sexual organs were in almost exactly the same state as those of the Sheffield patient, had well developed breasts and had displayed marked venereal desire. M. Depaul, in this instance, believed that he detected the right ovary. Every month the woman had all the symptoms of menstruation except the flux. In place of the vaginal opening was a simple depression.

In Canstatt's "Jahresbericht" for 1850, vol. iv. page 322, Dr. Ziehl records the autopsy of a woman who had died at the age of 57, having been married thirty-two years. Although feminine in appearance and inclinations, and with perfectly developed external sexual organs, she had never menstruated. The vagina was found very narrow, and only admitted the finger for an inch, when it terminated in a cul-de-sac. No uterus could be felt. On opening the abdomen the Fallopian tubes were found enclosed in the broad ligaments behind the bladder, their fimbriated extremities being normal. In both the ostium abdominale was open, but in neither could any trace of ostium uterinum be found. The ovaries lay behind and below their respective tubes, and were somewhat wasted, wrinkled on their surfaces, dry and firm in structure, and consisting of small thick nodules. Not a rudiment of the uterus existed (a).

The absence of menstruation in a well-grown and healthy woman of upwards of twenty, when it has been complete, and without any indication of retained secretion as afforded by the presence of a tumour in the pelvis, is a very significant fact as regards the absence of the uterus. It is, however, far from a conclusive one, and must only be relied on in connexion with others bearing on the same point.

Dr. Meigs, of Philadelphia, in his translation of Colombat's work on Diseases of Women, mentions a case which had come under his own notice, in which "a handsome woman," aged 22, had never menstruated. Although two years married, satisfactory coitus had never been accomplished. On examination, the vagina was found to be a cul-de-sac two inches in length, and, as far as could be ascertained, the uterus was wholly wanting. The reviewer of Dr. Meig's translation in the *Medico-Chirurgical Review*, mentions, without giving any details, that a similar case had lately fallen under his own notice; and adds, "when proceedings were instituted to obtain a nullity of marriage, no precedent was discovered in the records of the Court."

In the twenty-fourth volume of the *Medico-Chirurgical Transactions*, Dr. Boyd (now of the Wells County Lunatic Asylum) records the case of an old woman who had died under his care in the St. Marylebone Workhouse, and in whose body no vestige of an uterus could be discovered. The right ovary was normal, but the situation of the left was occupied by a firm fibrous tumour of an irregular shape. The Fallopian tubes were not present. The mammæ were well developed for so old a person. The external parts of generation presented no unusual appearance; the mons veneris was but thinly covered with hair; a cul-de-sac about half-an-inch deep was all that existed of a vagina. The only information obtained as to the woman's previous history was, that she had been married, but had not lived on amicable terms with her husband.

Rokitansky writes, "Complete absence of the uterus must be considered as extremely rare; in most cases in which the uterus was found deficient in the dead or living subject, rudiments of a uterine organ of different forms were discovered" (b).

Thus it is probable that entire absence of the uterine function is more frequent than that of all trace of its structure. It is with such an arrest of development as involves total inability to take on functional activity that the practical Physician and Medical jurist have to deal. It does not affect their conclusions to know that in these cases the absence of all rudiment is rarely entire. The pathological fact to which the Professor's remark points is nevertheless an important one. It would seem that these instances of absent uterus and closed vagina are examples of local arrest of development only, and approach but little towards those more general malformations (often with excess of parts) grouped together under the head of hermaphrodites. In all the cases which we have mentioned above the women possessed well-formed external genitals, and had probably no reason prior to marriage, apart from the emansio mensium, to suspect that they were in any way differently constituted to others. This fact increases the practical importance of the non-occurrence of menstruation very greatly. It is clear that a Medical examination ought to precede marriage in all cases in which the intended wife has never menstruated.

Dr. Taylor adverts to "the remarkable circumstance," that suits for divorce on account of alleged impediment to intercourse or procreation are almost always by the female against the male, and explains it by reference to the much greater

(a) These cases are quoted in the *British and Foreign Medical Review* for October, 1851.

(b) Vol. II. Rokitansky's Pathological Anatomy, Sydenham Society's translation, page 271.

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difficulty in establishing sterility against a woman than impotence against a man. There can be little doubt, however, but that in such cases as those quoted above, very conclusive Medical evidence might be given in a Court of Law. Although these malformations may but rarely give occasion to suits for divorce, yet the amount of mutual unhappiness caused by them is probably very great.

It is a curious fact, that two murdered women have been proved to be subjects of absence of the uterus, one case being that of Hannah Brown, murdered by Greenacre, and the second that of a woman whose mutilated remains were found in the streets of a London suburb some years ago, and the mystery concerning whose death was, we believe, never unravelled.

HOSPITAL NOTES.

LIGATURE OF THE SUBCLAVIAN.

A case in which the subclavian artery has been tied on account of aneurism of the axillary is at present under treatment in St. Bartholomew's Hospital. The patient is a man of about 50, and of temperament and health favourable to an operation. He is under the care of Mr. Paget. The operation was performed nearly a fortnight ago, and was accomplished, without any difficulty, in the usual method. Since then all has progressed most satisfactorily, the wound has been clean, the man's state good, and the aneurism free from pulsation. The ligature has not yet come away.

AMPUTATION AT THE HIP-JOINT IN A YOUNG CHILD.

A very healthy child, aged fifteen months, was admitted the other day into the London Hospital, having had his left thigh frightfully crushed by the wheel of a brewer's dray. There had been very profuse hæmorrhage, and the child was collapsed and scarcely conscious. The soft parts being lacerated so high up that there was no possibility of performing amputation below the hip-joint, Mr. Ward at once placed a ligature on the femoral artery below Poupart's ligament, and then proceeded to exarticulate the shattered member. Scarcely any blood was lost during the amputation. The child, however, remained in spite of the freest use of stimulants by injection, etc. in a state of collapse, and death took place a few hours afterwards.

On examining the limb the femoral artery and veins were found torn across. The sciatic nerve and its branches were entire, though much bruised. There was a complete separation of the epiphysis of the lower extremity of the femur. The knee-joint had been laid open extensively in front, but the crucial ligaments were entire, and had prevented a complete luxation. It may be doubted whether amputation at the hip-joint has ever before been performed in so young a subject. The precaution which Mr. Ward took of first placing a ligature on the femoral artery is a very important one.

OPERATION FOR STRANGULATED HERNIA IN A YOUNG INFANT.

It is not a very rare occurrence, as the readers of the Hospital Reports published in our columns will be well aware, for the inguinal hernia of infants to become strangulated, and require relief by operation. We have recorded during the last six years probably not fewer than a dozen cases. Another instance came under notice in the London Hospital a few weeks ago, the facts respecting which are briefly as follows:—

James J., an infant of ten months, in fair health, was admitted under Mr. Luke's care on account of an inguinal hernia on the right side. The rupture had been irreducible for two days, and the symptoms of strangulation were well-marked and severe. There had been no action of the bowels, and although the child took the breast greedily, it always retched violently afterwards. It appeared that the hernia was of the congenital form, as it had existed since birth. The infant had worn a truss, but had been without it for several weeks. Having failed in endeavouring to effect the taxis, Mr. Luke cut down upon the external abdominal ring, and notched it, after which reduction was easily accomplished. The sac was not opened, the wound made was very small, and scarcely any dissection was required. The child's symptoms wholly subsided after the operation, and within a week it left the Hospital quite well. The advantages of the operation without opening the sac, were well illustrated in the rapidity of the infant's recovery.

RECENT PREVALENCE OF TETANUS.

Cases of tetanus have been unusually frequent in the London Hospitals during the last month. Whether this prevalence has been the result of mere accident, or of some atmospheric cause, it is impossible to say. June, as is proved by statistical evidence, is one of the months in which usually the fewest cases of this disease occur. Although tetanus is endemic in some hot climates, yet it is beyond a doubt that in England a larger proportion of cases occur during the cold and temperate months than the hot ones (a).

In St. Bartholomew's Hospital a case occurred a few weeks ago, under Mr. Skey's care, in which amputation was resorted to. The injury which had excited the disease was a severe crush of the arm; and the state of the parts to a considerable extent removed the hesitation which would otherwise have been felt as to so serious a measure as amputation of a limb with but a doubtful chance of benefit. The amputation was performed within twenty-four hours of the first appearance of tetanic symptoms, and these latter had come on thirteen days after the injury. The patient was a boy, aged 14. At the time of the operation there was stiffness in the back of the neck, and spasm of the muscles of the chest and abdomen, but none of the muscles were severely or painfully contracted; the pulse was rapid, and not less than 130 in the minute. The patient seemed better during the twenty-four hours following the operation (the limb having been removed just above the wrist). Brandy, laudanum, and ammonia were freely given, but the boy sank on the fifth day of the disease.

A second case died a few days ago in St. Bartholomew's, in which treatment by the woorara had been adopted. The patient was a boy, and under the care of Mr. Lloyd.

In the London Hospital three cases have recently occurred, and all of them have ended fatally. The third was a man, aged about 37, under the care of the writer. The symptoms followed an incision into the great toe, to evacuate matter which had formed in consequence of a burn received the week previously. It is doubtful, therefore, whether the burn or the incision were the exciting cause of the tetanus, and, consequently, whether the interval between the cause and the outbreak was a week or a fortnight. It is an interesting fact, that the man's father died of tetanus consequent on an injury to the thumb. The case was throughout a severe one, but the man lived on to the twelfth day, and there was at one time some hope of his recovery. The treatment pursued was a single-bedded ward, and great quietness; the free use of tobacco, by smoking; and the internal administration of quinine in large doses, and of opium and ether in moderate ones.

The Great Northern Hospital.—The fourth anniversary festival of this Charity was celebrated at the Freemasons'-tavern on Tuesday evening, under the presidency of Sir S. Morton Peto, Bart., M.P. About £600 was taken during the evening.

Opening Buffon's Note to Posterity. — The Académie des Sciences took part in what seemed at first sight likely to be an interesting ceremony, though proving a piece of superfluous care on the part of the great *savant*. Buffon, in the year 1748, deposited a sealed communication in the hands of the authorities of the Academy, where surviving the risks and accidents of Revolutions, it has remained ever since. On the occasion of the recent discussions on generation his descendants had requested that the seal might be broken. On June 18 this ceremony was accordingly performed amidst a general and expectant silence. The note only contained an analysis of his Treatise on Generation which forms a part of his Natural History of Animals, and he states the reason of his delivering it thus sealed to the Academy was to prove the date and consequent priority of his discoveries, liable as these were to be confounded among his numerous assistants. The first volumes of his Natural History appeared in 1749, and the last in 1788; the work, in fact, being completed at a later period by Lacépède.

(a) See a report by the writer in the *Medical Times and Gazette*, June 17, 1854, p. 699.

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Medical Times and Gazette.

SATURDAY, JULY 14.

REPORTS OF HOSPITAL PRACTICE.

An addition which our readers will notice in the heading of our Hospital Department calls for a few explanatory words. Our Hospital Reports have hitherto been anonymous; but it has been thought best for various reasons that they should in future be authenticated by the name of their conductor. They this week bear the name of the gentleman under whose supervision they have been for the past eight years. We have also abolished the distinction hitherto kept up between London and Provincial Hospitals, and have merged all under one general heading. In making these alterations it is not our intention to introduce any material change of character into this important department of our Journal, but simply to improve and develope it.

The time is past when the record of isolated examples of Hospital experience, or illustrations of Hospital treatment, could be deemed to possess any great value. It is only in the briefest form that (with but few exceptions) the reporting of such examples can be expected to supply the reader's wants. The bulk of the reading part of the Profession in the present rich age of Medical literature approach very closely indeed to the standard of practical knowledge possessed by the Hospital Physicians and Surgeons of this metropolis. The day has gone by for the readers of such a Journal as our own to care to be informed *ex cathedrâ* how Dr. Nosocomius prescribed for this or that case of special disease. In the majority of instances the reader of such a statement will be in one of two positions; either he will feel that an attempt is made to teach him that which he has well understood for many a-year and daily practises, or he will, in the spirit of rational scepticism which at present prevails, feel but little inclined to adopt what is to him a novelty on the *ipse dixit* of one man, however experienced. The British conscience happily prevents British Hospitals from becoming fields for therapeutical experiments which would be considered inadvisable in private practice. Patients seen in public are, as a rule, prescribed for just as cautiously, and with as single a view to the relief of their sufferings, as are those visited in private. Hence it follows that our Hospital Reporters can get but few illustrations of the action of powerful remedies when prescribed in simple formulæ. The cases worthy of publication, on account of their really *proving* anything as regards the action of the remedies used, are not much more frequent in Hospital than in private practice. Nor are therapeutic novelties of a valuable character at all frequent. If we turn to the domain of Pathology, we shall have to make almost similar complaints as to paucity of available materials, though upon different grounds. The prolific labours of numerous Societies established for that special purpose have done much to make cases in themselves of singular interest extremely rare. What were, ten years ago, great rarities, and well worthy of individual record, are now of comparatively common occurrence at the meetings of our Pathological Societies.

We come, then, to the general conclusion, that the existing high standard of Medical knowledge (to which, we humbly trust, we have ourselves contributed) renders a style of Hospital Reporting which only a decennium ago was a great step in advance, comparatively useless. Does it follow from this that the mission of the Hospital Reporter has ceased, or is about to end? We are far from thinking so. A somewhat different and far more responsible sphere of labour is now before him. Where formerly he might hope to interest and instruct by recording a single case, he must seek to do so by adducing many of the same kind, and directing attention to the conclusions legitimately deducible therefrom. Possessing an unequalled field in regard both to extent and concentration of products, he has it in his power to quote, in juxtaposition, a dozen or twenty illustrations of forms of disease which many of his readers see but very rarely indeed. And it is in thus placing his readers in the same position of knowledge, as regards unusual forms of disease and modes of treatment less frequently required, they already are in with respect to those of common occurrence, that his chief usefulness lies. In undertaking this, however, both the labour and the responsibility of the office are very greatly increased. We have thought it, therefore, equally a matter of justice to our contributor, and of security to the interests of our readers, that in future this department should cease to be anonymous. In making this change, we can but congratulate our readers on our being able to secure a continuance of the services of a gentleman of long experience in his task, and whose note-books are already stored with a large accumulation of unrecorded facts.

It is not intended that our Reports shall in the future be of a more personal or opiniative character than they have been in the past. They will still be, as heretofore, records of facts rather than of opinion; the only difference will be that the facts will be more copious, and more pains will be taken in their correlation and arrangement.

In the Hospital Department we hope in future that our readers will find the following elements:—

1. Carefully-compiled series of similar cases illustrating forms of rare disease, or methods of treatment not yet generally known.

2. A full reflex, in the form of brief Hospital Notes, of the cases and events which most interest those who have not the opportunity of visiting the Hospitals themselves.

3. Reports in detail of single cases of great and remarkable importance, with such comments as they may appear to require.

4. Reports of the Clinical Remarks of the Physicians and Surgeons to the various Hospitals whenever they may appear to comprise new and valuable suggestions.

Our Reports will be clinical in the strictest sense of the term; and whatever bears upon the actual treatment of disease will claim especial attention. We entertain a confident hope that with the same cordial assistance from the Physicians, Surgeons, and Resident Medical Officers of our Hospitals which we have hitherto received, our Hospital Department will, under its more developed system, become of greatly-increased usefulness to Medical Science.

THE WEEK.

"Sir," said Parson Adams, in Fielding's immortal novel, "I much prefer the pedestrian locomotion to the equestrian, or even to the vehicular." Multitudes of poor Londoners have no choice; for, alas! neither hack nor carriage is at their call; and it is of the utmost consequence to them to have access to some green, cool, quiet spot, where the jaded

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nervous system may be refreshed with that best of medicines,—a sight of nature. Just such a spot is Kensington Gardens. But an ominous question put by Mr. Edwin James in the House of Commons on Tuesday night elicited from Mr. Cowper the information that a part of the beautiful turf is marked out as a sacrifice to the Utilitarian Demon. Rotten Row is to be extended into Kensington Gardens. These are to be "enlivened" by the spectacle of riders of either sex; and the horseman, who, if he chooses, can get a good stretch over Hampstead or Finchley, is to bring noise and dust to the shady walks in Kensington Gardens, and the Gardens will vie with Hyde Park in broad walks and stout iron railings.

The *Soirée* at the College of Physicians on Wednesday was a very interesting one. The attendance of new Fellows and Members from town and country was very large, while their older brethren assembled in unusual numbers to welcome their recruits, and to meet a numerous array of guests selected from the statesmen, lawyers, and men of science and literature, who form so important a section of London society. The assembly will be remembered as one of the most brilliant and pleasant of the season now drawing to a close.

Those who are desirous of attaining to a good old age are recommended to avail themselves of the offer made in the following literary advertisement:—

"Live a hundred years, by subscribing to the *Centenaire*, Review of Longevity, Rue Mazaine 9, Paris. By the aid of a serious guide, and special hygiene, human life may be prolonged. This publication is the organ of such an idea. The motto of the *Centenaire* is to live well and long. In addition each subscriber has a right during the whole year to gratuitous consultations, direct or by correspondence; and for this purpose a Medical Cabinet is attached to the office of the journal. Twelve francs per year is the price."

We are not told that the journal is edited by *Centenaires*; but at all events it doubtless will be so in due time.

REVIEWS.

Chapters on Diseases of the Ovaries, Translated from Kiwisch's Clinical Lectures, with Notes and an Appendix on the Operation of Ovariotomy. By John Clay, M.R.C.S., etc. London: 1860. 8vo. Pp. 264.

The translated chapters from Kiwisch's Lectures occupy 264 pages of the work before us, and Mr. Clay's appendix on Ovariotomy an additional 176 pages. The translated chapters we shall pass over for the present with the remark that they are some of the most useful in the Professor's well-known and excellent work on "The Pathology and Treatment of the Diseases of Women,"—that the translator has fulfilled his task remarkably well, clearly and accurately conveying the meaning of the German author to the English reader, and that the Student or Practitioner will find in the successive chapters on the Anatomy and Physiology of the Ovaries; on the Diagnosis of Ovarian Diseases in General; on Absence and Imperfect Development of the Ovaries; on Dislocations; on Inflammations in the Puerperal Condition and otherwise; on Abscesses of the Ovaries: on Simple and Compound Cysts, and on Solid Tumours of the Ovaries,—a great deal of valuable practical information, including Pathological Anatomy, Etiology, Symptoms, Progress, Diagnosis, Prognosis, and Medical and Surgical Treatment of each class of Disease. By his careful translation of these chapters Mr. Clay has done good service to his Professional brethren; but he has rendered them far higher and more important assistance by the Appendix he has added on the Operation of Ovariotomy.

Until Mr. Clay undertook this labour it was extremely difficult to arrive at any accurate conclusion as to the results of ovariotomy. The details of cases in tables previously published were very scanty. The reports of many were obviously inaccurate, and unsuccessful cases were heard of which had not been made known. Mr. Clay therefore determined to have "recourse to the cases of ovariotomy as originally published, instead of trusting to the accuracy of compilers." This determination he carried out, and added to the accurate tables of Hamilton, Lyman, and Simon, "the tabulated details of each case operated on in Great Britain," corrected by the respective operators. The labour all this entailed can hardly be appreciated sufficiently. Mr. Clay gratefully acknowledges the assistance he derived from most operators, and he also performs a less pleasing duty. He says:—

"It is a duty incumbent on all who have performed this operation to place the results of their experience before the Profession, as by their undertaking it they have given some encouragement to others to follow their example. With reference to Dr. Bird these remarks are particularly applicable, as he has placed some of his perhaps more favourable experience before the Profession, and, by the omission of full particulars of his more unsuccessful practice, has left his report in an exceedingly unsatisfactory state. It was on this account that I was particularly anxious to have correct details of his cases, and repeatedly forwarded papers to him, but I have not received even an acknowledgment from him. It is not for me to speculate on the causes which induce him to withhold the information, which has, as I have been informed, been often sought in vain by others as well as by myself."

Dr. Bird will probably consider it due to his own character and that of the Profession to which he belongs, to reply to this serious charge. We therefore pass on without comment to give a short account of Mr. Clay's very valuable tables. In them he says:—

"The details of those cases are given in which operative procedures were undertaken for the entire or partial excision of diseased ovaria, from the time of the first operation up to February, 1860, so far as I have been able to ascertain them.

"In the first table are comprised those cases where one or both ovaries were removed, and the patient recovered from the operation.

"In the second are included those cases where one or both ovaries were removed, but the patient died in consequence of the operation.

"In the third table are comprehended those cases where the cyst was only partially excised.

"In the fourth table the particulars of the cases of attempted ovariotomy are given, which are arranged in sections under the following titles:—

"*a*. Extra ovarian tumours only, removed.

"*b*. Abandoned in consequence of adhesions.

"*c*. Abandoned in consequence of the disease being extra-ovarian."

Several cases from earlier tables are rejected as doubtful, or inaccurate, or as repetitions of other cases. In each of those admitted Mr. Clay gives the number of the case, the date of the operation, the name of the operator, the age of the patient, the duration and progress of the disease and condition of the patient before the operation, the anæsthetics used, mode of administration, and preparations employed, the length of incision, the adhesions, the nature of the tumour, the proceedings of and accidents during the operation, the mode in which the pedicle was secured, the mode of uniting the wound, the symptoms of reaction, length of time in recovery and treatment, the subsequent condition of the patient; and the source of information. Of course a great deal of this is given in a very condensed form, and in most of the cases some one or other of the details cannot be learned; but taken as a whole, we believe there is no previous contribution to surgical statistics at all approaching in completeness and extent to the tables before us. Mr. Clay has collected together 212 successful cases of completed ovariotomy, and 183 unsuccessful; in other words, he has placed before us the details of 395 cases in which this operation has been completed. His analysis as to the countries in which the operations were performed is interesting. The results are:—

	Successful.	Unsuccessful.	Total.
Great Britain .	127	95	222
Germany . .	13	38	51
America . .	64	49	113
Unknown . .	8	1	9
	212	183	395

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With regard to anæsthetics he gives the particulars of 324 cases. In 82 they were not administered. Of these 45 were successful and 37 unsuccessful. In 242 they were administered. Of these 134 were successful and 108 unsuccessful. With regard to the cause of death in unsuccessful cases we find 25 from shock or collapse—24 from hæmorrhage—64 from peritonitis—1 phlebitis—2 tetanus—6 intestinal affections—3 abscess—4 chest diseases—1 congestion of brain—1 diabetes, and 19 not stated. There are many other points of interest in Mr. Clay's analysis for which we must refer the reader to the book itself.

A table follows of 24 cases of partial excision of diseased ovaries, resulting in 10 recoveries and 14 deaths. Another table of 13 cases is a melancholy record of mistaken diagnosis, showing a result of 10 deaths and only 3 recoveries; the tumours not having been ovarian, 11 proving to be uterine growths, 1 mesenteric, and 1 tubular. Then we come to 82 cases in which the operation was abandoned in consequence of adhesions; of these 58 recovered and 24 died. Lastly, we have 23 cases in which the operation was abandoned in consequence of the disease being extra-ovarian; of these, 16 recovered, 3 died, and of 4 there is no report. In his concluding remarks Mr. Clay says:—

"The tables show one fact, and which strikingly illustrates the advisability of the performance of the operation; and that is, out of 395 completed operations 212 resulted in recovery. This is the more gratifying as in many of the successful cases remedies were used previously to the operation being performed, and different operative procedures adopted with the of curing the disease or in arresting its progress, but without success, and in many instances death was imminent. These cases of recovery may therefore be regarded as triumphs of surgical skill by means of which so many lives were secured, in several instances for years, which would otherwise have been lost to society.

"It may be added that it is particularly requisite in endeavouring to obtain a successful issue to this operation to exercise a watchful supervision over every stage of it, as well as the after-treatment. Instances are not wanting where, through inattention in this respect, a sponge has been left in the abdominal cavity after the completion of the operation; the contents of the stomach have been ejected among the intestines; and these structures have been injured by puncturing them during the operation, leading in every instance to an unfortunate termination.

"From a careful review therefore of the whole of the facts connected with the operation of ovariotomy, as gathered from the work now translated, and from the preceding tables, I have no hesitation in expressing my opinion that the operation is to be highly recommended in ovarian tumours under the circumstances previously narrated, as it is the only mode of removing a disease incurable by any other means."

One table, in which Mr. Clay gives the results obtained by different operators, is of especial interest. It appears that only four operators (unless it should prove that Dr. F. Bird may be classed among them), have had more than twelve cases, and we extract the following summary of the results of their operations from Mr. Clay's table:—

	Cases.	Recoveries.	Deaths.
Dr. Clay, Manchester . .	94	65	29
Dr. Atlee, Philadelphia .	19	10	9
Mr. B. Brown, London .	19	6	13
Mr. S. Wells, London . .	17	10	7

The great mortality following Mr. Brown's operations, when compared with the results of the practice of Dr. Clay, Dr. Atlee, and Mr. Spencer Wells, is very remarkable. It is only by searching for the causes of death after operations that we are likely to diminish this mortality; and we are convinced that the mortality of ovariotomy may be reduced to quite as low a standard as that after any other so-called capital operation by a proper selection of cases, by accurate diagnosis, by a careful mode of operating, and by a rational after-treatment. Believing that a study of Mr. Clay's useful volume will assist in placing this operation in its true light, we heartily commend the work to the study of our readers. It is a very valuable addition to Medical literature.

A Manual of Human Microscopic Anatomy. By A. Kölliker. London: 1860. 8vo. Pp. 633.

This is an independent English edition of Kölliker's Manual of Histology, which was translated by the Sydenham Society in 1853-54. As it was then printed exclusively for the use of the members of that Society, the work did not obtain any very large circulation in the Medical world, and therefore this edition has been now published by its eminent author. It is a condensed version of the second German edition of the "Handbook of Histology," published in Germany in 1855; but every material addition which has been made to human microscopical anatomy up to the present date, will be found incorporated in it. The aim of the manual is to meet the requirements of students and practitioners; but to our English ideas of what manuals and elementary books ought to be, we do not consider this work of Kölliker's as sufficiently elementary. The professed histologist will certainly not miss any essential matter, and perhaps for this very reason, as a simple manual of histology for the student, it is behind in value to the histology of Dr. Sharpey, contained in the Anatomy of Quain and Sharpey. The volume before us is a book of reference of the most valuable kind; and it is the only work in English literature devoted wholly and exclusively to a detailed account of the textural anatomy of man. We only regret to see so little said about the early condition of the textures, as in the embryo and the fœtus; but this deficiency gives us the pleasure of anticipation that ere long we may be favoured with another volume from the illustrious author in the direction of "Developmental Histology."

We trust the work now published will meet with the success which it so well deserves; although we think the field still remains open for a good English Manual of Histology.

Tents and Tent Life: from the Earliest Ages to the Present Time. By Godfrey Rhodes, Major (Unattached). New Edition. London: 1860.

No apology is needed for introducing to our pages some notice of a work on a subject of such interest as the sheltering our soldiers in the field.

The work before us gives an interesting account of tent architecture in all ages and in all parts of the world. It would be foreign to our purpose to enter into many details of the ingenious construction of Major Rhodes' tents. But a point that will be especially appreciated by the Profession is the greatly-increased cubic capacity of the new Hospital-tent, compared with one of those now in use, covering a similar area; and we trust, for sanitary considerations alone, that our own Government will give them a trial. We should render our noble and brave army, though numerically weak, physically as strong as possible. Prevention is better than cure, and it is only by an early attention and provision being made, that we can expect to have the sanitary condition of our soldiers, when called into the field, made perfect.

It may, perhaps, interest our readers to know, that during last August, Professor Tyndall, who ascended Mont Blanc with a party of ten, for the purpose of establishing thermometric stations there, carried to the summit one of Major Rhodes' field-tents. It was ten feet in diameter, and into it the whole eleven were packed. The north wind blew fiercely, and, although the adjacent snow was 15° Centigrade, or 27° Fahrenheit *below* the freezing point of water, they did not at all suffer from the cold; the wind increased in force towards the morning, and blew the dry snow in clouds round about their elevated habitation. These are interesting and conclusive facts, and fully bear us out in the favourable conclusions we have arrived at. We commend Major Rhodes' interesting and instructive pamphlet to the notice of our readers.

On the Diseases, Injuries, and Malformations of the Rectum. By T. J. Ashton. Third Edition. Octavo. Pp. 420. London: 1860.

Mr. Ashton's work, which has now reached a third edition, has been improved by the addition of a few illustrations of the diseased conditions of the rectum. In other respects there is little alteration in the book; which is well known for its practical character.

The British and Foreign Medico-Chirurgical Review, July, 1860.

Fourteen analytical and critical reviews; seventeen shorter reviews; three original communications; two half-yearly, and three quarterly reports, with a therapeutical report forming

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a chronicle of Medical Science, make up the last number of this Medical Quarterly. Some of the articles are exceedingly valuable, especially those on the "Examinations of the Medical Corporations," the "Progressive Paralysis of the Insane," and the conclusion of "Retzius' last paper on Ethnology," admirably translated by Dr. Moore, well maintain the high character and great utility of this Review.

A Manual of Botany; being an Introduction to the Theory of the Structure, Physiology, and Classification of Plants. By J. H. Balfour, A.M., M.D. New Edition. Edinburgh: 1860. 8vo. Pp. 703.

We have only to state that this Manual of the learned Professor of Botany in the University of Edinburgh is one of the best and most complete Manuals that can be recommended to the student.

On the Theory and Practice of Midwifery. By Fleetwood Churchill, M.D., etc. Fourth Edition. London: 1860. 8vo. Pp. 705.

Dr. Churchill has carefully revised and enlarged this edition of his very useful manual. It now appears with 119 illustrations and an appendix suggested by the recent discussion on Craniotomy.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON A PUERPERAL EPIDEMIC AT THE WURZBURG OBSTETRICAL ESTABLISHMENT.

By Dr. O. von Franque.

In this paper the author gives an account of an epidemic of puerperal fever which occurred at Scanzoni's Midwifery Institution at Würzburg during the months of February, March, and April, 1859.

The establishment is of quite recent institution, and is placed in one of the healthiest parts of the town, being surrounded by gardens, and well exposed to the air. It is well constructed, and upon an average contains 30 pregnant women (besides a few others suffering from disease), from 350 to 360 births taking place annually. During the three months now referred to there were 99 deliveries, and the forceps were applied four times, and turning was resorted to once. Of these 99 women 30 became the subjects of puerperal fever, 9 of them dying. Besides these one of the women died of phthisis, and one from eclampsia. Of the 102 children born, 8 were born dead, and 9 died subsequently.

With respect to the epidemic itself precursory indications were met with at the end of 1858 and the beginning of 1859, for without their assuming the character of puerperal fever, mild forms of endometritis and peritonitis, especially the first, were observed. They were, however, purely local manifestations of short duration and favourable termination. These slight affections disappeared towards the end of January, true and severe purperal fever appearing at the beginning of February. About this time, too, irregularities in the parturient process were of frequent occurrence. These consisted in deficiency of pains, and still oftener in irregular spasmodic contractions, spastic contraction and rigidity of the os uteri. In some of the fatal cases this last condition was the cause of that excessive prolongation of the labour, which, independently of other complication, is a powerful predisponent to the disease. Another condition often observed during the prevalence of these epidemics was not wanting here, viz. hæmorrhage occurring speedily after labour. Almost all the women delivered during these three months had more or less considerable hæmorrhage, dependent upon defective involution and contraction of the uterus. The organ remained large and soft, showing not the slightest disposition to contract. Puerperal affections exhibit themselves under two principal forms: viz. with hyperinosis of the blood, and with primary dissolution of the blood. The latter form was only observed in any considerable degree in two cases, which were very acute, both proving fatal. It is remarkable that the most acute of all the cases, in which death occurred within twenty hours after delivery, occurred at the beginning of April, when the epidemic had already given signs of diminishing. The cases connected with a hyperinotic condition of the blood pursued a less rapid course. The first appearances of disease were manifested on from the second to the fifth day, commencing either in the form of a localised endometritis or peritonitis, or more commonly still, of the two together. There were twenty-eight cases of this form, of which number seven proved fatal; these seven cases remarkably resembling each other in the nature and course of the diseased process set up. In one of the seven puerperal mania occurred during the height of the febrile action on the third day, and the patient died on the ninth day. The treatment adopted consisted in local bleeding, cataplasms, mercurial frictions, warm baths, and small doses of calomel and opium. The post-mortem appearances were very similar: viz. a large relaxed uterus, with its cervical portion softened, and its inner surface lined with diphtheritic or gangrenous deposit; fibro-purulent exudations in various parts of the cavity of the abdomen; an enlarged spleen; and a dark, fluid blood in all the veins, the heart, and the cerebral sinuses exhibiting, therefore, the signs of a dissolved condition of the blood, which, however, in these cases, was not primary, but the result of the continuation of the diseased process. In the milder cases, cataplasms were only employed, and phosphoric acid given with the beverages; local bleeding, and especially warm baths, being resorted to when the local pain proved excessive. The majority of the patients were dismissed from the wards after undergoing treatment for ten or twelve days. There were also cases of febrile action without any special local manifestation; and others in which, together with a moderately rapid pulse, more or less prostration, and a general feeling of malaise, there was an abnormal enlargement of the abdomen without even strong pressure made upon it giving rise to any pain. The involution of the uterus was performed with remarkable slowness, it remaining relaxed and to be felt above the pubis for a long period. All these cases terminated in recovery. One remarkable fact is, that in certain cases of labour, occurring during the height of the epidemic, in which, on account of the difficulty and prolongation of the labour or the exhaustion of the patient, the worst prognosis was delivered, no ill effects whatever resulted. In fact, during the height of a violent epidemic, certain individuals who are not predisposed to puerperal disease may go through the severest labours, involving the most difficult operations, quite unscathed; while others, the whole course of whose labour has been perfectly normal, become the victims of the severest form of the disease.

As in other epidemics not only did the pregnant and puerperal women suffer, but the same influence was exerted upon the fœtus and child. All the children who were born dead, or died soon after birth, exhibited the plainest signs of the diseased condition of the blood, of which they had become the subject while *in utero*. The blood was dark and fluid, the spleen was enlarged, and the umbilical arteries almost always contained pus.

As to the cause of the present epidemic, none other can be assigned than the prevalence of certain atmospheric influences, the intimate nature of which are unascertainable. If to this it be objected as a more probable circumstance that the disease may have resulted from the miasmatic influences generated within the walls of the institution itself, the reply is that such a conclusion can scarcely be admitted with respect to so newly built and well-contrived an establishment which has never been overcrowded with patients. Moreover, puerperal diseases prevailed at the same time not only in Würzburg, but also in its vicinity, which were not, it is of importance to observe, treated by the same practitioners who were in attendance at the Institution. To these facts may be added the greater prevalence of hæmorrhages, and the greater mortality from puerperal diseases which took place at this time. An influence which has often proved very mischievous in Lying-in Hospitals during epidemics, viz. the presence of numerous male individuals, did not come into operation here. Individuality too, exerted no influence; for the feeble and the strong and healthy-looking were alike attacked; and, in fact, the fatal cases occurred among the most strong and powerful women, while the feeble suffered comparatively little.—*Scanzoni's Beiträge*, band iv. pp. 238—249.

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EXCERPTA MINORA.

Arsenic in Apoplectic Congestion.—M. Lamare-Picquot, Physician to the Honfleur Hospital, as the result of ten years' observation and trial upon between forty and fifty cases, including his own among them, strongly recommends the prolonged use of arsenic as an effectual means of subduing congestion likely to give rise to apoplexy. In very urgent cases, in which hæmorrhage seems imminent, he precedes its employment by a moderate venesection, but this is quite exceptional. In proportion to the severity and menacing danger of the case the dose requires to be larger; and although, even after a month, benefit may already result, to be of permanent benefit it will have to be continued for several months. The more urgent the case, the more tolerant does the system become of the arsenic. The author, regarding apoplexy as consisting essentially in an excessive increase of globules of the blood, employs arsenic as a powerful agent for decreasing these, as well as the plasticity of the blood. It becomes, of course, necessary to assure oneself in a given case of the richness of the blood, for to employ arsenic when the blood is impoverished would be to do mischief. The author has generally found the dose of gr. $\frac{1}{6}$ to $\frac{1}{4}$ per diem sufficient.—*Bull. de Thérap.*, tome lvii. pp. 193—252.

A Fatal Passion for Hanging.—A lady, inhabiting a pretty little house near Paris, possessed of ample means, of a charitable disposition, and very fond of reading, writing, and purchasing books, was found hanging the other day. She left a document of an extraordinary character, in which she stated that, no sooner had she determined upon hanging herself than she executed the deed. She always had a remarkable predilection for people who had been hanged, and she left in her library a manuscript in which she had inserted accounts of all celebrated persons who had been hanged; and in another MS. all the proverbs and sayings concerning hanging were collected. "Hitherto, however, the idea of hanging myself had not entered my head, but becoming *ennuyed*, and having lost my taste for everything, even for my favourite pastime of reading, the idea of suspension has occurred to me, and as soon as I have completed this note, I shall put it into execution. I desire that the rope I employ may be divided between my two neighbours, and that all my property be realised:—First of all, a pension of 40*l.* must be reserved for my old servant, and then all that remains must be so disposed of as to produce ten equal portions, which are to be distributed to the first ten poor families, one of the members of which may happen to hang himself, dating from the day of my death. This is my sole will and testament."

Pathology and Treatment of Chloroanæmia.—Dr. Eisenmann, from an extensive observation of this affection, concludes that it is especially developed under the influence of Medical Constitutions which predispose to nervous affections. It is especially met with at a time of life when all kinds of neuroses are very prevalent, its appearance being ushered in by nervous phenomena, at a period when as yet the blood has not undergone the slightest change. Such change may even be absent when the disease has reached its full development, nervous symptoms being observable, however, during its entire course. It is curable by agents which exert a special action on the spinal marrow; and when left to itself, it often gives rise to chronic, or even fatal, spinal affections. All these considerations lead the author to the final conclusion that chlorosis is a primary nervous affection, the change in the blood being a secondary phenomenon, due to morbid innervation. Guided by these views he treated several cases of the complaint by means of tincture of St. Ignatius' bean, with great success. Wishing, however, to effect a more prompt recovery than that which takes place when the bean alone is given, he associated it with ferruginous preparations, adding also rhubarb, on account of the constipation which is usually present. The following is the formula he employs: Powder of St. Ignatius' bean, 1 gr.; lactate of iron, or iron filings, iij. gr.; rhubarb, iii. gr. to iv.; and oleo saccharate of peppermint, iv. gr. This is repeated twice a-day. When the stomach is irritable, the iron is left out. This compound cures far more rapidly and effectually than do mere preparations of iron.—*Bull. de Thérap.*, tome lvii. p. 250.

Anomaly of the Ureters.—Professor Barbosa observed the following curious anomaly in a body brought to the Lisbon Anatomical School. Two distinct ureters existed on the left side, entering the bladder by two distinct orifices. The left kidney was longer by three centimetres than the right, and the two ureters at their origin in the fissure were each provided with a separate pelvis, the united capacities of which only equalled that which would be required for a kidney of this size. The two canals, separated from each other by about three centimetres at their origin, pursued the normal course one before the other. At about five centimetres from the bladder they united into a single cord which traversed its muscular tunic. Careful dissection, however, showed that this confounding together was only apparent, the two tubes being separable as far as their entrance into the bladder, at the angle of the trigone, where were two small orifices one or two millimetres from each other. During the last two centimetres of their course the contiguous walls of the two tubes were so blended together as to constitute but one.—*L'Union Méd.*, No. 60.

Neuroma of the Optic Nerve.—An extremely rare, if not unique, example of neuroma, affecting the optic nerve, was detailed at some length to the Paris Anatomical Society, by M. Dubonć. It ocurred in a patient upon whom M. Velpeau had operated for an orbital tumour, and who died of tetanus. *Bull. de la Soc. Anat.*, 1859, p. 178.

GENERAL CORRESPONDENCE.

WHO IS A DOCTOR?

[To the Editor of the Medical Times and Gazette.]

SIR,—I rely on your sense of justice for the insertion of a few remarks on the leading article of your Journal of June 9, under the head of "Who is a Doctor?" My remarks apply only to the case of those who were Licentiates (Intra- or Extra-urban) of the London College of Physicians before the passing of the Medical Act; and I would observe:—

Firstly. That the College, prior to this Act, had the sole legal right to license Physicians to practise in England, although this right had somewhat fallen into abeyance; whereas no such right ever belonged to the Edinburgh College in Scotland.

Secondly. That by undisputed usage, both in and out of the Profession, which invariably associated the title of Doctor with the possession of this licence; by the language of the authorities of the College, who at once, in private and officially, addressed the newly-admitted licentiate as "Doctor"; and above all, by the rules of all, or nearly all, the Hospitals and Dispensaries of England, which admitted those who held this licence as qualified to be candidates for the appointment of Physician, and indeed still do so, although Graduates of some of the British Universities were not so admitted; a sanction was given to the use of this title by the Licentiates of this College whether Graduates or not, which no Act of Parliament, by an *ex post facto* operation, can either legally or equitably take away.

Thirdly. That the College of Physicians having for several years been in the habit of examining and licensing Members of the Profession who were not Graduates, and thus admitting them to the full status and position of Physicians, "*tam ad docendum quam ad gratiosandum artem*," etc., is bound, by every consideration of justice and fairness, to uphold these its Members in that position, so as to distinguish them from Apothecaries or General Practitioners; they have neither the power nor the wish to call themselves M.D., but until a better distinction is found, they contend that they have the right, and they mean still to exercise it, of using the convenient and time-honoured prefix of Dr. to designate their claim, being, as they are, with very few exceptions, strictly and purely Physicians.

Fourthly. As regards the title of the new grade of Licentiates in Medicine of the London, or the recently made Licentiates of the Edinburgh College, I have nothing to say to that—it belongs to wiser heads than mine; but I would earnestly contend that you must not "do evil that good may come;" and that it would be an act of gross injustice, either in the Medical Council or any other constituted authority, to deprive a numerous body of professional men of a distinctive title which they have fairly and honourably earned without finding them an equivalent, thus degrading them in their social and professional position, and in many instances,

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though I need not, nor do I wish to use the *argumentum ad misericordiam*, depriving them possibly of a portion of their income.

The language of Sir B. Brodie, in his reply to the remonstrants against the College of Surgeons, does him, in my mind, infinite honour, is not without its bearing on the subject now under discussion, and will, I doubt not, not be without its influence should this subject be brought before the Medical Council, where it will be remembered, in spite of clamour, that ours is a far stronger claim, inasmuch as our title was given by regular authority, not simply assumed.

I am, &c. M.R.C.P.

CASE OF "MORBUS ADDISONII."

Letter from Dr. Hooper.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following case, I think, deserves to be recorded:—On June 13, 1860, I was asked to visit a single gentleman, aged 31, living at Edenbridge, and supposed to be suffering from dyspepsia and debility of some three or four years' standing. I placed him before a good light, stripped him, and examined him very carefully. The brain, heart, lungs, liver, and kidneys afforded no evidence of any disease. I saw the urine, which was healthy, and also the stools, which were of proper bulk, colour, and consistence. There was slight epigastric tenderness and some irritability of stomach, the heart's action was feeble, and the pulse very soft and compressible. The body was somewhat emaciated, but not remarkably so, as we find it in phthisis, and other wasting disorders; indeed, there was evidently a fair amount of subintegumental and interstitial fat, and the skin seemed healthy to the touch. The eyes were pearly white, and emaciation was more obvious in the face than elsewhere; the colour of the skin was most peculiar, and such as I had never before observed. It had what is termed a "walnut juice" tint, which was most decided about the forehead, face, neck, axillæ, bends of the arms, and umbilicus; the patient complained of excessive weakness, and could scarcely stand or move; this weakness, with loss of appetite, and occasional sickness, had existed, more or less, for three or four years, but the discolouration of the skin was more recent, and had come on gradually. I could not discover anything like a definite beginning, or root, or cause of the malady; the very distressing asthenia, the characteristic tinge of the skin, and the irritability of the stomach, were the salient features of the case, and these, coupled with total absence of any disease in the vital organs, induced me to give a very decided diagnosis and prognosis. I stated unhesitatingly that it was a case of "Morbus Addisonii," that the patient would not recover, and might die rather suddenly. Three days afterwards he died, but as I did not hear of his death till some days after its occurrence, there was no chance of a post-mortem examination; but I have not the least doubt I should have found disorganisation of the supra-renal bodies. Dr. Barlow also saw this patient on June 14, and gave the very same diagnosis and prognosis as I had given the day before.

I am, &c.

Daniel Hooper, B.A. and M.B. Lond.

7, Trinity-square, Southwark, June 20.

INDURATION OF CELLULAR TISSUE IN INFANTS.

Letter from Dr. Henderson.

[To the Editor of the Medical Times and Gazette.]

Sir,—In looking over my notes of cases, I have found a short statement of a complaint which must be rare in this country, judging by my own experience, and from the perusal of our Medical periodicals; though I remember to have seen many such at the Foundling Hospital at Paris about twenty years ago, where it was of very frequent occurrence, and was designated "*Endurcissement du Tissu Cellulaire*," a term which perfectly describes the complaint.

The case, which was brought to me last November, occurred in a female infant, six weeks old, not ill nourished, though not so robust as children at that age sometimes are. On the external parts of its hips, elbows, thighs, and buttocks, and slightly on the lower part of the back the skin and subjacent cellular tissue was very much thickened, and felt of a brawny hardness, but scarcely, if at all, changed as regards the colour from the general tint of the skin at other parts. The portions of affected tissue were somewhat circular in form over the bony prominences, but on the buttocks and thighs elongated from above downwards. A day or two after I first saw the child the perineum became involved, and it soon spread to the labia majora, having encircled the fourchette; the labia felt like two india-rubber rings, so much were they swollen and hardened. The parts affected were not painful unless firmly pressed, when the child would draw itself up, at the same time whining a little. There was no fever, nor did the surface of the body feel cold. I did not, however, ascertain the temperature of the affected parts with a thermometer.

A stimulant treatment was adopted, consisting of small doses of spt. ammon. aromat. in cinnamon-water, and rubbing the various parts affected twice daily gently for some time with lin. ammoniæ and lin. saponis. Some beef-tea was also given thrice a-day, in addition to the breast-milk; and after persevering with this treatment for seven weeks, all the affected parts became restored to a perfectly healthy condition, the tissues having gradually got more soft and flexible.

Much interest has attached to this complaint since the researches of MM. Bailly and Legendre, who regard it as the result of a remarkable condition of the lungs found in weakly and ill-nourished infants, which consists of an imperfect expansion of certain portions of these organs, which Dr. Jörg has termed "atelectasis." M. Troccon has also published a valuable dissertation on this particular affection, entitled "*Sur la Maladie connue sous le Nom d'Endurcissement du Tissu Cellulaire*," wherein he describes this condition of the lungs very minutely, as occurring in infants who had died of this affection. It appears to be a very fatal disease in the French Hospitals, five-sixths of all the infants suffering from it, including even slight cases, having died. In the case brought under my own notice, of course we can only conjecture that a similar state of the lungs may have co-existed; but if so, it must have been but to a limited extent, for there was neither emaciation nor reduction of temperature in any considerable degree, as has been observed in similar cases abroad, though the extent of tissues involved was considerable. The mother appeared healthy, and had first noticed the hard spots about a week before she brought the infant to me, up to which time she believed it to be quite well, though delicate. This late appearance of the skin affection is remarkable, the symptoms commencing generally during the first week of life, and is another circumstance leading to the inference that the lungs could not have been involved to any considerable extent.

I am, &c.

T. A. Henderson, M.D., M.R.C.P. Lond.

9, Nelson-crescent, Ramsgate.

POOR-LAW MEDICAL REFORM.

Letter from Mr. Griffin.

[To the Editor of the Medical Times and Gazette.]

Sir,—I shall feel obliged by your affording me space in your Journal to inform the Poor-law Medical Officers that since the withdrawal of the Bill on Poor-law Medical Relief, I have been in frequent communication with Mr. Pigott and the Poor-law Board, and, I regret to say, there is no hope of any assistance from the latter, as red-tapism reigns paramount and does not like reform.

I had a long interview with Mr. Pigott last Friday, in London, and went through every clause in the proposed Bill, when we decided to expunge the Coroners' clause, and also that relative to Sanitary Measures, as a Bill on the former subject is now before the House, and we thought it better for the present to leave the health of the community with the Local Boards of Health and the Guardians, and see the working of the Bill just passed the Commons, entitled "Nuisances Removal and Diseases Prevention Bill."

The payment clauses in the proposed Bill will, doubtless, be severely criticised by those gentlemen who will not gain by them, but I have inserted a clause to exempt all present Medical officers, who desire it, from coming under its operation, and thus leave them in the enjoyment of their present salaries. To attempt to raise all men to the highest standard now enjoyed would be to ensure a certain rejection of the Bill, and, therefore, I have limited myself to asking for that only which we have a reasonable right to expect will

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be conceded to us. On trying a variety of modes of calculation, I find the only one that works fairly is that now proposed, viz. five shillings per case up to the first 300 in number, above which two shillings per case only should be paid. In addition to this a further sum, to be called mileage, is to be paid for all patients requiring to be visited at their own homes, and in order to insure a uniform rate of payment for all the patients in each district the same mileage shall be paid for each, whether the patient lives next-door to the Medical officer, or at the furthest extremity of a district; thus, if the farthest inhabited house in a district be four miles from the residence of a Medical man, then two shillings per case for mileage shall be paid on all those requiring to be visited at their own homes. The Medical officer of a workhouse will be paid for his patients on the same plan; but instead of mileage for each case in the workhouse, he will have one shilling per mile for each visit to the workhouse. All visits under one mile to be reckoned as one mile, etc. etc. The extra Medical fees are left, as in the last Bill, to be arranged by the Medical Council and Poor-law Board. I have now before me the calculations of nearly all the Unions in England and Wales, and I hope in a short time to complete the rest. These I desire to lay before the Members of Parliament in the form of a pamphlet, and thus show the entire working of the proposed system; but it will depend upon the Profession whether I am to do this or not; at present I have but a few pounds in hand, and must leave the Bill to its fate unless Medical men will come forward speedily and give me the means to set the printers at work. A favourable impression I am assured has been made on Parliament, and I know we have in Mr. Pigott a zealous advocate of the cause; he works well for the Medical men because he knows in so doing he will benefit the poor, and what is for their welfare he feels assured is for the benefit of the rate-payer; and the time will come when the Guardians will view the subject in the same light. In the hope of inducing the Poor-law Board to see the necessity of aiding us in this much-needed reform, I sent them a summary of the calculations of the present and proposed payment in each Union in five whole divisions of the Kingdom, with also separate calculations of each Medical officer's salary in 209 Unions scattered through the divisions; hoping the tediousness of looking over these papers might be a little relieved by a few foot-notes, I appended several, of which I give you examples:—"Wolverhampton.—In this Union" (the President of the Poor-law Board represents Wolverhampton) "the salaries average but 2s. 2d. per case, out of which the Medical officers have to find the medicines for their patients. The Registrar-General, in his quarterly return for April, 1860, writes of this place:—'Several hundred of the inhabitants are every year disabled by sickness; funerals are a staple trade," etc. "Macclesfield.—In this Union the guardians pay the Medical officer of the workhouse but 3½d. per case, out of which he has to find medicine; the doctor ought to be a Homœopathic Practitioner." "Hexham.—The Medical officer has a district extending four miles from his residence, and yet he has a salary which, divided among his patients, gives an average of only 6½d. per case, out of which he has to find medicines, horses," etc. No wonder *Punch* writes "Pill grinders for paupers."

Birmingham.—The Guardians find the medicines for the workhouse at a cost of 1s. 11d. per case, and yet they only pay their six district Medical officers, who find their own medicines, a salary which averages 1s. 8½d. per case. I offered to send the Board a continuation of my calculations, but, on the 5th of this month, I received the following communication:—"The Board do not desire to impose upon you the trouble of sending to them any further calculations, and they return with this letter those already forwarded for the information of the Board."

Before this is in print I hope you will have seen, by the daily papers, that the Bill has been introduced, if not, it doubtless will be before long; but it has to be put into legal form, which may delay it a short time. The expense of this will, I fear, leave me penniless. I am, &c.

RICHARD GRIFFIN.

P.S.—As soon as the Medical officers see the Bill is introduced into the House, I hope they will petition in its favour, and do all they can with their Members.

Poor-law Medical Reform Association,
12, Royal-terrace, Weymouth, July 9.

REMARKS ON SYPHILIZATION.

LETTER FROM PROFESSOR FAYE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In one of the numbers of the *British and Foreign Medico-Chirurgical Review* for 1859 is given an account of different writings from Norwegian authors about the so-named "Syphilization," and among these one from me, entitled—"Experimentation about the reputed Immunity afforded by Vaccination and Chancre Inoculation." I undertook this series of experiments in order to test whether there was any likeness between the two processes, with the result, that the immunity, after one, or sometimes two vaccinations, is absolute, and a true organic one, since repeated inoculation with a needle, or still better with incisions, or with subcutaneous injections of vaccine matter, no longer produce effect. I have lately made a new series of experiments in different modes, and, for instance, injected vaccine matter under the skin, and covered it with collodion. No vesicles will follow in this manner, but a subcutaneous induration or abscess, which is absorbed, and still immunity is the effect. After a careful vaccination I have further inoculated myself with variola-matter during an epidemic in Christiania this year (I was vaccinated when a child, and had variola at twenty-six years of age, and am now fifty-three years) without any effect. Then I repeated the inoculation twice with matter from patients, who never were vaccinated, and suffered from confluent variola, but I quite escaped, though, in order to see how it was with the pretended local immunity, I was inoculated on the arms and thighs at different times.

Compared with this true organic immunity from vaccination or variolation, the so-named "Syphilization" shows a great difference. My own experience on this point is not derived from experiments made on purpose to cure syphilis, as I never was a *curative syphilisator*, but as I wished to test the pretended immunity from repeated chancre inoculations, I took an opportunity of inoculating in different modes some syphilised persons, then quite inoculable with chancre matter, when the inoculation was made as usual with the point of the lancet, and only once touched with matter. A superficial incision, daily moistened with chancre matter, or still better, a single little, even diluted, drop of matter, injected under the skin soon showed an effect; and that the ulcer or furuncle is not merely the result of a simple irritation, will be clear when the matter is again tested. Genuine pus will never give an irritant or inoculable matter, if used in the same manner—as it is quite innocent in its nature—while the weak chancre matter, even of an indurated chancre, will gain in strength by repeated inoculations under the skin, particularly in young persons, whose skin is less rigid. Experimenting in this manner on persons who have undergone a course of syphilization, or as I have proposed to call it, "Curative Chancre Inoculation," it is questionable if any matter from this soft or non-infecting chancre is absorbed. We may be persuaded, I think, that there is no absorption of the matter of soft chancre introduced only with the lancet-point in the mode in which syphilization is usually performed, and consequently no true syphilization in an individual already syphilitic; but that there will be no absorption when the matter is injected under the skin is perhaps uncertain, though the pus be taken from a soft chancre. According to my opinion and some experiments, all of which are published in "Behrend's Syphilidologie," Berlin, 1859, I readily believe that Dr. H. Lee has produced results with a weak matter after irritating the sore, which proved that the acridity became greater; but I am sure that a weak matter will be still more increased in strength when allowed to form an abscess under the skin, and excluded from the influence of the atmosphere. Indeed this manner proves the inoculability certainly, but in persons not before accustomed to repeated inoculations it will perhaps be too strong, when weaker matter is not first taken. In order to prove the disputed unity of the chancrous and syphilitic matter, no test would perhaps do better than to try the injection under the skin of the patient himself of small and diluted quantities of matter taken from a person with a soft non-infecting chancre. The common inoculations with the point of a lancet give an ulcer but no infection of the system; but would the same simple chancrous matter under the skin, though diluted and weakened, not afford a better proof of the true difference (if any

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exists) between the two supposed kinds of matter? Such an experiment has never been tried, and as all my injections were made in persons who were syphilised (chancre-inoculated) for constitutional syphilis, they could not prove anything in favour of the unity of matter. But I think they may have proved that the pretended immunity against inoculation of chancrous matter is merely an immunity of the skin after a long suppuration on different points of the body, and not a true organic immunity like that after vaccination. The chief point is, that, after a successful vaccination, the organism is healthy and incapable of new inoculation; but, after a fulfilled course of chancre inoculation in a non-syphilitic individual, the skin may, perhaps, be incapable of inoculation through slight punctures, but the organism is not incapable of inoculation with infecting matter. Even in the genitals of a woman shortly after finished syphilization, we have seen a chancre after an impure coitus, proving that the skin immunity was only imperfect, and that immunity did not exist in this *punctum saliens*. After a course of curative chancre inoculation in a syphilitic individual, the secondary symptoms generally go away, and a healthy state is apparently gained; but experience has shown, that children of those syphilised mothers have been born diseased, or have become so shortly after. I do not know exactly how many we have here born of such mothers, but I know of eleven or twelve children still-born, or born with disease, from these syphilised women. For my own part, I have my experience of children from our Maternity Hospital and from my experiments, not as *curative syphilisator*, but as doubter of the pretended immunity.

My opinion and experience about the possibility of continued inoculations and their effect as a *suppurative depuration* concurs with that of M. Danielsen, of Bergen, who has really acted as a *curative syphilisator*, though he could not always make the persons immune, even against soft chancre-matter. Among the different opinions I am anxious that mine should not be misunderstood, as has been the case heretofore.

I am, &c. F. Faye.

Christiania, June 15.

[We shall be obliged, if Professor Faye should favour us with any further communications, by his writing in Norwegian, as we can easily have his letters translated.—Ed.]

MEDICAL WITNESSES AT INQUESTS.

Letter from Mr. E. J. Wood.

[To the Editor of the Medical Times and Gazette.]

Sir,—You were good enough to insert in your paper a few weeks back a letter of mine on the subject of Coroners' Inquests and Medical Witnesses. I complained of the remuneration of professional men, and the inconveniences they were put to by the present laws relating to Medical evidence. My letter has brought me into communication with the Glasgow Faculty of Medicine, through which body I have been informed of an important movement now progressing in Scotland, and affecting the interests of the Profession in that country.

A Bill is now under the consideration of the House of Commons to amend the Act 17 & 18 Vict., cap. 80, intituled, "An Act to provide for the Better Registration of Births, Deaths, and Marriages in Scotland," under the 41st section of which statute Medical Practitioners are compelled to render important services to the State without remuneration, and for non-obedience to the harsh enactment are liable to serious penalties. The offensive clause is:—"That the Medical person who shall have been in attendance during the last illness and the death of any person, shall, within fourteen days after the death of such person, and under a penalty not exceeding 40s. in case of failure, transmit to the Registrar a certificate of such death in the form given."

The Corporation which I have named have energetically opposed the arbitrary law, feeling that all attempts to coerce, by Acts of Parliament or otherwise, scientific or professional men to give gratuitously the results of their labours for the benefit of society are unjust in principle, baneful to the interests of science, and can end only in failing to effect the object for which they are ostensibly intended.

It has been suggested to me, that the Medical gentlemen of England might materially assist their neighbours by subscribing a petition to the House of Commons, praying that the clause quoted be expunged. The Glasgow Faculty of Medicine will give a form of petition, or any gentleman interested in the matter might draw one from the above statement of facts, and submit it for presentation to the Member for his place. Perhaps, before this letter is published, the Bill now before the House may be read, and so the opportunity may be lost. However, the ventilation of our neighbours' complaint will do no harm, and may assist to stir a little sympathy, and excite co-operation and cordial understanding, which can bring about only good to the fraternity of doctors.

I am, &c.

5, Charles-square, N. June 18. Edward J. Wood.

LEPROSY.

Letter from Dr. Sim.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have read with much interest, in your number of the 2nd June, Dr. Hobson's letter on Leprosy as it occurs among the Chinese. Will you permit me to request Dr. Hobson to state, through the medium of your Journal, so that others, who may wish it, may also benefit by the information, where the seeds and oil of the Charul Moogra can be most readily obtained? I am desirous of placing them in the hands of a friend, who is in a position to give them a fair and full trial in the treatment of elephantiasis Græcorum in the early stage. Of course one cannot, without a certain reserve, receive a statement as to the efficacy of any therapeutic agent in such a disease. On the other hand, on such testimony, it would be unreasonable to be unduly sceptical.

Dr. Hobson substantially corroborates most of my opinions on the subject of leprosy, and it is satisfactory to me that one who has observed in so wide a field agrees with me on so many points.

As to the term "Elephantiasis," however, I would remind Dr. Hobson that the Greeks applied it, among other names which I need not quote here, to the disease in question. Celsus, who calls it "Elephantia," expressly tells us (lib. 3, chap. 25), that the Greeks gave it the name "Elephantiasis," and he uses the Greek character in writing the word. The Elephantiasis Araborum was not described by any writer for a thousand years after Celsus, when Rhazès, an Arab Physician, wrote on it. He, unfortunately, gave it a name which has been translated "Elephantiasis." Hence the confusion so far; but I am not aware that any modern writer ever confounds these two diseases.

"Lepra" is the word so much abused; and "Lepra tuberculosa," which has long been used to designate the elephantiasis of the Greeks, is, perhaps, the least acceptable of its many appellations; because it is neither a squamous, nor, properly speaking, a tubercular disease. Still less can both terms be applicable at once. It would be well if we could discard the word "Leprosy" altogether from our nomenclature.

It is worthy of remark that the elephantiasis of the Greeks is at this day as it was in the first century of our era, when Celsus wrote these words concerning it:—"Ignotus autem pene in Italiâ." For the consideration of those who imagine that they have discovered the source or sources—for they would seem to be many—of the disease; and the reasons for its prevalence in some localities in preference to others, I would submit the question,—Are there three countries in the world more similar, in all their circumstances, than are Greece, Italy, and Spain? They are all washed by the same Mediterranean Sea,—that part of Spain is, at least, where the disease chiefly exists. The origin of the people is, in a great measure, common to all the three. Now, we find that the elephantiasis of the Greeks is still prevailing in Greece and Spain, while in Italy, which lies between them, and almost entirely between the same parallels of latitude, it is, as when Celsus wrote, "almost unknown."

If squalid misery, with its usual evil concomitants, were capable of producing the disease, this city of Naples would certainly enjoy a larger share of it than any other part of the world which I have seen where the malady does exist. That starvation will predispose to the disease in question, is, I suppose, a fact which no one will deny; but starvation, like all other debilitants, predisposes to a great many diseases. This brings us no nearer to a solution of the problem.

Naples, June 15. I am, &c. Robert Sim.

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REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26, 1860.

F. C. SKEY, Esq., President, in the Chair.

A paper, by Dr. W. H. DICKINSON, was read, on

BRIGHT'S DISEASE, CONSIDERED IN RELATION TO ITS ORIGIN IN THE TUBES THEMSELVES, OR IN THE INTERTUBULAR STRUCTURES.

The object of this paper was to show that all the forms of diseased kidney, large and small, rough and smooth, were capable of arrangement into two great classes; that in one there was disease proper to the secreting surface of the tubes, while in the other there was disease essentially of the structures between them; and that the great characteristic difference between these two conditions was the presence or absence of superficial granulation. The author first sketched the pathology of tubular disease, which gave rise to the large smooth kidney, regarding as unimportant those distinctions which depended on the nature of the material which filled the tubes. He commenced by explaining the method made use of in the investigation. Portions of the gland were boiled in water slightly acidulated with acetic acid, and then dried until hard enough to allow sections to be cut from them. These, moistened with water, and magnified 80 or 100 diameters, showed the structure of the kidney in a very beautiful manner, and had the advantage of exhibiting the various elements of the gland in their natural relation to each other, which cannot be satisfactorily attained by any other method. The various successive changes which produced the large, smooth kidney were adverted to: the increase of size; the anæmia, more in appearance than reality; the smooth surface, and loose capsule. It was then maintained that the essence of the disease was merely excessive secretion, as the only portions of the gland affected were the tubes. A drawing was exhibited showing that the gland was perfect in all parts, and the tubes in contact with each other. The accumulation within the ducts of their own secretion was shown to be the sole cause of the enlargement of the organ, and the microscopic characters of this epithelial product were examined at some length. The frequent development of oil in the cells was regarded as the consequence of the disease, not as the cause; and the occasional secretion of pus, in the later stages, was looked upon as another indication of the inflammatory origin of the complaint. The author then showed that there was reason to think that the degree to which the epithelium had become disintegrated might be taken as the measure of the chronic nature of the disorder. The longer the disease lasted, the more the cells became broken down. The condition of the straight tubes was then adverted to, the ready escape of their contents tending to produce a different state of things from that observed in the cortex. They seldom became totally obstructed, but their walls often became bare of epithelium. From the fact that, in cases where the tubes in the cortex and in the cones had been found after death in a different state, the casts shed during life had always resembled the contents of the straight tubes, it was inferred that these bodies were there produced. The catarrh having thus been traced, from its commencement in excess of epithelial growth to its climax in total obstruction of the tubes, the next stage was discussed. The overstretched tubes were described as bursting, one by one, and their contents, no longer secluded by a surrounding membrane, thus brought within reach of the absorbents. Examining in section a number of large smooth kidneys, it was found that about half of them had thus commenced to pass from the stage of enlargement to that of disease. (A drawing of such a section was exhibited.) Although in these organs the bulk is still excessive, yet the indications of shrinking are clear enough. Places are found, especially near the surface, where the Malpighian bodies are huddled close together, sometimes almost touching each other. Their intervals are occupied by *débris* of collapsed and ruined structure. Shrivelled remnants of tube-membrane are generally clearly seen. But, as yet, this condition is only partial; tubes still distended are often seen winding among the wasted remains of their companions. Thus the tubes one after another collapse, until a great portion of the gland is reduced to little more than the bulk of its Malpighian bodies. A corresponding change of course takes place in the appearance of the gland; it has shrunk even below the natural size. The surface remains pale, greyish, and mottled, and is still smooth. On section, the cortical material is found to have almost disappeared. (A drawing was shown representing a section of a kidney in this rare condition.) Examination with high powers and the fresh organ corroborated the conclusions above stated. The author now passed to the consideration of the inter-tubular disease—that producing the granular kidney,—describing first the chronic, then the more acute forms of the disorder. In the earliest period at which the disease could be recognised, the capsule was described as being somewhat thickened and adherent, and manifesting a tendency to split into two layers, the tendency to granulation being indicated by a little general roughness, or by a few curved depressions. On section, all the central parts would be found healthy, save that closely attached to the inner capsular film; certain narrow projections could be seen insinuating themselves between the tubes. These processes of fibrous-looking material each started at the surface, formed a superficial depression or cicatrix, and, passing inwards, involved in their interior the contracted remains of the tubes they imbedded in their passage. It appeared as if an effusion, small in amount, commenced at the surface, and worked its way inwards among the ducts, numbers of them thus becoming completely surrounded. After a time, contraction followed in the wake of the exudation, and the tubes imbedded were reduced to mere microscopic threads. At the same time appeared another result of the contractile tendency; the points at which the processes originated became depressed; and when these were numerous, and tolerably regularly distributed, the result was superficial granulation. It was maintained that no amount of mere distension of the tubes could suffice to produce a granular surface; that before this could result, the surface must be tied down at numerous points, between which only is expansion possible. The changes, as discoverd by the naked eye and by the microscope, in the fully developed chronic granular kidney, were then detailed, and a representation of one in section exhibited. Narrow, pointed processes, of a fibrous aspect, were described as passing a little way into the kidney from the intergranular depressions, and in a corresponding position the contracted remains of tubes, these shrivelled tubes being all that in some cases indicated the path of the exudation. It was inferred that this destruction of tubes was not owing to any disease within themselves, because it extended quite independently of their direction, following a straight course inwards irrespective of the bends and tortuosities of the ducts. If the section happened to come across a vessel, it was seen to be surrounded by an increased quantity of fibrous tissue, as, thus contracted, the capillaries became obstructed, and the transmitting power of the gland proportionally reduced. The condition of the tubes in this form of disease was contrasted with what is observed in the smooth kidney. In the latter there was an excessive secretion of epithelium, which was universal, affecting alike all the secreting structure. With the granular kidney there was observed an irregular shedding of the epithelium, which was only partial, some of the ducts being affected, while their neighbours escaped, in consequence probably of an intertubular effusion taking place at intervals through the organ, causing, where it occurred, premature displacement of the epithelial cells. Cysts were spoken of as occurring in both varieties of disease, but from different causes: in the smooth kidney, from the development of the epithelial germs after the rupture of the tubes; in the granular, from the transformation of the tube, owing to the contractile tendency outside them. The author then described a kidney affected with a more acute and disturbing form of the disease, alluding to the paler tint of the surface, contrasted with the dirty-red of the chronic form, and to the larger size of the granulations. A drawing was displayed, showing a section of a kidney in such a condi-

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tion. The minute morbid anatomy of the organ was detailed, and the tendency of the convoluted tubes to become filled with glassy fibrinous matter, instead of, as in the smooth kidney, their own secretion, particularly dwelt upon. This was attributed to an effusion arising from the capillaries or other structures between the tubes, soaking through the tube walls, and removing the epithelium, until at last it ceased to be reproduced. The condition of the epithelium was discussed, and the occasional presence of oil in the cells spoken of, the only morbid change to which they were liable, the disintegration they underwent being an alteration subsequent to their detachment. Carefully comparing the epithelium found in the tubes of granular kidneys with that from the same position in healthy glands, the author professed himself unable to detect any difference. The results of some experiments were then detailed, the object of which was to determine how far the permeability of the blood-vessels of the organ was modified in its various conditions of health and disease. Several kidneys were taken of each kind, and water at a certain temperature, and with fixed pressure, allowed to enter the artery and escape by the vein, and the quantity thus passed in a given time was measured. From these observations it appeared that the large, smooth, mottled kidney allowed the normal amount of blood to pass through it, while through the granular kidney less than one quarter of the proper quantity was transmitted. It was further shown that the obstruction was due to some change in the small vessels of the organ; for careful measurements of the main trunk showed only a slight amount of narrowing, quite insufficient to account for the results. In conclusion, the following chain of evidence in favour of the intertubular origin of the disease producing the granular kidney was recapitulated:—1. Near the surface an effusion is often seen, obviously between the tubes. This accounts for the superficial granulation, and bears out the analogy between granular degeneration of the kidney and cirrhosis of the liver. 2. Tubes are caused to shrivel by some influence which travels independently of their direction. 3. Tubes are sometimes divided into cysts. This can only be accomplished by a contractile force external to themselves. In the smooth kidney this never occurs. 4. It usually happens that some of the secreting tubes remain natural, as if they had been out of the way of the effusion; while, in the smooth kidney, all are commonly involved. 5. A decided difference exists, in well-marked cases of each sort, in the contents of the tubes. In one they are filled by their own morbid secretion; in the other, they are occupied by a material foreign to it, and probably derived from without. 6. In the granular kidney, as in the cirrhosed liver, some alteration takes place in the minute anatomy of the organ which impedes the passage of blood through it. This does not take place in the smooth kidney.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 4, 1860.

DR. RIGBY, President, in the Chair.

Dr. HARLEY exhibited (for Dr. Newman, of Fulbeck)

A FŒTUS

of about four months, which had been retained *in utero* for some weeks after its death.

Dr. DRAGE gave a description of a case of

EXTRA-UTERINE PREGNANCY.

An opening formed between the fœtal cyst and the vagina, through which a number of bones were extracted. The woman ultimately recovered.

A paper, by Mr. JOSEPH THOS. MITCHELL, was read, on

SOME OF THE EXIGENCIES CONNECTED WITH PRETERNATURAL LABOUR.

The author commenced his paper by referring to the ill consequences which often follow the too strict adherence to the axiom in midwifery, that "meddlesome midwifery is bad midwifery." He set this forth by alluding to the history of cases that had come under his notice, in which the lives of some women had been placed in jeopardy, and the future comfort of others had been permanently destroyed, as well as of other cases, in which children had been born dead, whose lives would most probably have been saved had early manual or instrumental aid been applied. He then alluded to his strong objection to the use of the crotchet in cases of craniotomy, and his custom in such cases to rely alone on the craniotomy forceps for delivering, relating a case that occurred in an extremely narrow pelvis, in which the Practitioner obstinately refused to use the embriotomy forceps, and would depend alone on the former instrument, by which he extensively lacerated the vagina, in consequence of its often slipping off from the head during the operation, which case terminated in the death of the woman, undelivered; the uterus having been ruptured, and the child having passed into the abdomen, when in all probability, had the embriotomy forceps been used, delivery would have been safely effected, as it had been on a former occasion. He next referred to the culpability which rests on every Practitioner who undertakes to attend on any woman in her second or subsequent labour, who had previously been delivered by embriotomy or by the forceps, when the child had been born dead, without inducing premature labour between the seventh and eighth, or at the eighth month of gestation, as the nature of such former labours might seem to indicate. He related a remarkable case in which a Practitioner had neglected so to act, and the complicated difficulties which followed, requiring the dismemberment of a very large child at the full period of gestation. The abdomen and chest were eviscerated, and then the lower half of the body was removed at the fourth dorsal vertebra, by which alone room could be obtained to reach the arms and head. The patient did well. She afterwards came under the author's care, and was delivered safely at premature periods on four different occasions, twice with great difficulty at seven months and a half gestation, and subsequently twice at six months and a half, on each occasion by inducing labour by puncturing the membranes, for which purpose he adopted a peculiar instrument, which he exhibited to the Society, and which instrument he had found useful also in rupturing the membranes in cases of placenta prævia attended with extreme circumstances. The instrument was made by Messrs. Millikin and Lawley, of the Strand. In the course of the relation of this case, the author stated that, on the occasion of the third labour, at seven months and a half gestation, when the head presented, delivery was effected by the forceps, and a child was born that lived fourteen hours; and on that of the fourth accouchement, at the same period, when the arm presented, the woman could not be delivered except by dismemberment of the child. From these circumstances he deduced the conclusion that it was not wise to adopt the modern recommendation of delivery by turning in cases of small pelvic brims, whenever delivery can be effected by the forceps, as by that means a far greater chance would exist of delivering a living child than when turning is adopted. By the latter mode, the protracted pressure unavoidably made on the funis as the head is passing through the brim, is almost certain to occasion the death of the child; and in cases also where delivery can be effected by craniotomy, it is accomplished with less distress to the mother than by turning. The author also referred to the fatal consequences to children which often follow doubtful or incorrect diagnosis of presentations in early labour, especially in cases where delivery can only be effected by turning, which he showed in the history of a case in which there was the presentation of the abdomen, with the child doubled up, the head resting on the sacrum, and the hips on the pubis. In this position the practitioner allowed the case to remain for nearly three hours, not knowing the character of the presentation, and what it necessitated, the woman all this time suffering under violent expulsive labour, by which the child was killed; whereas, had turning been adopted at the commencement of this period, which would then have been a perfectly easy operation, the os uteri being then fully open, the child would, doubtless, have been born alive.

Dr. PRIESTLEY thought that the Society was much indebted to Mr. Mitchell for his practical paper, and he believed it would be very advantageous if other gentlemen would record their mistakes and occasional failures, instead of only relating their successful cases. He quite agreed with Mr. Mitchell in his denunciations against the crotchet, which he considered a most unsatisfactory instrument; and hence he very generally resorted to the use of the craniotomy forceps in the place of it. He considered that Mr. Mitchell had increased the difficulty of delivery in one of the related cases, by amputat-

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ing the lower half of the child's body, by which means he had deprived himself of the power of properly employing traction.

Dr. Rigby stated that the crotchet certainly did not fulfil the wishes of those who were obliged to employ it. This instrument was always apt to slip, and when it did so, there was great danger of its injuring the soft parts of the maternal passages, or the fingers of the practitioner.

Dr. Tanner mentioned that, in two cases of more than usual difficulty, he had found Dr. Oldham's small hook of great service in aiding delivery. He confirmed the remarks of the previous speakers with regard to the crotchet.

Dr. Waller said that his old teacher always alluded to the crotchet as an atrocious instrument. For his own part he never used it, except by passing it up outside the head; and then sometimes by fixing it in the orbit, he got a good and serviceable hold. He mentioned a case of great difficulty where he had used the craniotomy forceps successfully, when the crotchet was quite useless.

Dr. Barnes did not rise to defend the crotchet, but still he had had more success with it than many other Fellows of the Society seemed to have had. In Dublin the most eminent obstetricians use the crotchet, and with success. He had employed Dr. Oldham's hook, and found it answer very well. He thought that the author was wrong in assuming that turning ought to be discarded in cases of contracted pelvis. He believed there were instances when the only resource was craniotomy or turning—the forceps could not be used: in these he had succeeded in safely effecting delivery, both for mother and child, by turning.

Dr. J. Braxton Hicks read an Appendix to a paper on

CONCEALED ACCIDENTAL HÆMORRHAGE.

This was an addition of eleven cases to the ten already described; the majority not having been published, the author was indebted to the gentlemen whose names were mentioned with each report. These cases, it was observed, might be concealed totally till death or the termination of labour, or temporarily for a longer or shorter time. During the non-appearance of hæmorrhage externally, the diagnosis of the case was as difficult as when wholly concealed. After reporting the cases, an analysis was given, showing that fifteen died and six recovered; and that it was much more fatal at full term than at any other period. The diagnostic symptoms were then pointed out, — namely, 1st, severe fainting or collapse; 2nd, the enlargement and doughy feel of the fundus uteri, the outline of the fœtus being lost, and very frequently a sensation as if about to burst; and, 3rd, in nearly every case the absence of true labour pains. These, taken together, were held sufficient to point out the true nature of the accident. When no pain was present, the state was very liable to be mistaken for ordinary syncope; and the author urged that in all cases of severe and protracted faintness during the latter months of pregnancy or labour, the state of the uterus should be carefully watched. It was also advised that the same treatment as is now adopted in all ordinary accidental hæmorrhage should be employed as early as possible in this form, though the usual good results could scarcely be expected, because, although the contents of the uterus were thereby diminished, yet as the effused blood, being bound down by the placenta, prevented the uterus from contracting at that part, the bleeding sinuses were kept patent. This was borne out by the analysis of the twenty-one cases.

Dr. Tanner stated that he had recorded a case of concealed accidental hæmorrhage, which had escaped the notice of the author of the paper. The communication was to be found in the *Medical Times* of October 18, 1851. In this instance the separation of the placenta was due to a violent fall; and the patient would doubtless have died had not the labour been hurried, and the delivery effected by the forceps. As it was, large quantities of stimulants were required, and the infant was still-born.

Dr. Lauder Lindsay, of Perth, has been elected an Honorary Fellow of the Natural History Society of Halle.

The late Mr. Joseph Mayer, of Hanley, Staffordshire, has left handsome legacies to several public institutions; among others to the Royal Free Hospital, 1000*l.*; to the Brompton Hospital for Consumption, 500*l.*; and to the North Staffordshire Infirmary, 1000*l.*

MIDDLESEX HOSPITAL MEDICAL COLLEGE —DISTRIBUTION OF PRIZES, JUNE, 1860.

The Right Honourable Sir John Taylor Coleridge in the Chair.

PRIZES AND CERTIFICATES OF HONOUR AWARDED TO FIRST YEAR'S STUDENTS.

SUMMER SESSION, 1859.

First Prize—Mr. Frederick W. Spurgin, Stratford St. Mary; Second Prize—Mr. Joseph Harper, Great Torrington.

CERTIFICATES OF HONOUR.

Materia Medica.—Mr. Joseph Harper, Great Torrington; Mr. Frederick W. Spurgin, Stratford St. Mary; Mr. Thomas Gambier, Canterbury.

Botany.—Mr. Frederick W. Spurgin, Stratford St. Mary; Mr. William Norris Marshall, Tullamore, Ireland; Mr. Richard Purnell Tyley, Henton, Somerset; Mr. Albert Dunning Hunt, Chagford, Devon.

Practical Chemistry.—Mr. Frederick W. Spurgin, Stratford St. Mary.

WINTER SESSION 1859-60.

Mr. Woodfield Eagles, Aylesbury; Mr. William D. Spanton, Loughborough.—Prize Equal.

CERTIFICATES OF HONOUR.

Anatomy.—Mr. Edward Morgan, Nantybenglog, Aberystwith; Mr. Woodfield Eagles, Aylesbury, and Mr. William D. Spanton, Louborough—Equal; Mr. Richard Frean, Plymouth, and Mr. Anthony J. Newman, Newark, New Jersey, U.S.; Mr. Charles Phineas Langford, Hingham, Norfolk.

Physiology.—Mr. Woodfield Eagles, Aylesbury, and Mr. William D. Spanton, Loughborough—Equal; Mr. Charles Phineas Langford, Hingham, Norfolk; Mr. Richard Frean, Plymouth; Mr. Edward Morgan, Nantybenglog.

Chemistry.—Mr. Richard Frean, Plymouth.

PRIZES AND CERTIFICATES OF HONOUR AWARDED TO SECOND YEAR'S STUDENTS.

SUMMER SESSION, 1859.

First Prize—Mr. Thomas Jones, Rhyl, Flintshire. Second Prize—Mr. Robert Wrixon, London.

CERTIFICATES OF HONOUR.

Midwifery.—Mr. Thomas Jones, Rhyl; Mr. Richard Williams, Abingdon; Mr. Robert Wrixon, London; Mr. William James Bonnor, Minehead, Somerset.

Forensic Medicine.—Mr. Thomas Jones, Rhyl; Mr. William James Bonner, Minehead; Mr. Richard Williams, Abingdon Mr. Robert Wrixon, London.

WINTER SESSION, 1859-60.

First Prize—Mr. Frederick William Spurgin, Stratford St. Mary; Second Prize — Mr. William Robinson Elsdale, Moulton, near Spalding.

CERTIFICATES OF HONOUR.

Medicine.—Mr. Joseph Harper, Great Torrington; Mr. Frederick W. Spurgin, Stratford St. Mary; Mr. W. Robinson Elsdale, Moulton, near Spalding; Mr. James Mathias Phillips, Cardigan.

Surgery.—Mr. Frederick W. Spurgin, Stradford St. Mary; Mr. W. Robinson Elsdale, Moulton, near Spalding; Mr. James Mathias Phillips, Cardigan; Mr. Joseph Harper, Great Torrington.

Anatomy.—Mr. Frederick W. Spurgin, Stratford St. Mary; Mr. James Mathias Phillips, Cardigan; Mr. Joseph Harper, Great Torrington; Mr. Richard Purnell Tyley, Henton; Mr. William Norris Marshall, Tullamore, Ireland; Mr. James Edward Bennett, Devonport.

Physiology.—Mr. W. Robinson Elsdale, Moulton, near Spalding; Mr. William Norris Marshall, Tullamore, Ireland; Mr. Frederick W. Spurgin, Stratford St. Mary; Mr. Joseph Harper, Great Torrington; Mr. James Edward Bennett, Devonport; Mr. James Mathias Phillips, Cardigan.

PRIZES TO THIRD YEAR'S STUDENTS.

First Prize in Clinical Surgery.—Mr. Frederick Hase Watts, Hampstead.

Second Prize in Clinical Surgery.—Mr. Joseph Walker, London.

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Governor's Prize.—Mr. Thomas Jones, Rhyl, Flintshire; for the best reports in Clinical Medicine and Clinical Surgery.

PRIZE OFFERED BY THE MEDICAL SOCIETY FOR THE BEST PAPER OF THE SESSION.

Mr. Joseph Harper, Great Torrington.

HONORARY CERTIFICATES OF GENERAL GOOD CONDUCT AND DILIGENCE.

Mr. James Bradford Bell, Mr. Thomas Dane, Mr. Francis Baker Fowler, Mr. Sidney Hayward, Mr. Thomas Jones, Mr. Thomas Harbottle Muncaster, Mr. Cornthwaite Hector Rason, Mr. Joseph Walker, Mr. Richard Williams, Mr. Frederick Hase Watts.

OBITUARY.

DR. JAMES FORBES YOUNG.

On Saturday, June 30, at 17, Upper Kennington-lane, died James Forbes Young, M.D.

The death of Dr. Young leaves a blank in a generation of Practitioners which is rapidly passing away. For forty years he had carried on an extensive practice in Lambeth and its vicinity, and during that long period had gained the confidence, the respect, and the affection, of a large circle of patients and friends, by whom his loss will be deeply deplored.

Dr. Young was born in the year 1796, and was the son of Mr. Jonathan Young, a Surgeon, who commencing his career in the Navy, subsequently settled at Lambeth, and there laid the foundation of the large practice which his son afterwards so successfully conducted. He received his education at the Charter-house, and on leaving that school, was entered a student of Guy's Hospital, from whence he proceeded to Edinburgh, where he graduated in 1817.

On returning home he immediately commenced the practical duties of his Profession, and his father dying in 1826, he was left, at the age of thirty, in sole charge of the practice. By his indefatigable industry, zeal, and talent, he not only succeeded in retaining all his father's connexion, but greatly extended and improved it, and every year saw him with increasing engagements, and an increasing reputation.

The arduous and incessant labours of his Profession, however, were not sufficient to exhaust the untiring energy of his character. At an early period of his life he had acquired a love of botany, and he soon began to form an herbarium, which was mainly collected and arranged by himself, and which, as regards the British flora, was very extensive and rich. At the same time he commenced the cultivation of ferns, and has had for many years past one of the choicest collections, perhaps, of those plants around the metropolis; and the seasons were rare in which he was not a successful competitor at the various botanical exhibitions in London. More recently, he began to interest himself in geology, and to form a collection of fossils, which though limited to the chalk series, was very fine, and carefully selected. He had also amassed a considerable collection of prints, connected either with history or topography, and had himself illustrated profusely large editions of Grainger's "Biographical History of England," Pennant's "London," and the "Histories of Lambeth and the Charter-house," besides other miscellaneous books.

In public he was no less indefatigable than he was at home. He had filled several parochial offices, and always took an active interest in, and was ever ready to support both in person and in purse, any improvement that was proposed for the advantage of the locality. He was associated with nearly every charitable institution in the district, and in the management of several he took a prominent and leading part. In 1847 he was put into the Commission of the Peace, and discharged the duties of a magistrate with exemplary zeal and punctuality, gaining the good-will and esteem of all who became acquainted with him.

His industry and activity were in constant exercise, but though these qualities might have been sufficient to lead to worldly success, it was not to them he owed the influence he obtained and the confidence he inspired among all his acquaintances. These effects were the result of that largeness of heart, kindliness of disposition, and thorough straightforwardness of character which he always evinced in every relation of life. Deception and untruth, in any of their forms, were alike alien from his nature. The more intimately he was known, the more confidence was felt in him, and it was to his thorough independence and integrity of character, more than to any other circumstance, that he was indebted for the large measure of success that attended his career through life.

Two years ago he was attacked with paralysis, from the effects of which he never recovered. His health became gradually more and more undermined, and on the day preceding his death he was suddenly seized with loss of consciousness, which in twenty-four hours terminated fatally.

Dr. Young was never married; he has left two brothers, one a year older and the other a year younger than himself, both of whom, from possessing the same sterling qualities that distinguished the subject of this notice, have attained the same amount of success in their respective positions in life. The elder is the present Sir Charles Young, Garter King at Arms.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

CRIMINAL LUNATIC ASYLUMS BILL.

Certain amendments were reported to the House of Lords and agreed to.

HOUSE OF COMMONS.

THE CASE OF DR. MACLOUGHLIN.

Dr. Brady, in moving for a select committee to enquire into the dismissal of Dr. Macloughlin from the Government Medical Service, said that prior to 1811 the Medical Department of the Army was in a most imperfect state; so much so, that no man of standing or reputation would enter it. But in that year, with a view to raising the position of the service, an order was issued by the Minister of War, that for the future every Surgeon should be appointed from the Medical Staff of of the Army. That order was issued prior to the time when Dr. Macloughlin entered the service. After that he was sent to Portugal, and rendered most efficient service in the Peninsular war. Having served from 1815 to 1818 with the army of occupation in France, he returned to this country, and was recommended for promotion by the Duke of Wellington himself, and by Sir Robert Grant; but when Dr. Macloughlin called upon Sir James MacGregor, the latter told him distinctly that, in consequence of his having no private interest, he could not be promoted. Now, what was the fact? After the order issued in 1811, Sir James MacGregor, contrary to that order, appointed several persons, one of whom, named Lyons, had been only an apothecary, and never obtained a degree, over the head of Dr. Macloughlin. He was then put on half-pay, and after six years he was again called upon to serve; and when he presented a memorial to the Horse Guards, praying to be allowed for his former services, and declined to serve unless on this condition, he was dismissed, and his dismissal was announced in the *Gazette* in these words:—"Dr. David Macloughlin, Assistant-Surgeon, has been dismissed her Majesty's forces for a gross breach of discipline and disobedience." Now, that was contrary to the Articles of War and the Mutiny Act, because the Articles of War stated that if an officer considered himself unjustly treated he might complain to the Commander-in-Chief, who was thereby commanded to investigate the circumstances. [An attempt to count out was here made, but without success.] The hon. member proceeded to add that Dr. Macloughlin was treated in an unjust and illegal manner, and submitted that such treatment should not be sanctioned by any Minister of War. He should be reinstated; and appealed to the House to be relieved from a position in which he was not placed by any act of his own.

Sir G. Bowyer seconded the motion.

Mr. S. Herbert said that a committee could not be granted, and if it were granted it would be useless. Sir J. MacGregor was dead—the Duke of York was dead—successive commanders-in-chief were dead, and the persons referred to could not attend to give an account of the transactions referred to. It was the duty of a soldier to go on half-pay, or serve if he were called upon; but Dr. Macloughlin, when called upon, refused to serve, and that was damnatory of his case. He

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(Mr. S. Herbert) begged to refer to a work respecting the forces of Great Britain and Ireland, to show that it was the prerogative of the Crown to dismiss Dr. Macloughlin, who could not be tried by court-martial for refusing to serve, because he was at the time on half-pay. He had never heard anything to the discredit of Dr. Macloughlin, except the refusal to serve, and believed he had an excellent private practice. He had consulted the late and present heads of the Army Medical Department on the subject. The former gentleman, Mr. Alexander, said that if Dr. Macloughlin were restored, there would be an end of his authority over the Medical Officers; and the present head of the department used the same language. Successive Secretaries of War had taken the same view of Dr. Macloughlin's conduct, and the offence being of a grave kind, he must oppose the motion.

The motion was negatived.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, July 5:—

Blackman, Matthew, M.R.C.S., Ramsgate
Bush, Danvers Ward, Weston, near Bath
Strickland, Edward, Kirby Moorside, Yorkshire
Truman, Edgar Beckit, Poultry, Nottingham

The following gentlemen also on the same day passed their First Examination:—

Armstrong, Samuel, Woodbridge, Suffolk
Buckmaster, Charles Addams, King's College
Edye, Stonard, Exeter
Elwes, Charles Walter, University College
Ellis, Heber Dowling, St. Bartholomew's Hospital
Fenn, Edwin Broughton, Ardleigh, Essex
Grenfell, Henry, King's College
Langworthy, William Froude, St. Bartholomew's Hospital
Martin, Thomas, Manchester School of Medicine
Murrell, William Henry Julius, St. Bartholomew's Hospital
Shapland, John Dee, University College
Smith, Thomas Starkey, University College
Stephenson, William, St. Bartholomew's Hospital
Sutcliffe, Henry, University College

DEATHS.

CARSON.—June 17, at the residence of Mr. Milroy, in Hamilton, the Hon. Samuel Carson, M.D., Member of the Legislative Council of Newfoundland.

GALLAGHER.—At Lamhaquoe, Peru, Hugh Moss Gallagher, M.D., L.R.C.S. Ireland, of Letterkenny, County Donegal.

MOFFIT.—July 5, at Howdon-on-Tyne, Northumberland, William Moffit, L.S.A. Lond., aged 64.

RODHAM.—July 3, suddenly, Richard Rodham, of Sunderland, formerly of Wreath, Yorkshire, aged 43.

SCHOFIELD.—May 21, at Brockville, Canada, Dr. Peter Schofield, aged 74.

TORR.—June 29, at Barnstaple, Devon, Thomas Berry Torr, M.R.C.S. Eng., L.S.A. Lond., aged 55.

VAN OVEN.—July 9, at 22, Manchester-square, Barnard Van Oven, M.D. Jena, M.R.C.S. Eng., L.S.A. Lond., aged 64.

POPLAR HOSPITAL.—The fifth anniversary of this Institution was celebrated this week at Lovegrove's Brunswick Hotel, Poplar. The subscription list amounted on the occasion to upwards of £1000.

A YOUNG DOCTOR who has just taken his Doctorate in Paris, is a warm defender of M. Bouilland's *coup sur coup* practice. He defends it warmly in his thesis. "Tired of hearing that cruel objection cast in his teeth—viz. that if this method of bleeding did not kill the disease it ended by killing the patient; the enthusiastic believer set to work to find out the condition of the patients whom he had seen cured at the Clinique under the treatment of his master. The research, it seems, was difficult and dangerous. M. Garrigon declares that he was, in some cases, insulted by the ungrateful patients, and that in one case, he was threatened with corporeal punishment. The *Jugulés* were certainly not dead."

THE LIVERPOOL POISONING.—On Monday morning last the prisoner Thomas Winslow, charged with poisoning the late Mrs. James, of Liverpool, by the administration of antimony, was again brought before the local stipendiary, Mr. T. S. Raffles. Mr. Walters, prosecuting solicitor, stated that, in consequence of the investigation having assumed a much more serious character than was at first anticipated, it was desirable to have a further remand, as poison had been found in each of the bodies which had been exhumed, and it would be necessary to obtain the evidence of the most expert and scientific analysts. To do so would require a fortnight. Mr. Raffles remanded the prisoner in the meantime for seven days. The bodies which have been exhumed are those of Mrs. Townsend (sister of the late Mrs. James) and her two sons Samuel and William.

THE following account of the state of the dead body of a man as returned to his friends after dying in St. Thomas's Hospital, has gone the rounds of the papers. We have not yet seen any public contradiction or explanation on the part of the Hospital authorities:—An applicant at Lambeth Police Court stated that some days ago a young man named Davies, twenty-one years of age, had become an in-patient of St. Thomas's Hospital, having been a severe sufferer from some internal disease. On the afternoon of Wednesday his friends were preparing to pay him a visit, when they received a communication from the hospital acquainting them of his death. They hastened to the Hospital with the intention of seeing his remains, but this privilege, from some cause or other, was refused, and they were told that the body would be sent, or might be taken out, in the course of the evening. This was done, and on the coffin being opened a sight presented itself that nearly sent the father mad, and he still remained in such a state of distraction as to be unable to apply in person and take his worship's advice as to what he should do in the matter. The body was perfectly naked and placed sideways, with one of the arms that had been taken from the socket alongside it, the mouth and eyes quite open, and presented altogether a spectacle of the most distressing kind.

SMALL-POX AND VACCINATION HOSPITAL.—A General Court of the Governors of this Institution was held this week at the Hospital. Since the foundation of the Hospital, in 1746, it has afforded relief to 273,699 patients, during the year 1859 to 1185; and during the past six months to 669, being the greatest number admitted for a similar time since its institution, and several were refused admission for want of accommodation. Under these circumstances it was resolved at the last General Court that in consequence of the frequent return of epidemics of small-pox, and of the crowded state of the Hospital, steps should be forthwith taken to provide a separate building or wards to receive the more urgent cases, and thus afford additional accommodation to the public and security to the patients. In accordance with this resolution applications for plans and estimates were made, and eventually a tender accepted from Mr. John Perry for building two additional wards to the Hospital for the sum of £3358, and these wards are to be proceeded with at once. 147,734 persons have been vaccinated at the Hospital since the year 1799, and and 197 during the last six months, and 120 Medical Practitioners have been supplied gratuitously with 600 charges of vaccine lymph since the commencement of the present year. The receipts for the year 1859 were £2,680 15s. 7d, and the expenditure £2210 11s. 3d., leaving a balance at the bankers of £469 17s. 4d.

QUACKS AND THEIR PATRONS.—"Quackery has in all ages found favour with 'persons in high places.' Greenrakes was smiled upon by Charles the Second and all the grand Court ladies. Queen Anne knighted the quack oculist Reade, and made Roger Grant, the tinker, one of her Medical attendants. Ward, the drysalter, and inventor of 'Ward's Drop and Pill,' was the intimate of General Churchill and Chief Baron Reynolds, and was allowed to drive his carriage through St. James's-park by the permission of the King himself. Mesmer made his enormous income out of the credulity of those who occupied high places at Paris just prior to the great Revolution; and the supporters of St. John Long, who only a few years since, used to kill delicate women with his corrosive liniments, were almost all people of fashion."—*Athenæum.*

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·767 in.
Mean temperature	57·1
Highest point of thermometer	67·3
Lowest point of thermometer	51·2
Mean dew-point temperature	51·3
General direction of wind	S.W.
Whole amount of rain in the week	1·02 in.

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VITAL STATISTICS OF LONDON.

Week ending Saturday, July 7, 1860.

BIRTHS.

Births of Boys, 879; Girls, 788; Total, 1667.
Average of 10 corresponding weeks, 1850-59, 1466·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	499	420	919
Average of the ten years 1850-59	524·4	490·9	1014·4
Average corrected to increased population..	..	..	1115
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	4	9	5	1	5	7	2
North ..	490,396	4	7	6	..	7	6	6
Central ..	393,256	1	4	8	1	3	6	1
East	485,522	4	14	5	..	8	10	2
South ..	616,685	4	12	9	1	4	5	1
Total.. ..	2,362,286	17	46	33	3	27	34	12

TO CORRESPONDENTS.

Casuist.—Next week.

Fair Play, Gateshead.—When a letter is received here, it is usual to refer to the Directory if the writer be unknown. This was omitted in the case of Mr. Bell last week, and had we found that the writer was not registered, his letter certainly would not have been inserted.

Z.—It is very derogatory to the Profession to see such puffing as that sent from the Cornish paper.

In answer to a Correspondent we beg to state that the cells in a Model County Gaol are each of the undermentioned size, and each cell is occupied by one prisoner only:—length, thirteen feet; breadth, six feet ten inches; height, nine feet nine inches.

Mr. M.—Fodéré was born in 1764, in Savoy. He was successively Physician of the Army of Italy and of the Alps, Member of the Commission of Health of the Department of Hautes-Alpes, Physician-in-Chief of Hospice des Aliénés de Marseille, Consulting Physician of Charles IV., Physician of the Hôpital de Trevoux, Private Physician of King Ferdinand VII. at the Chateau de Valençay, Professor of Legal Medicine, etc. at Strasbourg, Corresponding Member of the French Academy of Sciences, of the Academy Royal of Turin, and the Royal Society of Savoy.

Suicides of Soldiers.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you permit me, through your Journal, to enquire of some of our Military Surgeons, the causes of the suicides of soldiers which we see almost daily recorded in the journals? I have been of late particularly struck with the frequent occurrence of these catastrophes, and am the more surprised at them, because, as we understand, the position of the soldiers has of late years been materially improved in all respects—physical and moral. I should be very glad to hear something on this score from those of our brethren who are engaged in taking care of the health of the soldier. I am, &c. Ich.

"The Dignity of the Profession."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In a local newspaper published in this neighbourhood is the following:—

"———, Esq., Surgeon, attended at the Castle at ———, at the ——— Sessions, on Tuesday last, and was sworn on the Commission of the Peace for the county."

The above looks very well, and especially if everything were in keeping, but your readers who are advocates for "the dignity of the Profession," will scarcely believe that this said gentleman tendered for a Sick Club last week, at the handsome rate of pay of one halfpenny per week each member, to include medicines and attendance, and he now fills the distinguished post!

The Club is composed of persons whose pay is from £80 to £120 per annum. This is true.

"'Tis pity, pity 'tis, 'tis true."

I enclose you my card as a guarantee of my good faith.

I am, &c.

July 9. Not yet Sworn on the Commission of the Peace.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have cut the following from the *Record* of last Monday:—

"Prolapsus ani et uteri. Sixth Edition. This is an exceedingly interesting little pamphlet. By a Clergyman of Bath. To which are added many letters received from other sufferers testifying the great benefit they also have experienced. Sent free, on receipt of One Penny Stamp."

Is this the cancer-curing parson or some other who has taken up the uterine branch, as likely to be popular with nervous hysterical women? it is just as likely to form one of the questions of the confessional as not—Have you anything the matter with the uterus? It is really disgraceful that such advertisements should appear in print as coming from a clergyman. I trust some of your readers who have the leisure and opportunity will investigate the matter. I am, &c.

Observer.

[We have sent for the Pamphlet, and find that it is a mere advertisement by some Bath instrument-makers, of a truss said to be useful in cases of prolapse of uterus and rectum.—Ed.]

Physicians and Apothecaries.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The conjecture hazarded in your last number respecting the opinion of lawyers on the proposed Third Class of Licentiates of the London College of Physicians is perfectly founded on fact. Counsel have given a decided negative to the case as laid before them by the College. But the managers of the College, with a perseverance worthy of a better cause, are determined not yet to abandon their pet scheme. They think, as I understand, that if this case were put before counsel in another light they could get a different opinion, *i.e.* one more in accordance with their own wishes. It is, therefore, proposed once again to try the lawyers, who, it is hoped, will not be so hard to please. Surely law which is good enough for the College of Pall Mall ought to be satisfactory in Westminster! Unfortunately, Doctors are notoriously bad men of business; and we may, therefore, presume, *à priori*, that their counsel's opinion is correct. However, we shall see what a refresher in the fee way will do for the College.

This one thing, however, let me say: Our Hall is determined to try conclusions with the College if it attempts to make this Third Class. We are equally advised by the highest authorities that we can stop the College in the doing of that act; and most assuredly we should be lost to our duty if we did not do all in our power to maintain our just rights. If then the College can persuade its counsel to alter their opinion to meet its wishes, you may be assured of this, that the day it makes one of these new Licentiates it will commence a law-suit with Apothecaries' Hall, of which Society I beg to sign myself

London, July 12. A Licentiate.

N.B.—You see that Apothecaries' Hall is advised that it can legally stop the manufacture of the new Class of Licentiates; and you also see that the London College is also advised that it cannot legally make the new class. Is it not time to cry *Eheu! jam satis!* pay off the lawyers, and leave things in their tranquil *statu quo?*

COMMUNICATIONS have been received from:—

M. Claude Bernard; Professor Bennett; Dr. Remak, Berlin; Dr. Campbell, Augusta, Georgia; Dr. Arnott; Mr. Hulme; Dr. Long; Dr. Druitt; Mr. Le Gros Clark; Dr. Godfrey; Mr. Ramsay; Mr. Raymond; Mr. Radcliffe; Dr. W. Ardino, etc.

APPOINTMENTS FOR THE WEEK.

July 14. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's 2 p.m.; Charing-Cross, 1 p.m.

16. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

17. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

18. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

19. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

20. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

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ADDITIONAL TESTIMONY ON THE EXTRAORDINARY EFFICACY OF DR. J. COLLIS BROWNE'S

(M.R.C.S.L., Ex-Army Medical Staff)

C H L O R O D Y N E.

MEDICAL PROPERTIES—Anodyne, Diaphoretic, Sedative, Astringent, Antispasmodic, Diuretic.

A few Extracts of Medical Reports are furnished in testimony of the exceeding value of this New Remedial Agent.

The following extract from a letter by Dr. SHORTHOUSE (late of the Metropolitan Convalescent Hospital), of Carshalton, to a Medical friend in the North of England, is published by permission :—

....."And now, my friend, about 'Chlorodyne'—the infallible and incomparable Chlorodyne! The best idea I can give you of my estimate of its value will be in the fact, that I have within the last fifteen months used 160 ounces of it, and, as each ounce contains about fifty adult doses, I have given at least 8000 doses. This is what I have administered myself, and is altogether independent of a large quantity which I have prescribed, and the patients have procured for themselves. It is, as I said before, a remedy quite *unique*, and its effects totally dissimilar to those of opium or any other English medicine. It requires some little management in its administration, so as to ensure its best effects. Out of the many hundreds of patients for whom I have prescribed it, I have found it disagree with but three.

"Its mode of action is that of an astringent in suppressing hæmorrhage and diarrhœa; an anti-spasmodic in colic and all forms of spasmodic cough; an anodyne in allaying pain and excitement, and producing tranquillity and a most heavenly state of repose.

"The cases (among others) in which I have employed it have been twelve cases of phthisis; eight of these patients had been examined by other Medical men, and had been regarded as genuine cases of consumption, so that the nature of the disease does not rest upon my testimony alone. They were all well-marked cases; for I do not mention several others in an incipient stage. Two of the cases were in the last stage—*i. e.* cavities had formed in the lungs; two others were bordering upon this stage. The remaining eight were in the second stage—that of softening; in five of these hæmoptysis was a prominent symptom. All these cases have done, or are doing, exceedingly well. Five of them have quite recovered; the others, with one exception, are in a fair way towards recovery.

"I have used it in many cases of hooping-cough and bronchitis, especially that form of the disease attended with laryngeal complication, *i.e.* irritation of the superior laryngeal nerve, with a very harassing spasmodic cough; and in these cases I can speak of it as a remedy of the highest value.

"In dysentery and dysenteric diarrhœa, and in mucous diarrhœa with pain round the umbilicus, it is invaluable; one dose, or at most two, being sufficient. In simple diarrhœa it is hardly worth while giving it a trial. But its effects are most marked in cases of hæmorrhage, which it will arrest almost instantaneously; I have had several proofs of this. In some forms of neuralgia it also affords relief in a very short period.

"I hope I have now said enough to induce you to give it a trial. But don't be misled; it is not a cure-all, nor did I ever 'puff it off as a universal panacea for all ailments.' It is what is perhaps better—a valuable therapeutic agent, with which you may successfully combat disease in many of its forms, and those forms most frequent and most formidable. In addition to its astringent and anodyne properties, it also possesses remarkable chemical ones, and has a marvellous effect upon the absorbent and nutritive functions. I have seen cases of secondary sores and indolent ulcers assume quite new features, when the ordinary remedies have been combined with small doses of Chlorodyne."

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S. Eng.; formerly Lecturer upon Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an anti-spasmodic and sedative. I have used it in consumption, asthma, diarrhœa, and other diseases, and am most perfectly satisfied with the results."

From the "MEDICAL TIMES."

"TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

"SIR,—In reply to an inquiry made by your correspondent, who subscribes himself 'Nota Bene,' whether any cases of benefit from 'Chlorodyne' have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate Opium, Hyoscyamus, or Belladonna, and in despair almost I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He took only two doses, which acted so well that he compared his feelings to being transported to Paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bedtime, feeling secure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.

"I am, &c. "THOMAS A. HENDERSON, M.D., L.R.C.P.,
"Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23, 1857."

Extracts from the General Board of Health, London, as to its efficacy in Cholera.

"1st Stage, or Premonitory.—In this stage the remedy acts as a charm; one dose generally sufficient.

"2nd Stage, or that of Vomiting and Purging.—In this stage the remedy possesses great power, more than any other we are acquainted with, two or three doses being sufficient.

"3rd Stage or Collapse.—In all cases restoring the pulse. So strongly are we convinced of the immense value of this remedy, that we cannot too forcibly urge the necessity of adopting it in all cases."

From THOMAS F. HALE, Esq., Surgeon, Saundersfoot, Pembrokeshire.

"SIR,—I should be much obliged by your forwarding three bottles of Dr. J. Collis Browne's Chlorodyne, which I have found most useful in allaying pain. I have used twelve ounces of it, and in nearly every case in which I have employed it, have every reason to be satisfied with the result; and although I object, as a rule, to use any preparation of a secret nature, and of whose composition I am not fully acquainted with, still, having once tried the Chlorodyne, and found that it really did produce the effects stated, I do not think I should be justified in withholding such a preparation from my patients when I see the value of the remedy."

From C. V. RIDOUT, Esq., Surgeon, Egham, Surrey.

"SIR,—Having extensively used Dr. J. Collis Browne's Chlorodyne, I feel it incumbent upon me to add my testimony to the numerous evidences you have already received of the undoubted efficacy of this remedy. As an astringent in severe diarrhœa, and an anti-spasmodic in colic, with cramps in the abdomen, the relief is instantaneous. As a sedative in neuralgia and tic douleureux, I can record a case where its effects were very remarkable. It occurred in January last. A gardener applied to me with pain in the head, resembling most distinctly tic douleureux as usually met with in the face; it was impossible for him to prevent his head moving from side to side with great regularity at intervals of five seconds. The pain and agony he described to be so acute that he was afraid it would induce madness. I prescribed ten minims of Chlorodyne every half-hour. The second dose mitigated his sufferings; and after the fourth dose he slept comfortably for some hours, and awoke refreshed and comparatively free from pain. I continued the Chlorodyne in diminished doses for a few days, since which time he has had no return of the attack. In uterine affections I have found it extremely valuable; and I could, if necessary, add many more striking instances of the powerful influence Chlorodyne exerts in controlling diseases."

From J. MCGRIGGOR CROFT, M.D., M.R.C.P. London—Nov. 26, 1859.

"SIR,—After prescribing Dr. J. Collis Browne's Chlorodyne for the last three years in severe cases of neuralgia and tic douleureux, I feel that I am in a position to testify to its valuable effects. Really in some cases it acted as a charm when all other means had failed. Without being asked for this report, I must come forward and state my candid opinion that it is a most valuable medicine."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It is the most efficacious remedy I ever used, affording relief in violent attacks of spasm within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From W. R. DAWES, Esq., Haddenham.

"DEAR SIR,—You should have heard from me sooner respecting the effects of Dr. J. Collis Browne's Chlorodyne, but the fact is, that I have found it so universally applicable as a sedative, that there is great difficulty in making a selection of cases which most strikingly mark its beneficial action without rendering my report inconveniently prolix. I can, however, most truly say, that it is a remedy more generally efficient than any other with which I am acquainted. Its sedative and anodyne effects are not only more speedily produced, but they are also more lasting, and are not followed by exhaustion, or headache, or disturbance of the digestive functions; on the contrary, in many instances its continued use has been followed by exhilaration of spirits and improvement of appetite, especially in the various painful symptoms attending uterine irritation. In hysteria and in dysmenorrhœa, this remedy acts like a charm, as also in nervous headaches and in many cases of cough. In fevers, combined in the early stage with tartarised antimony, it is often of signal service; nor is an increase of dose usually requisite to maintain its beneficial action. In a case of phthisis, the moderate dose of ten minims, taken every night, has sufficed for many months to secure quiet rest, scarcely disturbed by cough, while the omission of it is invariably followed by a restless and coughing night. One fact strikes me as very remarkable—namely, that while the tendency of Chlorodyne to produce constipation is so slight as rarely to require an aperient, it has never failed speedily to stop diarrhœa, or to extinguish attacks of ordinary Cholera. In only two or three instances has it disagreed. The sleep which follows the composing influence of the medicine is peculiarly light and refreshing."

From Dr. B. J. BOULTON and Co., Horncastle—Sept. 26.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent, direct sedative and anti-spasmodic. It seems to allay pain and irritation in whatever organ and from whatever cause.

"It induces a feeling of comfort and quietude not obtainable by any other remedy, and it seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after-effects."

CAUTION.—Be sure to ask for Dr J. COLLIS BROWNE'S CHLORODYNE; disappointment will result from any other.—See the Manuscript Signature.

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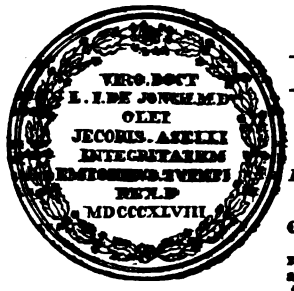

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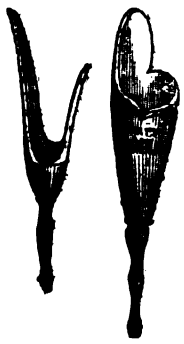

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Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph.D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

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Apothecaries' Hall, June 28th, 1860.—

NOTICE.—On and after Thursday, the 12th of July, 1860, the EXAMINATIONS of CANDIDATES for a LICENCE to PRACTISE MEDICINE, will be conducted partly in Writing and partly Vivâ Voce.

ALFRED M. RANDALL,
Secretary to the Court of Examiners.

Operations.—Army, Navy, and India

EXAMINATIONS.—Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital (formerly House-Surgeon to King's College Hospital), is prepared to Superintend the Performance of the Operations on the Dead Body. Fee, including half a subject and the necessary instruments, Five Guineas; or with an entire subject, Eight Guineas.—Apply to Mr. Heath, at the Westminster Hospital.

Cambridgeshire, Isle of Ely, and

BOROUGH of CAMBRIDGE PAUPER LUNATIC ASYLUM.—RESIDENT MEDICAL SUPERINTENDENT.—The Committee of Visitors are desirous of ENGAGING a Gentleman qualified to act both as SURGEON and APOTHECARY (whether possessing a Degree or not) and fully capable of taking upon himself the responsible duties of Medical Superintendent of the above Asylum, distant about three miles from Cambridge.

The person appointed will be expected to devote the whole of his time and energies to the duties of the office; and he will be precluded from private practice. Preference will be given to a Gentleman who has been accustomed to the care and treatment of Lunatics. The salary will be £300 per annum, with a Furnished House and Coals, and an allowance of £140 per annum in lieu of rations.

In the event of the Medical Superintendent being married, the Committee may prefer that the duties of Matron be performed by his Wife; but do not pledge themselves to such a course. Should, however, this be the case, the Matron would receive a salary of £100 per annum, and £60 in lieu of rations.

The person appointed will have to supply his own plate, linen, china, and other household articles, except furniture, and to provide his own domestic servants.

Testimonials to be forwarded to "The Committee of Visitors," under cover to me, on or before Monday, the 30th day of July next.

CLEMENT FRANCIS, Clerk to the Visitors.

Cambridge, June 26.

N.B.—It is particularly desired that no application, either personally or by letter, be made to any member of the Committee, or their Clerk; and any such, if made, will not receive attention.

Wortley Union.—Appointment of

MEDICAL OFFICERS and PUBLIC VACCINATORS.—Notice is hereby given, That the Guardians of the Poor of the Wortley Union will, at their Meeting to be held at the Board-room at the Workhouse, Grenoside, near Sheffield, on Friday, the 27th inst., proceed to the APPOINTMENT of a MEDICAL OFFICER and PUBLIC VACCINATOR for the Ecclesfield Medical District of the said Union, and also of a MEDICAL OFFICER and PUBLIC VACCINATOR for the Wortley Medical District of the said Union. The District of Ecclesfield comprises the Township of Ecclesfield (exclusive of the Hamlet of Wadsley in the said Township) and contains an area of 8764 acres and a Population, according to the last Census, of 8209. The District of Wortley comprises the Townships of Tankersley and Wortley and the Hamlets of Midhope and Bolsterstone in the Township of Bradfield, the whole District containing an area of 17,946 acres, and a Population, according to the last Census, of 3235. The Gentlemen appointed will each receive a Salary of £30 per annum for the performance of their duties as Medical Officers of the said Districts respectively, and the person appointed Medical Officer for the Ecclesfield Medical District will, at the said Meeting also be appointed Medical Officer of the Workhouse of the said Union, situate in the said Township of Ecclesfield, at a Salary of £20 per annum; they will also be entitled to receive the extra Medical and other Fees allowed by the Orders of the Poor-law Board, and a fixed sum for every case of Vaccination successfully performed by them respectively. They will be expected to reside within their respective Districts, to furnish all Medicines required by the Paupers free of charge and to vaccinate all children resident in their respective Districts who may be brought to them at their respective residences or at any of the Stations in their respective Districts, to be appointed by the Guardians for that purpose, generally to perform the duties of a Medical Officer as prescribed by the Orders of the Poor-law Board, and to obey the directions of the Poor-law Board and Guardians respectively concerning their said offices. Each of them will also be required to enter into a Contract for the due performance of his duties as Medical Officer and a separate Contract relating to his duties as Public Vaccinator. No person will be eligible for appointment unless he possesses some qualification or qualifications set forth in the General Order issued by the Poor-law Board and dated December 10, 1859. Any further information may be obtained on application at my office in Penistone. Candidates are requested to forward their applications accompanied by a Diploma, Certificate, or other Document in proof of their respective qualifications to me, at my office in Penistone on or before Thursday the 26th inst. The persons appointed will be required to enter upon their respective duties immediately after the Election.

By Order, JOHN DRANSFIELD,
Penistone, near Sheffield, July 2, 1860. Clerk to the Guardians.

Pau, South of France.—An English

SCHOOL has been established for the last three years at this town, for the purpose of giving a classical, mathematical, and general education to the children of English resident in Pau, or of visitors.

The plan of the School includes Latin, Greek, Euclid, Algebra, German, French by a native, and a thorough course of English.

The Principal of the School, the Rev. JOHN HATTERSLEY, invites the attention of Physicians and others to this advertisement, believing that the opportunity of regular instruction for children will be considered an important addition to the many advantages of Pau.

Further information may be obtained from the Rev. John Hattersley, 32, Haute Plante, Pau, Basses Pyrénées, or from Messrs. Williams and Norgate, Booksellers and Publishers, Henrietta-street, Covent-garden, W.C.

The Queen's Hospital, Birmingham.—

The Appointments of PHYSICIAN to the Queen's Hospital, with the Chair of Physiology in Queen's College, and PHYSICIAN to the Queen's Hospital, with the Chair of Materia Medica in Queen's College, having become VACANT, gentlemen proposing to become Candidates are invited to send in their applications and testimonials on or before the 10th of August, 1860. WILLIAM SANDS COX, F.R.S., Dean to the Faculty.

Queen's College, July 2, 1860.

Nervous and Mental Disorders.—

Wyke House, Sion Hill, Isleworth, Middlesex, W., a Private Establishment for the care and recovery of Ladies and Gentlemen mentally afflicted. Application to be made to Dr. R. GARDINER HILL, late Resident Proprietor of Eastgate House, Lincoln, 8, Hinde-street, Manchester-square, W., or to Dr. E. S. WILLETT, M.D., Wyke House, the Proprietors.

PURE SPIRITS FOR THE FACULTY.

S. V. R. 56 O.P., 17s. net Cash.—

This quotation admits of neither credit nor discount, and 1s. per gallon must be added for packages, to be allowed on their return.

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Pilules de Hogg a la Pepsine, pure ou

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PILLS of PURE PEPSINE, exhibited for Dyspepsia, Diarrhœa, Indigestion, and sense of uneasiness after eating.

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CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.: Citrate of Potash, containing 30 grs. Citrate of Potash and Iron, 30 grs. and 5 grs.

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Seltzer, Vichy, Pullna, &c., from their respective analyses.

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BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD'S instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain 2 grains and 5 grains in each bottle, either by itself, or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.

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The Mineral Water of Carlsbad is a

searching and solvent Remedy, powerfully promoting the secretions of the liver, of the intestinal tube, of the kidneys and skin, operating beneficially in all chronic disorders of the abdomen, of which pure weakness is not the essential basis and cause; as also in those affections of the head, breast and nerves, whose seat and origin are to be sought in the same; likewise in disorders of the lymphatic and glandular system. It has maintained its great celebrity in opposition to the prevailing pathological theories, because it has cured diseases, which had baffled all other sanative remedies and mineral springs.

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Attendance from 11 till 4.

University College, London. — The PROFESSORSHIP of BOTANY at this College will become VACANT at the close of the current Session (30th July), by the Resignation of Professor Lindley, Ph. D. Applications for the Appointment, and Testimonials, will be received on or before Monday the the 24th September next.

July 10, 1860. CHARLES C. ATKINSON, Secretary to the Council.

Northampton General Infirmary.— WANTED, a DISPENSER, to this Institution. Salary £100 per annum, without Board and Lodging. His whole time to be at the disposal of the Infirmary. Applications with Testimonials, to be sent to J. F. GRAY, Esq., House-Surgeon, on or before the 19th July, of whom any further particulars can be obtained. Those Candidates whose personal attendance may be requested by the Medical Committee, and who are not successful, will be paid their travelling expenses.

Coventry and Warwickshire Hospital. —HOUSE-SURGEON WANTED.—Candidates must be Members of the College of Surgeons of London, Edinburgh, or Dublin, and must possess a Medical qualification. Salary £100 per annum with furnished apartments in the Hospital, coals, candles, and attendance. A Dispenser is employed. Applications to be made and Testimonials addressed to the care of the Hon. Secretary of the Hospital, Coventry, on or before the 6th of August next. The duties to be entered upon forthwith.

Coventry, June 25.

York Dispensary.—Wanted, a RESIDENT MEDICAL OFFICER and SECRETARY for the above Institution. He must be a Member of the College of Surgeons, and a Licentiate of the Apothecaries' Company of London. The Salary will commence at £120 per annum with an annual increase of £20, until it reaches £180 per annum. Rooms, fire, and light will be furnished gratuitously, and a Dispenser provided. Testimonials must be sent addressed to Mr. Roberts, the Dispensary, York, on or before Friday the 20th instant, and the Election will take place on Tuesday the 31st instant.

York, July 5, 1860.

North Staffordshire Infirmary, Etruria. —The Situation of DISPENSER to the above Institution having become VACANT, owing to the resignation of Mr. W. Coker, persons intending to offer themselves as Candidates for the Appointment, must send in their applications, with Testimonials, to the Secretary, on or before Tuesday, the 7th of August. The election which is in the hands of the General Committee, will take place on Thursday, August 16th, and due notice will be given to those Candidates whose personal attendance will be required on that day. Salary £40 for the first year, £50 for the second (if he proves efficient and satisfactory), with Board, Washing and Lodging.

July 3, 1860. RALPH HORDLEY, Secretary.

Dispenser.—St. Mary's Hospital, PADDINGTON.—Wanted, a DISPENSER for this Institution. He must be a Single Man. He will Board and Lodge in the Hospital, will take his meals at the Board-room table, and his Salary will be £50 per annum. His duties will be such as usually devolve upon that officer in Hospitals, but which may be known more fully by calling upon the Secretary. Candidates will be required to submit their proofs of scientific and practical knowledge of Pharmaceutical Chemistry to the Medical Committee. Applications, in their own handwriting, stating age and former engagements (if any), which they have held, together with testimonials to character and capability, must be sent in, addressed to the Secretary, at the Hospital, on or before Saturday, the 4th of August, and Candidates are to attend on the following Monday, at Half-past Four o'clock in the afternoon.

July 12, 1860. JOS. G. WILKINSON, Secretary.

To General Practitioners.—A Medical STUDENT, who is fully competent to discharge the duties of the Surgery and also to attend Midwifery, is desirous of meeting with a Situation, where his services will be considered equivalent to his Board and Lodging, with permission to attend one of the Metropolitan Hospitals. References will be given on application. Address, T. Small, Esq., Physician, Boston.

Rare Opportunity. — A Gentleman who is compelled, by reasons he will explain, to give up an OLD-ESTABLISHED PRACTICE, carried on in a beautiful locality a few miles from London, and the returns of which have, for many years, averaged over £600 per annum, will TRANSFER the same to a Successor, for £300, £100 of which may remain on security. None but parties provided with funds and ready to enter upon it immediately need apply. Address, by letter only, Medicus, 284, High-street, Boro', London.

Medical Transfer and Partnership.

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Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, at the above Address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE Practice.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

He has been concerned professionally for a considerable proportion of the most influential Practitioners (including Partners in many of the leading Medical Firms), to whom he has the satisfaction of being permitted to refer—a privilege that he trusts will be regarded as a proof of the sincerity of his endeavours to conduct these transactions in an honourable and straightforward manner.

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A Gentleman, possessing both Medical and Surgical Qualifications, offers his services for a short or unlimited period, to TAKE CHARGE of a PRACTICE during temporary absence or illness of the Principal. First-class testimonials and references. Address, A. F. C., Post-office, Dudley, Worcestershire.

Medical Agency, 2, Duke-street, ADELPHI, LONDON, W.C.—Messrs. HEINE and Co. introduce Assistants, Pupils, and Apprentices, and negotiate the purchase and sale Practices of Businesses, and Partnerships.

Communications strictly confidential. Office hours, Ten to Four.

A Dispensing-Assistant wanted by a General Practitioner, who resides on a line of rail about Twelve miles from Town. Apply personally, to Messrs. Langton, Elden, and Scott, 226, Upper Thames-street, E.C.

To Medical Men. — Wanted, for a Nervous Lady, Board, Lodging, and Medical Supervision. Terms to be moderate. Apply to A. Z., care of Mr. Orridge, 30, Bucklersbury, Cheapside.

To Invalids.—A Married Medical Man, residing in a beautiful and healthy village in one of the home counties, is prepared to receive into his house an INVALID LADY. Terms 150 Guineas per annum. For further particulars, address, A.B., 21, Harp-lane, London, E.C.

Medical Assistant. — A Gentleman, aged 30, and married (sine Diploma) wishes to meet with an OUT-DOOR ASSISTANTSHIP, to Visit, Dispense, and attend Midwifery, or to take charge of a Branch Practice. London or a Provincial town preferred. Unexceptionable references. Address, M. S., 115, Praed-street, Paddington, London, W.

A Gentleman, aged 26, having the Double Qualification, wishes for an engagement as VISITING-ASSISTANT, within two miles of the Strand. He would require a few hours daily to continue attendance on Hospital Practice. Address, "Delta," 19, Hart-street, Bloomsbury, W.C.

Death Vacancy.—The Death of a Gentleman who has carried on a General Practice for nearly 40 years in a populous district in the North of England, offers a good opening for an active Practitioner, who may be inclined to make an arrangement with the widow. Terms moderate. Address, J. C. Eno, Druggist, 4, Groat Market, Newcastle-on-Tyne.

Medical.—A Gentleman, duly Qualified, who has for ten years been engaged in extensive Private Practice abroad, having to remain in England for some months, offers his services as VISITING ASSISTANT, or to take charge of a Practice in London, in return for Board and Lodging, he would require two or three hours daily for the purpose of reading for the Fellowship, and would pay a douceur to the party engaging him, if willing to assist him in preparing for the degree. The highest Testimonials given. Address, J. B., Journal Office, Birmingham.

Insanity.— To be Let, for the Reception of Patients afflicted with Mental Disorders, SHILLINGTHORPE HALL, near Stamford, where treatment has been carried on for many years with great success by the late Drs. WILLIS. The House stands in Park-like grounds, in a pleasing and healthy situation, is capable of receiving a considerable number of first-class Patients, and the whole is in excellent repair, and well-supplied with water. Any quantity of land, not exceeding 200 acres, can be occupied with the above, if required. Possession may be had at Michaelmas next. For further particulars, inquire of Messrs. Young, Jones and Vallings, No. 2, St. Mildred's-court, Poultry, E.C.

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MEDICAL TIMES & GAZETTE

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On Chronic Alcoholic Intoxication, or Alcoholic Stimulants in connexion with the Nervous System. By W. MARCET, M.D., F.R.S., Fellow of the Royal College of Physicians, and Assistant-Physician to the Westminster Hospital.

"Dr. Marcet treats of the nervous diseases which arise from the continued abuse of alcoholic stimulants. The symptoms, diagnosis, and treatment of the disorder are carefully described, and the book may be profitably perused by even non-professional readers."—The Critic.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXXII.

ON DROPSY OF THE FALLOPIAN TUBE—DIAGNOSIS—*continued.*

To resume then. The characters by which you will be enabled to determine whether a cystic tumour lying in the pelvis is due to the dilatation of a Fallopian tube, are, shortly, these:—

First. *Its free and independent Mobility.*—The tumour is freely moveable in the cavity of the pelvis, and does not move synchronously with the uterus; but, on the contrary, it remains at rest when the womb is moved, and can be readily moved about by the exploring finger when the womb is kept firmly fixed, either by the hand placed above the pubes, or better still, by means of the uterine sound introduced into its cavity.

Secondly. *Its elongated Form.*—As the fluid collects in and distends the tube in nearly all its length, the resulting tumour is of an elongated conical form, with the rounded base corresponding to the obliterated fimbriated extremity and the apex at the upper angle of the uterus.

Thirdly. *Its wavy Outline.*—In all cases the surface of the tumour feels more or less undulating and indented, for, in most instances, the distended tube is folded once or oftener on itself, and tortuous; and when it is not thus wavy and convoluted, the smooth outline is interrupted by the pressure of bands of plastic fibrine stretching over and indenting it.

I have also referred to the comparative size of the tumour and its situation in the ordinary position of the Fallopian tube as guides—though certainly of less value—in enabling you to discover and recognise the disease. If you have satisfied yourselves in any case as to the existence of the characteristics which I have attempted to pourtray, you may proceed at once to confirm your diagnosis of the disease, and initiate your treatment by introducing an exploring needle into the interior of the cyst, and examining the fluid that escapes, which, as I have stated, is usually perfectly limpid and clear. It is, no doubt, a matter of considerable difficulty to make out clearly in certain cases the actual presence of a tumour with all the characters I have described; and to decide positively that it is a dropsy of the Fallopian tube will demand a certain amount of experience on your part, and no small care and caution in conducting the examination. But the difficulties of the case will be lessened, and the diagnosis will be rendered more certain, if you will always take the precaution to investigate the pelvic organs by means of both hands simultaneously—one being placed over the fundus uteri, and pressing down upon the pelvic organs through the abdominal walls, while two fingers of the other hand are passed into the two canals at the outlet of the pelvis, for the purpose of examining the state of its contents from below. Where the patient has previously had a family, the abdominal walls are soft and flabby, so that the pelvic organs can be readily felt through them; and where they are firmer and less yielding, by putting the patient under the influence of chloroform they will be so far relaxed as to enable you to have all the parts thoroughly at command.

Prognosis.

In the great majority of cases the disease has remained unrecognised and unsuspected during the lifetime of the patient, and has only been discovered after death when the body was subjected to a post-mortem examination; and this is more particularly the case where the cyst is not of very large size, and its contents consist simply of a serous fluid. But where some morbid process has been going on in the interior of the cyst, and the altered mucous membrane has become the seat of inflammation in its higher grades, or where it has been subjected to injury, so that the contents become mixed up with purulent effusions and bloody extravasations, the ultimate issue is apt to be less favourable. For

Fig. 4.

Fig. 4.—Dilatation of the Fallopian Tubes from obliteration of their Orifices. The sinuous convoluted sacs are filled with a dark sanguinolent matter. (Becquerel.)

in such cases it sometimes happens that the cyst-wall becomes ulcerated through or bursts, and the morbid and irritating fluid escaping into the cavity of the peritoneum lights up a degree of inflammation on its serous surface that proves rapidly fatal. In some few cases, again, the disease may be recognised during life, even when the cyst is of the simplest kind, but where it is of sufficient size to give rise to the series of symptoms to which I have alluded. In such cases you may succeed in diagnosing the disease in the manner I have described to you, and in conducting it to a favourable termination by an appropriate plan of

Treatment.

Medical treatment of any kind seems to be of but little avail for the cure of this kind of malady. In the patient whom I tapped this morning, medicines of every class had been tried, but all without effect. We have no remedy which, when administered internally, has the property of causing absorption of the fluid secreted into the interior of cystic cavities of the Fallopian tube, any more than we have remedies which can cause dropsical tumours of the ovary to dissolve and dissappear. The only effectual means of affording relief to the patient, and her only hope of a permanent cure, is the removal of the fluid by puncturing the cyst. Systematic writers speak of this as having been attempted, and always proving fatal; but there is no satisfactory proof, so far as I can discover, that in any of those cases where a dropsical Fallopian tube was supposed to have been tapped, the fluid really was contained in a dilated tube at all. And in the only case where a cure of this disease by means of tapping is alleged to have been effected, there is no evidence, whatever, to show that the evacuated fluid had collected in the Fallopian tube. The case to which I allude is recorded by Bartholin in the *Acta Medica et Philosophica Hafniensia*, as contributed by Johann Heinrich Brechtfeldt, Physician to the Queen Dowager, and headed, "Dropsy of the right Uterine Tube cured by Paracentesis." There was a large tumour, he tells us, in the right groin, which interfered with progression, and which he concluded to be dropsy of the Fallopian tube, because of the semicircular form of the tumour, and the attendant suppression of the menses. These are but meagre data, assuredly, on which to found a diagnosis; and our doubt as to its correctness, or rather our belief in its incorrectness, is confirmed by the statement, he goes on to make as to the effect of puncturing the cyst at its most dependent point, an operation which allowed the escape of several pounds of fluid. The further history of the case is interesting, however, in this respect that after the wound had been left open for three months, a complete cure was finally effected, and the patient afterwards became pregnant and gave birth to a living child. The operation to which I have had recourse in those cases where I have been able to satisfy myself as to the

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existence of Fallopian tube dropsy, consists simply in puncturing the cyst with an exploring-needle, introduced through the roof of the vagina. Although this plan of operation, as I have since become aware, has been proposed by Meissner, and discussed and condemned by Kiwisch, no one else, so far as I know, has ever attempted to put it in practice. Yet it is a very easy operation, and one which is not attended with any suffering or any great degree of danger. The exploring-needle is used here with the double view—first, of making sure of the diagnosis as to the cystic character of the disease; and secondly, of effecting a cure. It is pushed right into the tumour at its softest and most dependent point, having been introduced through the roof of the vagina, and passed behind the broad ligament, on the posterior surface of which the tube is situated. The fluid is allowed to drain away completely through the narrow tube of the exploring-needle; and, as the result of this simple operation, you will usually find that a certain degree of inflammation is set up in the lining membrane of the cyst. If the inflammatory process do not proceed too far the effects are most beneficial, for it leads merely to obliteration of the cavity, or to such a change in the lining membrane of the cyst, that it no longer furnishes the dropsical fluid with which it was formerly distended. Should the inflammatory action threaten to become too high, it can easily be kept in check by the use of antiphlogistics and counter-irritants. You might imagine that, after this operation, the condition of the internal organs of generation would be such as to render it impossible that they could perform their functions. But experience has shown that this is not the case. A number of years ago I had under my care an American lady who had long suffered from symptoms which I found to be due to dropsy of the Fallopian tube, and in whom I effected a cure by tapping the cyst with an exploring-needle in the manner I have described. She had a pretty smart attack of inflammation after the operation, which I succeeded, however, in subduing by means of leeches, etc., and believing that one Fallopian tube, at least, had become obliterated, and the condition of all the pelvic organs modified in consequence, I never dreamt that there was any possibility of her ever afterwards becoming a mother. Nevertheless, she wrote to me a year or two afterwards, telling me that she had carried a fœtus to the full term of pregnancy, although it unfortunately perished during parturition. If, again, we come to inquire as to the probability of the fluid re-accumulating in a Fallopian cyst that has been evacuated, we find the results of past experience to be of the most satisfactory kind. I cannot tell you why it is; but when a cyst formed by the dilated Fallopian tube has been once evacuated and contracted, it shows no tendency whatever to refill and reassume the dropsical condition. I can easily imagine, however, that in some cases the fluid may be apt to re-accumulate, and call for a repetition of the operation; or it may even be found necessary in some obstinate cases to have recourse to the injection of tincture of iodine or some other stimulant in order to excite such a degree of inflammation in the cyst-wall as shall lead to the occlusion of the cavity, or to a destruction of the secreting powers of its lining membrane. But in none of the cases where I have evacuated a dropsical Fallopian tube has there been any attempt at the reproduction of the fluid, the degree of inflammation which was set up in the walls of the cyst as the result of the simple evacuation appearing always to have been sufficient to effect a perfect cure. I believe that in all the cure has been not only perfect, but permanent, for in some instances several years have elapsed since the date of the operation, and still the patients continue well. I can recall at this moment to my mind eight different patients, in whom I have had recourse to the operation, and in all of whom a perfect and, so far, a permanent cure has been obtained.

One of the most interesting cases of this disease that has come under my notice occurred in the person of an unmarried lady, who came to consult me eight years ago. For many years previously she had suffered from a constant and increasing pain in the right side of the pelvis, which had become so acute and incessant for about a year before the time that I first saw her as to keep her almost entirely confined to bed; and the pain stretched down the limbs so that she could not bear to put her right foot to the ground. A swelling could be felt in the right groin, about the size of an egg, which had all the physical characters that I have described to you as peculiar to the dropsical Fallopian tube. I tapped the cyst with the exploring-needle, and the disease was thus speedily cured. I have heard from this patient recently, and she tells me that she continues "quite well—a wonder to myself, and all who knew me some years ago."

THREE LECTURES
ON THOSE DISEASES OF THE KIDNEY
GENERALLY KNOWN AS
BRIGHT'S DISEASE.

DELIVERED AT
The Middlesex Hospital.
By S. J. GOODFELLOW, M.D.
Physician to, and Lecturer on Medicine at, the Hospital.

Lecture I.

Gentlemen,—In the Lectures which I now commence it is my intention to lay before you the symptoms, causes, anatomical characters, and treatment of those diseases of the kidney which are nearly always attended, in some part of their course, with the presence of albumen in the urine. It will be my endeavour so to describe these affections that you may be able more completely to understand their true nature, and I shall illustrate my description by cases that we have now, or have lately had, in the wards of the Hospital. I shall also endeavour to give a more Clinical direction to these Lectures by describing the symptoms in such a way as will, I hope, assist you in taking notes of these cases at the bedside, and thus rendering them more valuable, not only for present use, but in your future practice.

It has been found very difficult to give an appropriate name to these diseases, one which would embrace, and in some measure define, all the pathognomic symptoms as observed during life, as well as the anatomical characters as found after death. A great deal of thought and ingenuity have been fruitlessly expended in discovering a name—and no wonder! We might as reasonably expect to find a name for all those affections of the liver which are accompanied by jaundice.

But in the present advanced state of our knowledge of these diseases do we want a name for them? It must seem clear to every one at all practically acquainted with them, that no name can be discovered which would satisfactorily indicate all the states of the kidney, accompanied by the separation of serum from the blood and its consequent presence in the urine. It is almost unnecessary for me to point out to you the objections that may be urged against every name which has hitherto been suggested, as I have so recently stated them in my systematic lectures. Morbus Brightii was the original name for these affections, after the able Physician who first directed the attention of the Profession "to the connexion that existed between dropsy and albuminous urine during life, with certain morbid structural conditions of the kidney as found after death." If we were to regard this name as a purely arbitrary one, that comprised within it all these states of the kidney, it would be the best that had been given to them. But the objection against it, if understood in any other sense, is that it implies that all these morbid states of the kidney are different stages of one disease.

Acute and chronic albuminuria are names equally if not more objectionable. You are aware that the presence of albumen in the urine may be owing to very different conditions of the kidney, and sometimes there is no albumen present in the urine during the whole course of the disease.

The name by which M. Rayer designates these diseases, *néphrite albumineuse*, and also that which Dr. Christison has given to them, *granular degeneration*, are equally unsatisfactory. Against that of M. Rayer it may be urged that it is doubtful whether some of these affections are due to inflammation, as his name implies, and as to the term "granular degeneration" it may be sufficient to say that in the more severe affections, and those the most rapid and fatal in their course, there is no granulation properly so called.

Dr. George Johnson's terms of *acute* and *chronic desquamative nephritis* and *acute* and *chronic non-desquamative disease*, although more precise and comprehensive than the preceding, yet are very far from indicating all those affections of the kidney accompanied by albuminous urine, and are,

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therefore, objectionable and unsatisfactory for this reason, as well as for others still more grave.

If then you wish to use one name for these affections I would advise you to use that of Bright's Disease—Morbus Brightii, always bearing in mind that it is an arbitrary term for different affections of the kidney having one common character in nearly every instance—namely, the presence, in some part of their course, of albumen in the urine. But as I have said before, the time has now arrived when we may give different and more precise designations for these different affections, according to the symptoms and course of the disease as observed during life, as well as the anatomical characters as found after death. I repeat that as a general and arbitrary designation the term Morbus Brightii is better than any other, merely because it defines only the general nature of the disease not in any way its precise nature. But none of you would or ought to rest satisfied with this general designation, for we have now the means of detecting with great precision the exact nature of the affection in nearly every instance. The history of the illness and the appearances of the urine and sediments will generally enable you to do this. When a patient presents himself to us in the admission-room, a mere glance at his pallid and puffy face and his œdematous legs is sufficient in most cases to justify our putting down the case as one of Bright's disease, and the detection of the presence of albumen in the urine will so far confirm the diagnosis. But in order to ascertain to which of the affections or morbid states of the kidney the one in question may belong requires a more prolonged and a more searching examination. It will be necessary, with this end in view, carefully to note for a few days the total amount of urine passed in twenty-four hours, its mean specific gravity, and approximatively the proportion of albumen precipitated after boiling, and the addition of nitric acid. When the means are at hand it would be well, from time to time, to ascertain by chemical analysis the actual amount of urea passed in twenty-four hours, but this in general practice will be out of the question. It will also be necessary to enquire into the history of the case, the precise period, as nearly as can be ascertained, at which the disease commenced, the probable or assigned cause, and, lastly, and of greater importance than all, to examine carefully the sediment which has gradually subsided to the bottom of the urinal. If there be any sediment the form, nature, and size of the casts of the tubes, the presence or absence of blood-casts, and free blood corpuscles will almost in every instance lead you to a right diagnosis as to the affection of the kidney with which you have to deal. Even the absence of all sediment in the urine, with or without albumen, if at the same time the urine be of low specific gravity, and there be anasarca, will not be without its significance.

I will now proceed to give the general symptoms indicative of the several diseases or states of the kidney comprised in the general term, Bright's Disease. I believe that I shall include all those of any value, so that by bearing them in mind you may in almost every case detect the disease with tolerable certainty even without an examination of the urine. But to confirm your diagnosis a careful examination of the urine, chemically and microscopically, is necessary to enable you to decide which affection of the kidney it may be in the particular instance that you may have before you.

But it may be necessary for me to explain why I give the symptoms generally of all the different affections and not proceed at once to the symptoms and signs peculiar, to some extent, to each individual affection. I do it for these reasons: first, because these affections have all some general characters in common; secondly and chiefly, because I wish you to record all the symptoms so that you may recognise at once in any case, any one of the affections coming under the general denomination of Bright's disease; and, thirdly, that I may assist you in taking notes of, and recording these cases by intimating the questions that should be asked, and the enquiries and examinations that should be adopted in order the better to study them clinically. But here permit me to say that I shall not stop in my enumeration of the symptoms to explain the manner in which they are produced, nor the exact condition of the system of which they are the signs. I shall do this by and by more conveniently.

1. *Anasarca—General Dropsy.*—Although, if we study the symptoms attentively, we shall find that this symptom has in nearly every case, been preceded by others less definite in their character, except, perhaps, in the very acute cases: those, for example, that we call acute inflammatory dropsy (and in some of these the observation will be found to be applicable),—although, in general, these symptoms may be preceded by others less definite, such as more or less febrile excitement, a dry and harsh state of the skin, and a quick and hard pulse; yet, in a very large proportion of the cases, the first symptom that leads us to suspect the existence of one or other of the affections that we are now considering, is anasarca more or less general. In the more acute cases it comes on with great rapidity, and commences with puffiness of the eyelids, or of the whole face, and rapidly extends over the body. In the more chronic cases œdema shows itself in the legs, but even in these cases there may be seen a dropsical and pallid condition of the eyelids—the looser subcutaneous tissues of the face, and very often an œdematous condition of the sub-conjunctival areolar tissue, giving rise to the appearance of a tear in the eye, so frequently noticed. The anasarca, then, is what may be termed general from the commencement. Now this form of anasarca is not commonly observed in dropsies depending upon heart disease, or emphysema or other cause, unless, indeed, they happen to be coincident with kidney disease.

2. *Pallor—Anæmic Appearance.*—From the altered character of the blood in these diseases, which I shall allude to more at length as I go on, the surface even in the most acute cases, rapidly becomes anæmic, and in chronic cases may show itself, and lead to the suspicion of renal disease, before general dropsy makes its appearance. Whenever, therefore, you find this pallor or this anæmic appearance, especially if the patient be above the age of from thirty-five to forty, you should never fail to examine carefully the urine for albumen, and at the same time to look for some of the other general symptoms of kidney disease. It very seldom happens, however, that you cannot detect a slight puffiness of the face and eyelids in the morning, and a slight œdema of the ankles at night; or by careful inquiry you may elicit that the patient has had some local dropsy, for example, hydrocele and such-like dropsies.

3. *Pain in the Loins.*—This is a symptom of very little value. There may be a great amount of lumbar pain, and that for a considerable time, and yet no renal disease be present. The pain which is said to be characteristic of renal disease, is a dull, aching kind of pain, extending downwards to and involving the hips and thighs, and the external organs of generation. Pressure is said to increase the pain. This sign, I repeat, is of very little value, for not only may it be present in the absence of any kidney affection, but it is in the greater number of cases not present at all. In fact, in many cases, no unpleasant sensation is felt in the lumbar region until the anasarca becomes considerable, when it is caused by the weight and pressure of the dropsical effusion upon the muscles and nerves.

4. *Scanty Urine and Frequent Micturition.*—In the early stages of the affection, as well when it is chronic as acute, but more especially in the latter, there is nearly always a diminution in the quantity of the urine, and a very considerable diminution. In this case the sp. gr. may be as high as or even higher than in health, ranging from 1020 to 1025, apparently from two causes, namely, the presence of serum, which is heavier than urine, and the small amount of water. Now, the urine in this stage of the disease, and under these circumstances, may contain a slightly larger proportion of urea and other constituents than healthy urine, and yet the amount of urea excreted during the twenty-four hours may fall far below the healthy average, and a quantity may be retained in the blood to work its morbific influence upon that fluid. This is entirely owing to the diminution in the quantity of the watery constituent of the urine. Instead of from thirty to fifty ounces of water being thrown off from the system by the kidneys every twenty-four hours, the amount in these stages of the disease is seldom more than from ten to fifteen ounces, and often below this amount. But even where the quantity is so reduced, it is not always that the specific gravity is so high as I have just stated. In a very large number of cases of acute Bright's disease,—that, for example, following an attack of scarlatina,—you may have observed frequently in the wards that the specific gravity has been often as low as 1016 or 1017. That this specific gravity is due to the albumen may be shown by a very simple process. Coagulate the albumen by heat, and filter, so as to separate this principle when coagulated, and you will observe that the

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specific gravity will have fallen several units—one, two, or three, according to the amount thrown down by heat. In the more advanced stages of the disorder the kidneys again acquire the power of separating a greater quantity of water, so that we often find, as we indeed now find in the patient in No. 4 bed in Founder Ward, and the woman in No. 20 bed in Seymour Ward, that the quantity passed is fully up to, and some days even beyond, the healthy average; but in these cases the specific gravity is almost invariably low, always making a deduction from the specific weight, as ascertained by the urinometer, for that which may be fairly ascribed to the albumen present. If you find that the water is increased, and at the same time the weight is increased, it will be a favourable sign that the morbid process is to some extent arrested, and that the kidney is resuming its proper function. But whether the quantity of urine be small, as in the early stages of the disease, or large, as it may be in the later stages, there is nearly always a frequent desire to micturate; and in the case of the man in Founder Ward you will find that, although he passes as much as the healthy average daily, he micturates much more frequently than a person in health would be called upon to do.

5. *Frequent Micturition* is, therefore, a sign of some value when taken with the other symptoms, but by itself is of little value. You are aware that it is a symptom of many other states of the system and affections of the urinary apparatus. Now, this state of the urine, and frequent calls to pass water, lead to the consideration of another symptom of Bright's disease, not of much value however, namely—

6. *Sensation of Heat and Scalding on Passing Water.*—This is generally complained of in all stages of the disease, more especially in the chronic forms, and this symptom is frequently accompanied,—especially if there be considerable anasarca,—with a discharge from the urethra of mucus possessing a more or less puriform character, so that it may be observed not only on the patient's linen, but in the urine also. In the latter case it generally appears in the form of slight thin shreds, either floating in the urine or subsiding to the bottom of the vessel. If examined under the microscope, these shreds in many cases more or less closely resemble pus, both before and after the additions of acetic acid, the cells containing from one to three nuclei being clearly visible.

7. *Dryness of the Skin.*—It will generally be found that in all stages of these affections there is an unusual dryness of the skin, and even during somewhat active exercise there is but little if any perspiration—the power of eliminating water seems impaired on the part of this great emunctory, and it is not improbable that there is a diminished power of eliminating some of the constituents of the perspiration. There is generally a dryness and harshness of the skin, and sometimes, but not frequently, so far as my own observation extends, an eruption of the skin of a scaly character. The cuticular covering seems to be ill-nourished and imperfectly formed. There is unusual desquamation of the cuticular cells, and the exuviæ are therefore more than usually great. There is also more or less

8. *Heat of Skin, and a general Feverishness and occasional chilliness of the surface*, and with this

9. The pulse is generally above the natural standard, and is of that character which has not inaptly been termed the "irritable pulse." This more especially applies to the later stages of these affections; in the more acute or sthenic forms, it is most commonly full, hard, and quick.

10. *Emaciation.*

11. *Debility, progressive, from waste of serum.*

These then are the general symptoms of these affections, more or fewer being observable in every case. In the more acute or sthenic stages and forms they may vary in intensity only.

But there are other symptoms of value as leading us to suspect the presence of one or other of these affections—symptoms more particularly referrible to remote organs—namely those of digestion, circulation, respiration, and the nervous system. First with regard to digestion. In enumerating these symptoms I must again remark that I shall only passingly indicate their probable cause. I shall leave the description of the manner in which they are produced until I come to speak of the exact conditions of the urine and the blood, and the effects which they induce upon the kidney itself, and remote organs. I repeat, that I merely enumerate these symptoms now, in order that you may enter them in your note-books for the purpose of case-taking, and for this reason I have placed them in a classified order.

Dyspeptic Symptoms—Derangement of the Digestive Functions.—These are, probably, due, as I shall hereafter have occasion more fully to explain, to some small extent, partly, no doubt, to some irritation of the stomach and intestines, from direct sympathy with the organs more immediately affected, but principally from an irritation excited by the effort on the part of the mucous membranes of these viscera to eliminate from the system vicariously that important constituent of the urine, the urea, or the salts into which it may be decomposed. It is not improbable also that these dyspeptic symptoms may be partly due to some change in the gastric juice, and the other secretions of the organs of digestion, from the retention of the urea and other constituents of the urine, which ought to have been carried out of the system by the kidneys. There are very strong grounds for believing that the retention of one or more of the constituents of any secretion or excretion in the blood, will not only impair, to some extent, the nutritive and other properties of this all-important fluid, but also lead to some alteration in the secretions of other organs, by which at first these organs, and sooner or later the whole system, may be functionally disturbed, and if long in operation even organically changed. The symptoms then are precisely those which we find in irritation of the gastro-intestinal mucous membrane from any other cause, and will be in direct ratio with the acute or active character of the kidney affection. The first dyspeptic symptoms are loss of appetite, sometimes amounting to actual loathing of food, at others, the appetite is capricious and uncertain, at one time, the likes and dislikes being shown towards some particular articles of food, at another time there may be inordinate appetite alternating with total anorexia. The food taken always rests uneasily in the stomach; giving rise to uncomfortable epigastric and intestinal distension, flatulence, acid eructations, and the explosive force of the gas thus generated being sometimes so great as to lead to the partial regurgitation of the food. There may be more or less gastralgia and pyrosis, there is very often nausea, and not infrequently vomiting, frequent attacks of diarrhœa, alternating with a costive state of the bowels. In nearly every case of Bright's disease, in any of the forms, we find more or fewer of these dyspeptic symptoms. If in any case, then, in your practice, you find these symptoms at an age when these kidney affections are usually found, you will not be satisfied in deciding the case to be one of simple dyspepsia—that is, dyspepsia arising from primary disorder of the viscera concerned—but direct your attention to the discovery of those general symptoms of kidney disease which I have described, and especially to the state of the urine. You will not fail to perceive that these dyspeptic symptoms bear witness, not merely to gastric disorder, but also to intestinal derangement; there is not merely nausea and frequent vomiting, but also griping pains in the bowels, and frequent attacks of diarrhœa; there is not merely gastric, but also intestinal flatulency; and, besides these, there is every reason to believe that the hepatic and pancreatic secretions undergo some morbid change, rendering them unfit, in some measure, for the important functions which they have to perform. The tongue is generally red and irritable at the tip and edges, and covered with a yellowish-white creamy fur at the root.

Next, with regard to derangement of the circulatory functions. The condition of the blood in these affections (which, I repeat, I shall more fully enter into the consideration of as I proceed), interferes with the heart's action, and with the circulation of the blood through the capillary blood-vessels. Palpitation is caused by slight exertion, or any mental emotion; the heart beats irritably, as if impatient of the impure blood which it contains within its cavities, and which circulates through its vessels. Its nervous and muscular structures are ill-nourished, and are temporarily, or it may be, permanently, damaged. The sounds are preternaturally sharp and abrupt; the rhythm may be disturbed, the action being irregular and intermittent; and as the disease proceeds, there may be signs of pericardial effusion, or even pericardial or endocardial inflammation.

Respiratory Organs.—Symptoms referable to these organs are almost always observed. At first dyspnœa, which in some cases is doubtless due to the irregularity of the heart's action, and a retardation of the capillary circulation, at a later period to a sort of chronic or subacute bronchitis, as may be observed now in the patient in No. 4 bed in Founder Ward.

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There are other causes of dyspnœa in these affections. There is generally more or less œdema, especially towards the base or more dependent parts of the lungs, which may act prejudicially in a variety of ways; it diminishes the resiliency of the lungs, and the action of the muscular layer of the bronchi, and thus impedes to some extent the free exit of foul air from the chest; it impedes also the entrance of air into the lungs by the quantity of fluid in the smaller bronchial ramifications and air-cells; and thus the supply of air is in some measure cut off, and the want to breathe most painfully felt. The general anasarca may increase this dyspnœa, this difficulty of breathing. The œdematous subcutaneous structures surrounding the chest, and the areolar tissue of the intercostal muscles, must to some extent interfere with the free action of these muscles, and consequently impede the thoracic movements. In acute cases at an early period, and in chronic cases at a more advanced stage, there may be signs of pneumonic engorgements, or pleuritic inflammation, or pleural effusion; and if there be a tendency to phthisis, or there be some tubercle in the lungs, it is very liable to assume the process of softening, when, of course, all the evidences of this condition will be present.

Lastly, the *Brain, and other Parts of the Nervous System.*—The symptoms referrible to the nervous system are of great value, as leading to the suspicion of one or other of the diseases coming under the general denomination of Bright's disease, especially in the absence of anasarca, and when occurring coincidently with some of the general symptoms that I have already mentioned, namely, the pallor or anæmic state of the surface—that of the face, lips, and conjunctivæ, the puffiness of the eyelids, etc. Without anticipating altogether what I shall have to say at greater length as to the cause of these symptoms, it may be well here to state that when you consider the way in which the heart is hampered, as I have cursorily described, and that impure blood is circulating through the blood-vessels and nervous substance, you might naturally expect that some disturbance of the nervous functions would be present. We consequently find, then, most of the symptoms that you all know so well, which are present in chloro anæmia,—noise, a blowing, or sensation of ringing in the ears; occasional dimness of vision; partial amaurosis, from paralysis of more or fewer of the papillæ of the retina, giving rise to the appearance of motes or small bodies floating before the eyes—muscæ volitantes: or in other instances, from the irritation of the fibres of the optic nerve, flashes of light may be frequently complained of, throbbing of the temporal and other arteries, sense of fulness or weight at the back of the head and in the nape, with disposition to frequent cramp of the muscles of the back and sides of the neck, neuralgic pains either in the face, or in the head, or in some other parts of the body. Headache, which generally appears under the form of hemicrania, or the megrims, frequent attacks of giddiness, drowsiness, disposition to coma, and in some cases going on to profound coma, alternating with convulsions, these last symptoms indicating most surely a fatal termination. The disposition to giddiness is very great in some of these cases. But besides these general symptoms, and those referable to the digestive, the circulatory, the respiratory, and the nervous systems, there are signs of other dispositions or affections depending upon these kidney diseases—there is an unusual predisposition to erysipelas. I have frequently observed patients attacked with erysipelas of the face, and even some other skin diseases, and these attacks recurring frequently after short intervals, and on looking for the evidence of kidney disease, the true cause of this disposition has at once been made evident.

I may here state also that the reparative powers in cases of wounds from surgical operations or accidents, or injuries from any cause, are considerably impaired, and no Surgeon would think of performing any surgical operation of magnitude on a person labouring under any of these diseases. And in the case of any of the secondary inflammations, or affections which I have already alluded, the *vis medicatrix Naturæ*—the healing and resisting power of nature—is considerably weakened.

So far as general symptoms are concerned, we are now in a position to point out more consecutively, and in "closer order," the direction in which your general clinical examination should be carried on, and your notes of any case recorded. First, then, anasarca. Now you will perceive that I have termed this condition a symptom—that it is a sign of a well understood condition there is no doubt, and you will have observed that I have given it as a very early symptom. It may be as well to state that it has been termed a "secondary affection" by some authors, but, as I conceive, erroneously. I have already said that it is one of the earliest signs of Bright's disease. In a very large proportion of the cases—in 99 out of every 100 of the cases—it is the first intimation of the disease, and although I do not mean to deny that other symptoms less definite in the information which they convey to the mind, may have preceded it, yet they are of trifling value as compared to this, and often escape the patient's and the practitioner's notice until this symptom or condition has made its appearance. Now, in reference to this symptom, in taking notes of these cases, it is necessary to describe as far as possible how it came on, what parts of the body exhibit this condition, and as a general rule, it would be well to take the measure of the extremities, both after the patient has been in the upright position for some hours, and after he has been lying in the horizontal position in bed, so that we may be able to see and judge of the progress of the case.

Secondly. The pallor and emaciation, as "confirmation strong or sure," that the preceding condition, the anasarca, is due to kidney disease.

Thirdly. As to whether there be any pain in the loins, and if so what its nature is, how far it extends, and whether increased under pressure and motion, and what organs and parts it involves, and how it does so.

Fourthly. As to the quantity of water passed daily (which should always be recorded), and frequency of micturition. The specific gravity and other properties I shall enter more fully upon after I have described the condition of the urine generally in all the diseases coming under the general name of Bright's disease.

Fifthly. As to the state of heat or scalding in passing urine, and whether there be any discharge from the urethra. This will enable us to separate what we may call the extraneous matters from the true kidney-constituents of this altered urine.

Sixthly. As to the state of the skin, as to dryness and heat, and the condition of the cuticle, the presence of eruptions, and so on; and

Lastly. As to the pulse, and with this the general symptoms indicating a feverish condition of the body, chilliness, rigors, headache, thirst, etc. And in the chronic forms, your clinical history would be very far from complete if you did not inquire into and take note of those symptoms, which I have mentioned as having reference to remote organs, some of which are generally present; and in particular those symptoms and signs indicative of the secondary affections, especially those of the heart, lungs, and brain, which are of such great interest and importance, and which play such an important part in the later phenomena of the different diseases which we are now considering.

In the next Lecture I shall enter into the general consideration of the urine and the blood in these diseases.

THE MEDICAL BENEVOLENT FUND.—Anonymous donations have been received, from Mebel, *5l.*; from H. A., *1l.*

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the Council held on Friday, the 13th inst., Dr. William H. Porter was, by a large majority, chosen to represent the College in the General Council of Medical Education and Registration of the United Kingdom, in the room of Dr. Williams, deceased.—William Hargreaves, Esq., F.R.C.S.I., has been elected to fill the vacancy created in the Council of the College, by the lamented death of Dr. Williams.

NERVE FORCE.—Is nerve force a polar force?—is there any manifestation of current force in nerves during action?—are questions proposed for consideration by Mr. H. F. Baxter, in the *Edinburgh Philosophical Journal*, where he has published an account of his experiments, in which he employed—1. The galvanometer; 2. The galvanoscopic frog; and 3. A magnetised needle. He deduces the following conclusions:—That nerve force *during* nerve action is not *current* force; that the electric condition of the nerve, as manifested by the nerve current, is not *converted* during nerve action into current force; that the electric condition of the nerve may be merely a condition for nerve action, perhaps a necessary condition; that the evidence is in favour of nerve force being polar; and that it is of a higher character than any other polar force, and that the conversion of electric force into nerve force *during* nerve action may be regarded as an open question.

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ORIGINAL COMMUNICATIONS.

INJECTION OF ACETATE OF MORPHIA INTO THE CELLULAR TISSUE OF THE ARM, IN DELIRIUM TREMENS.

By W. OGLE, M.A., M.D. Cantab.

June 8, nine a.m.—A. B., aged 30, a cotton-spinner, who has had considerable anxiety from unremitting attention to his business, and who has, according to his own confession, been in the habit of taking more (beer and spirit) than has been good for him, came up to town yesterday morning under an impression, partly erroneous, that urgent business required his presence in London. He is in fear of an attack of delirium tremens, and applies for advice in the hope that it may be averted. I encourage him to think that it may be so. He is now, though in much agitation, sufficiently himself to tell me that he had recently (two months ago) an attack; that he was delirious from Thursday to Monday, and that the treatment adopted was opium and brandy. His brother thinks it doubtful whether he ever thoroughly recovered before he took to drinking again; but to what extent it is not easy to determine. He is evidently subject to mental depression, thinks himself, and persuades his friends that he is very weak; and as he derives temporary relief from brandy, he resorts to this as his remedy. He thinks that if he were to go to America, so as to be free from business, and to be beyond the reach of the telegraph, he would recover himself, and be able to break off his habit, which at the present time he is most anxious to do. He is in bed; his skin is moist and warm; pulse 100, full, intermits occasionally; face flushed. His eyes are suffused; looks wild: one would not be surprised at anything strange that he might do if he were left to himself. He brought his razor to his brother, lest he should injure himself; but his brother thinks that he makes more of his fear than he need do. He had no sleep last night. He does not dream, but when he wakes he is not refreshed; opiates make him dream. Tongue woolly down the centre; bowels open this morning. There is some tenderness of the abdomen, but I cannot localise it very precisely. He has been retching, but without any decided result. Urine rather turbid, not high-coloured; but it is mixed with whatever he may have brought up from his stomach. He had two glasses of brandy at five a.m. To be kept perfectly quiet; to bathe his head with cold water; to have no more spirit at present; to take an aperient powder, also a mixture containing nitric ether and acetate of ammonia every four hours.

Two p.m.—I did not intend to have visited him again till this evening; but he became very fidgety and sent for me. I find him busy bathing his head, as the cold is very grateful; but his teeth are chattering, as if he was in ague, his hands are blue, and his pulse almost imperceptible. (I did not observe till later on, that the left pulse, owing to divergence of the main branch of the artery, is about a fourth weaker than the right; as, however, he was out of bed, it is probable that it was the right pulse that I felt on this occasion; when he was in bed it was more convenient to feel the left pulse.) On lying down, his pulse at once becomes stronger; so I do not give him any spirit, but only ♏ xx. of chlorodyne in a dose of the mixture. The bowels have not been moved. He wishes to take a black draught, but there is every probability that the powder will be sufficient.

Seven p.m.—Skin moist, warm; pulse 64, not full; the bowels have been open twice, and he has been very sick, says it is the medicine that makes him so. He seems rather inclined to sleep. I give him chlorodyne ʒss., and leave instructions to repeat the dose in four hours time if necessary.

June 9, Half-past Seven a.m.—He seems more comfortable. He slept a short time after the first dose, and again after the second, but vomited after both; and says that he brought up some blood. The bowels have acted twice. Pulse sixty-eight, intermits occasionally. Urine scanty, high-coloured. To take a mixture with quina gr. j, twice daily.

Seven p.m.—Was quiet till noon, so that his brother left him—but on his return at five o'clock, he found him talking of cobwebs and that the ceiling was falling, etc. Pulse (probably the left) sixty or a few more, very feeble; when he sits up it is more frequent and intermits much. He says he is quite comfortable; either does not wish to tell me, or as I rather think, he does not remember his hallucinations two hours ago. Beyond a little hesitation in his manner there is nothing worth notice. I think it, however, prudent to see him again this evening, ere I decide on the amount of opiate that will be required.

Half-past Ten p.m.—He is more himself, tells me the same story as those who have been with him, viz. that he has thought a shadow on the wardrobe was a lion, has felt as if the ceiling were falling upon him. I leave two ʒss. doses of chlorodyne with the nurse, one to be taken immediately, the other after an interval of four hours.

June 10, Half-past Five a.m.—The nurse sent for me, as he had something like a fit, turned cold and pale. He tells me has slept comfortably, but on cross questioning admits that he can remember very little of what has transpired during the night. The nurse says he has had no sleep, has been out of bed two or three times not knowing what he did. Pulse is above 100, is 136 when he sits up, and is more feeble. The conjunctivæ are injected, and the pupils are, as they have been hitherto, dilated. Tongue dark, venous in colour, not so woolly as yesterday. Skin, warm. Has passed about an ounce of urine, not more. I remain with him two hours, trying to compose him with chloroform, for the nurse says that the chlorodyne seemed to excite rather than soothe him. I administer the chloroform on my handkerchief; the composing effect is very transient; as soon as ever I try to press it, he becomes excited, and says he will have no more, so I give him ʒss of chlorodyne in an ounce of brandy, and leave twenty minims to be taken at noon. His pulse (probably the right) during the inhalation of the chloroform, became rather more slow and steady. Sponging his forehead and behind his ears quiets him more than anything.

Three p.m.—Pulse (probably the left) 112 feeble. Is tolerably himself now, but does not remember my morning visit. Has been sick twice after the medicine; but his pupils are slightly contracted. His appetite is not amiss.

Ten p.m.—He is perspiring profusely, probably from the resistance to the attendants. It requires two men to hold him. His pupils are as dilated as ever; he is talking about business matters incessantly. I give chloroform another trial (for two hours). Once only he passed beyond the stage of excitement, but at the same time his breathing stopped and he became rather darkin the face, so I was afraid to push it; his pulse also varied very much. I therefore inject into the cellular tissue of the arm solution of morphia ♏ vj. (=gr. j. according to Hunter's recipe). He is quiet almost immediately, so far as to lie still without being held, but he continues talking. After waiting an hour I resolve to inject another dose, but the pulse being feeble I give an ounce of brandy in soda-water, and while I am preparing my syringe in the next room, I have the gratification to hear him snore. Breathing sixteen in the minute, quite regular. Pulse 120, full; intermits occasionally. The pupils are only the size of a large pin head.

11th, Ten a.m.—Nurse reports that he ceased to snore soon after I left, when he turned over on to his side, and that he slept comfortably for five hours. On waking he did not know where he was, but was soon reassured, asked for soda-water, and turned to sleep again. He wakes up as I enter the room, if he was not awake before; says he has had refreshing sleep, and that he is pretty well; but he looks toward the door in an expectant, half-frightened way; and when he dozes, which he is quite ready to do, his hands are at work feeling as if for something which he cannot find. His pupils are slightly contracted, about as much as yesterday at three p.m. Pulse intermits when he is asleep, not otherwise, I think; it is not so full nor so frequent; it is quicker and weaker when he sits up. He has not passed water since the last note; the bladder is not much distended; he says that he cannot usually make water readily, except when at stool. He asks for, and is allowed, a couple of eggs for breakfast.

14th.—Circumstances made it desirable that he should be at home as soon as possible. I gave permission, on the condition that he abstain from business for a fortnight at least; and go with his family to the sea-side; and not touch wine, beer, or spirits, except his Medical attendant order it for him.

Remarks.—Some surprise may reasonably be felt, both that I did not give stimulants more freely, and that I did not persevere with the chlorodyne. I think it quite possible that, if

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the chlorodyne had been given in water instead of with the nitric ether and acetate of ammonia, it would not have made him sick; and it was the idea that the opiate made him sick which made me hesitate to press it. Also, the apparent advantage of the brandy after the injection of the solution of morphia, makes it probable that more brandy might have been given with advantage. On the other hand, the small amount of stimulus that was given made it much more easy for me to insist upon a total abstinence when he was convalescent; and the marked benefit of treatment by injection into the cellular tissue is the more striking, in that a single grain was successful when chloroform had failed, and that it was used at a time when the effect of any opiate that had been administered had entirely passed away. It is but justice to add, that it was owing to the papers of Mr. Hunter which have appeared in the *Medical Times and Gazette* that I was led to try this mode of administering morphia in delirium tremens.

9, Lower Belgrave-street, Eaton-square.

CASE OF EXTRA-UTERINE FŒTATION

IN WHICH THE

CHILD WAS SUCCESSFULLY REMOVED BY ABDOMINAL SECTION.

By FREDERICK A. STUTTER, M.D.

ABSTRACT OF CASE.—*Suspension of Menses in a Married Woman without any other Symptoms of Pregnancy — Repeatedly Recurring Attacks of violent Pain in the Abdomen with Sickness and Constipation—Quickening perceived in the fourth Month—Steady Enlargement of the Abdomen up to the ninth Month—Cessation of the Fœtal Movements during an Illness attended with Prolapse and some Symptoms of Impending Labour—Extreme constitutional Disturbance, irritability of Stomach, etc. after the Death of Fœtus — Operation for removal of Fœtus performed about five Weeks after its Death—Recovery and Restoration to good Health.*

THE subject of the following case is a delicate woman, aged 40, the mother of four children. Her first three labours were natural and easy, but her last, which took place ten years ago, was a breech presentation, and was attended with severe suffering and followed by inflammation which confined her to her bed for three months. After this her catamenia continued regular until October, 1858.

In the beginning of December, 1858, two months after the suspension of her menses, Mrs. T. was under my care on account of a severe illness, many of the symptoms of which closely simulated those of strangulated hernia. She had general abdominal pain and extreme tenderness over the whole belly, which was, however, most marked in the left iliac region. There was incessant vomiting, constipation of the bowels, great thirst, and a quick small pulse. On the second day the vomited matters were of stercoraceous character. Opiates, enemata, and poultices to the abdomen were the remedies employed, and after a few days the symptoms mentioned passed off. In the latter part of the month, however, she had an almost similar attack, and a third occurred in the end of January, 1859. At this time there had been no morning sickness, and the breasts remained flabby and undeveloped. In the beginning of February, however, I obtained positive evidence as to her condition by discovering the pulsations of the fœtal heart, and about the middle of the same month she quickened.

Early in June, 1859 (eighth month of pregnancy), Mrs. T. again had a severe attack of the kind described above. In the beginning of July an illness less severe in character than the former ones, but accompanied by much forcing pain and procidentia, occurred; and during this she ceased to feel the movements of the child, and the latter never afterwards returned. At this time her abdomen was of a size equal to that of the full period of pregnancy; it was generally tender, and especially so on the left side: the fœtus could be very distinctly felt through the parietes. During the prolapse which occurred, I found the os uteri open. The cervix formed a canal with the body of the uterus into which the sound was admitted for a length of an inch and a-half. There was an escape of blood from the interior of the uterus, and a shreddy mucus continued to be discharged for some days afterwards.

After the illness last adverted to, Mrs. T. was not able to leave her bed. Through July and August she continued to get more and more feeble, and was troubled with vomiting of almost everything that was taken. Her pulse ranged between 140 and 150; her mouth became covered with aphthæ, and it was evident that she was fast sinking. On several occasions Mr. Ray, of Dulwich, had kindly given the advantage of his able advice, and to him I was indebted for the first suggestion as to the real nature of the case. At length I determined to remove the fœtus by incision through the abdominal walls, a proceeding which Mr. Ray fully agreed with me in considering justifiable and necessary.

The operation was performed on Monday, August 21, Mr. Ray and Dr. F. H. Hewitt assisting me. The patient's state at the time may be described by saying that she was almost moribund, troubled with constant hiccough, and bathed in cold perspiration. For several days she had vomited almost incessantly, and had also suffered from profuse diarrhœa. The surface of the abdomen below the umbilicus, that is, over the most prominent part of the tumour, was becoming discoloured and there was distinct fluctuation to be felt. Chloroform having been administered, I plunged a trocar into the most prominent part of the tumour, in the median line, a few inches below the umbilicus. About sixty ounces of turbid brownish fluid escaped. This fluid had a fetid odour. With a bistoury passed down through the abdominal wall by the side of the canula, a free incision was made directly upwards, and another downwards, to the extent together of about six inches. The back of the child now presented. The hand having been passed into the abdomen, the child's feet were seized, and extraction was accomplished without difficulty. The child was a female, weighing five and a-half pounds: skin peeling off, and the body undergoing decomposition, and smelling very offensively. The placenta was found to be firmly adherent over the surface of the intestines, and no attempt was consequently made to get it away. In dividing the abdominal parietes no cyst-wall had been noticed, the structures being all closely agglutinated by inflammation. Neither omentum nor coils of intestine were exposed to view in the operation. The latter were probably protected by the placenta, which was of large size, and spread out over them. Having sponged out the cavity, the edges of the wound were loosely brought together by strips of plaster, and sponge having been placed over it, the whole was confined by an abdominal bandage.

I may condense my report of the subsequent progress of our patient. For about a fortnight she remained in an extremely critical condition, though each day gaining a little. The irritability of stomach subsided, and she became able to take larger quantities of food. The cavity which had contained the child suppurated freely, and was regularly syringed out with warm water twice daily. Opiates, tonics, and stimulants were used as occasion required. The placenta loosened, and was removed *en masse* on the fifth day. After the placenta had come away her improvement was more rapid. In about three weeks from the date of the operation she might be considered out of danger; in six weeks the wound was closed; and in three months she left her sick-room, and was able to resume her household avocations.

I may state that Mrs. T. menstruated four months after the operation, and has continued to do so regularly since. She is now (eleven months afterwards) in her ordinary health. The cicatrix in the abdominal wall is very small, and there is no perceptible induration or enlargement beneath it.

Farnboro' House, Upper Sydenham.

WEB OF THE SPIDER A REMEDY FOR FEVER.—In the Indian *Lancet* for April 1, is a communication from Dr. Donaldson, recommending the web of the common spider as an unfailing remedy for certain fevers. It is stated to be invaluable at times when quinine and other ante-periodics fail in effect or quantity, not only from its efficacy, because it can be obtained anywhere without trouble and without cost. This remedy, it was observed, was used a century back by the poor in the fens of Lincolnshire, and by Sir James M'Gregor in the West Indies. The Doctor now uses cobweb pills in all his worst cases, and is stated to have said that he has never, since he tried them, lost a patient from fever.—*Notes and Queries.*

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REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY
JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

REPORT ON THE TREATMENT OF CASES OF EXTRA-UTERINE FŒTATION EXTENDING BEYOND THE FULL PERIOD OF PREGNANCY.

A large majority of extra-uterine pregnancies end fatally by internal hæmorrhage within a few months of conception. In some instances the fœtus alone perishes at an early period, and without causing any material ill consequences at the time, becomes an encapsuled mass destined to remain as a foreign body for a longer or shorter period in the maternal organism. In a smaller class of cases neither of these events happens, but the life and growth of the fœtus are prolonged to the full period of gestation, about which time, however, it inevitably dies. It is with this last group alone that I propose to deal in the following Report.

The present number of the *Medical Times and Gazette* contains the particulars of two recent cases in which the operation of abdominal section was resorted to for the removal of a dead extra-uterine infant retained beyond the full period of pregnancy. The first is one which occurred under the care of Dr. Stutter, of Sydenham, which is recorded as an original communication at page 55, while the second is at present under the care of Mr. Adams, in the London Hospital. The latter has recently been once or twice mentioned in these columns. The coincidence of these two remarkable cases offers a good opportunity for the bringing into juxtaposition of a few facts bearing upon the treatment of similar cases, more especially upon the important questions as to when operative interference should be resorted to, and how far it is justifiable to leave the patient to the efforts of nature. To the practical aspects of these cases—their diagnosis and treatment—I shall strictly confine the present Report. Contributions to the

TABULAR STATEMENT OF ELEVEN CASES IN WHICH EXTRA-UTERINE FŒTATIONS WERE REMOVED BY SECONDARY ABDOMINAL SECTION.

No.	Age.	Interval between Death of Fœtus and Operation.	State of Patient.	Operation.	Result.
1	..	18 days.	....	A full-grown fœtus was removed	Death on tenth day.
2	..	6 years.	Eight months pregnant at the time of operation.	The bones of a fœtus were extracted	Lived for some years afterwards.
3	..	11 years.	....	Skeleton of a fœtus removed	Recovered.
4	21	10 months.	....	The skeletons of two fœtuses were extracted	Recovered perfectly, and was the mother of several children afterwards.
5	22	4 months.	Two openings had formed in the abdominal wall.	The fœtus extracted, but no placenta found..	Recovered.
6	33	7 months.	Had been discharging fœtal bones per vaginam several months.	Removal of fœtal bones by incision in the abscess above pubes.	Recovered.
7	..	8 years.	She had produced three living children in the interval.	The opening was enlarged and a mature fœtus extracted.	Recovered.
8	30	6 years.	Had borne three children in the interval.	The fistula was freely enlarged, and a mature fœtus extracted.	Death on the fourth day.
9	28	....	....	The opening was enlarged, and the bones of a fœtus extracted.	
10	32	3 years.	....	The bones of a fœtus were extracted	Recovered with a fistula.
11	40	4 years.	Had continued in good health until ulceration occurred.	Extraction of a fetid fœtus of five months ..	Recovered.

TABULAR STATEMENT OF FOURTEEN CASES IN WHICH EXTRA-UTERINE FŒTATIONS WERE REMOVED BY PRIMARY ABDOMINAL SECTION.

No.	Age.	Interval between Death of Fœtus and Operation.	State of Patient.	Operation.	Result.
1	28	2 years (?)	The woman had borne a living child in the interval. The operation was performed a few weeks after her labour.	A longitudinal incision through the most prominent part of the tumour; much pus escaped, and a fœtus was extracted.	Recovered perfectly.
2	..	9 days.	....	A dead fœtus and its placenta were extracted.	Death in four hours, from loss of blood, etc.
3	..	10 years.	....	The skeleton of a mature fœtus was extracted, but no placenta could be found.	
4	36	....	....	The fœtus was removed without the placenta; the placenta had not come away at the time of the patient's death.	Death on the thirty-eighth day.
5	..	13 months.	....	Fœtus removed, but placenta not found ..	Recovery after a formidable illness.
6	..	3 years.	In the interval the patient had borne a living child.	A partially putrefied fœtus removed	Recovered after an illness of fifty-five days.
7	30	Short.	....	A putrid female fœtus was extracted ..	Death on the second day.
8	38	....	....	A well-developed female child extracted alive; the placenta was not removed.	Death from "slow fever."
9	21	....	....	A putrid fœtus extracted	Death on the eighteenth day.
10	..	....	....	Fœtus extracted from the right Fallopian tube.	Death on the eleventh day.
11	22	7 weeks.	....	A seven months' fœtus extracted from the left Fallopian tube.	Death on the eleventh day.
12	38	....	....	Removal of the fœtus	Death soon after.
13	28	6 months.	In good health	Removal of a full-grown fœtus; placenta left.	Recovered. (Mr. Adams' case.)
14	..	8 months.	Almost moribund, from disturbance attending suppuration of the cyst.	Removal of a full-grown fœtus; placenta left.	Recovered. (Dr. Stutter's case.)
15	..	3 months.	Much enfeebled by the irritation of the cyst.	Removal of a full-grown fœtus; placenta left.	Recovered. Placenta came away on third day. (Mr. Francis Hutchinson's case.)

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pathology of extra-uterine fœtations are numerous, and many of them excellent; but hitherto comparatively little attention has been given to the attempt to establish Surgical rules as to their treatment (a). It has perhaps been considered that these cases are too rare to admit of any general deductions being made from their results, and that each one must be treated upon its own merits (b). This proposition is to a certain extent true, but as will be shortly seen there is on record a large number of scattered cases bearing on the subject, quite sufficient to furnish to those who in future may have the care of similar cases very valuable rules of guidance. The greater number of these cases will be found collected by Dr. Campbell in the very valuable monograph to which we have referred, and as that work is probably not in the hands of many of our readers, free use of its rich collection of facts will be made in the following report.

In all the cases given in the first table suppuration had occurred in the cyst, and the operation consisted in enlarging the opening already made by ulceration and then extracting the fœtus. Operations of this class may suitably be termed "secondary" abdominal section, the term "primary" being reserved for those of the class contained in the second table, in which no abscess had yet opened. No cases have been included in either table in which the fœtus had not advanced to nearly its full time before death, and in a large majority the natural period had been completed.

With the exception of Cases 13, 14, and 15, in the second table, all the cases are quoted from those referred to by Dr. Campbell. It is much to be regretted that they furnish in many instances incomplete data. Still, however, the two groups afford very interesting materials for comparison.

(To be concluded.)

THE LONDON HOSPITAL.

ABDOMINAL GESTATION—REMOVAL OF THE FŒTUS BY EXTERNAL INCISION SIX MONTHS AFTER ITS DEATH—RECOVERY.

(Under the care of Dr. RAMSBOTHAM and Mr. ADAMS.)

Mrs. J., the subject of the following case, is a rather spare and somewhat delicate woman, 28 years of age. She was admitted about two months ago, under the care of Dr. Ramsbotham, on account of a large tumour which occupied her abdomen, and which was supposed to be caused by an extra-uterine fœtation. Her appearance as to size was about that of the seventh month of pregnancy, and on handling her abdomen the outline of the limbs, head, body, etc., were easily discovered. The tumour lay to the right side of the abdomen, its most prominent part being about midway between the umbilicus and the anterior superior spine of the right ilium. There did not appear to be any material quantity of fluid in the cyst. The whole tumour was perfectly free from tenderness, and might be handled, and even somewhat moved from its position, without causing pain. The abdominal walls were thin and quite free from inflammation. The patient was in good spirits and health, and able to take the usual amount of daily exertion. Her history as to her pregnancy was as follows:—She had been married eight years, but had never conceived until February last, when, for the first time, her menstruation ceased. During the second, third, and fourth months of pregnancy she was subject to attacks of severe cramp-like pains in the right side of her body, which were irregular in the time of their occurrence, and often made her feel sick. She never experienced any distinct morning sickness. In June she quickened and her breasts enlarged and secreted milk. She was now in good health. On or about October 28 she had a severe fall, and a few days after this the movements of the child, which had been constantly and distinctly felt, ceased. The following week was the termination of her period of natural gestation. Within a week of the cessation of the movements of the infant a discharge of dark coloured blood from the vagina commenced, but it was not attended by any pains like those of incipient labour, and after a few days it ceased. Within a month or two she had regained her usual health, and menstruation recommenced on the following February.

It will be seen from the above particulars that there could be no doubt or difficulty as to the diagnosis. The one question of interest was as to operative treatment or abstinence therefrom.

Dr. Ramsbotham, who had in the meantime transferred the woman to the surgical care of Mr. Adams, was strongly in favour of an immediate operation. He alleged that although it was an undoubted fact that not a few women lived through periods of many years carrying the results of extra-uterine fœtation in a quiescent state without any injury to their general health, and even without material inconvenience, yet that such was not the general result, and that in a majority of cases the patient either got rid of her burden after a tedious, painful, and exhausting process of suppuration, or sank unrelieved from the irritation set up by it. In his opinion, although there were some dissentients, the majority of his colleagues concurred, and as the patient and her friends were exceedingly desirous that the fœtus should be removed, the operation was determined on.

The Operation was performed on May 31, five days after the cessation of a free menstruation. The patient having been put under the influence of chloroform, Mr. Adams made an incision downwards and inwards from about two inches to the right of the umbilicus to about the same distance above the pubes. The muscular parietes were divided partly at the edge of the rectus muscle, and partly obliquely through its structure. The peritoneum having been divided no adhesions were found to exist, and the omentum had to be drawn up before the tumour came into view. The tumour when exposed had a white glistening exterior. It was punctured, and about a pint of greenish yellow fluid, with flakes, escaped, not purulent nor fœtid. The anterior wall of the cyst, which was thin and fibrous was now freely incised. A loop of funis escaped, and the child's back was exposed. Mr. Adams then, after a little enlarging the wound, introduced his hand, and having seized an arm, extracted the fœtus. The child proved to be a full-grown female, but little shrunken, and covered in parts with vernix caseosa. Its surface was in parts somewhat livid and moist, but it could not be considered in a state of decomposition. The funis was tied and cut. The placenta was easily seen, and appeared to be large. It was examined both by Mr. Adams and Dr. Ramsbotham, but as it was adherent, no attempts were made to remove it. A portion of omentum which had protruded, was cut away, and its vessels tied; the remainder being returned. No intestines had been exposed during the operation. The cyst was carefully sponged out, and the edges of the external wound brought together by sutures and strapping. The funis and the ends of the ligatures which had been placed on the omentum, were brought out of the wound, and the abdomen was supported by cotton wool, and a light bandage. The operation had been conducted as quickly as possible, and, of course, not the least gratification of scientific curiosity, as to the position of the cyst, attachment of the placenta, etc., had been permitted. The patient had borne the operation well.

After removal to bed, repeated doses of brandy and laudanum were given, and she was soon restored to a very favourable condition. During the next twenty-four hours, the use of brandy, ice to suck, etc., were varied according to the exigencies of the hour, at the discretion of Mr. W. G. Payne (the House-Surgeon) whose attention to the case was unremitting.

We may condense our account of the patient's subsequent progress into a very brief space. The woman never had any ill symptoms of importance. The cord came away on the fourth day, and at this time there was considerable discharge of grumous-looking matter, probably containing portions of disintegrated placenta. On the sixth day the bowels were relieved, for the first time since the operation, after a dose of castor oil. The greater part of the wound had now healed by the first intention, but there was an open sinus at its lower angle. The woman's appetite was good, and she slept well. Excepting that a sinus is open, she is now (July 18) well.

(a) From this remark I must except Dr. Campbell's excellent Memoir, and also the work of Dr. Ramsbotham, whose chapter on this subject is very full.

(b) Extra-uterine fœtations are certainly more frequent than is generally supposed. The veteran Heim, of Berlin, treated, during a practice of sixty years, no fewer than thirty-three cases, of which thirteen were tubal, three ovarian, and fourteen abdominal. Dr. Ramsbotham states (1851) that he has known personally thirteen cases of extra-uterine pregnancy.

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METROPOLITAN FREE HOSPITAL.

CASE OF TUMOUR IN THE ABDOMEN WITH A HISTORY OF SUPPOSED PREGNANCY.

(Under the care of Dr. JAMES JONES.)

The following case is of great interest in connexion with the subject of our present Report. It bears more especially on the question of diagnosis, and indicates the necessity for extreme care in arriving at a conclusion as to the existence of a dead fœtus in the abdomen. It is well known that several ovariotomy operations have been attempted in which, after the abdomen had been laid open, no ovarian cyst could be found, and the operator discovered to his consternation that either the tumour was a solid one and irremoveable, or even—as has happened in more than one instance—there was no tumour whatever. Should it become a rule of surgical practice to attempt the early removal of the child by abdominal section in cases of supposed extra-uterine fœtation, it is probable that similar accidents from erroneous diagnosis, may occur (a).

Mrs. W. a fairly healthy woman, aged 29, was admitted under Dr. James Jones' care in June last. She was the mother of one child now nearly three years old. The history which she gave of herself was, that after the recommencement of menstruation on the weaning of her infant, she continued to be unwell regularly, until January, 1859. At the latter date the menses were suspended, and she believed herself pregnant. In due time she felt the motions of the child, her abdomen enlarged, her breasts increased in volume, and her whole condition was such that she never entertained a single doubt as to her condition. In October she had attained a size about equal to that of the latter months of her previous pregnancy. A week or ten days after the time at which she had expected the birth of her child she was attacked by pain in the abdomen, and indications of the commencement of labour. The midwife whom she had engaged to attend her was summoned, and remained in attendance for three or four days, when, as things did not progress, a consulting accoucheur was called in, who with some hesitation, expressed his belief that the patient was not pregnant, and that an abdominal tumour existed. After this the woman got about again, and in November she received a blow on the abdomen subsequent to which she never again felt what she had considered to be the movements of the fœtus.

Condition at the Time of Admission (eighteen months after the suspension of menstruation, and eight after the supposed death of the fœtus).—The woman's abdomen was about as large as that common in the seventh month of pregnancy. It was occupied by a large firm mass, which was centrally placed, and could be moved a little from side to side. In this mass the most careful handling failed to discover any irregularities like those presented by the limbs of a child. Over its right side at its upper part there was a broad shallow furrow, but with this exception its surface was equally rounded and equally firm and unyielding. The tumour did not deviate to either side, and occupied the whole of the front of the abdomen from the pubes to midway between the umbilicus and ensiform cartilage. Her breasts were both of them of considerable size, and she could squeeze milk from the nipples. The areolæ were dark. A broad brown streak extended from the umbilicus to the pubes. On examination per vaginam the os uteri was found to be high up, the cervix was short and appeared to end by being expanded into a rounded solid mass which occupied the upper part of the pelvis. With some difficulty a flexible uterine sound was introduced for the length of four inches.

Here, then, was obviously the question of diagnosis between a fibrous tumour of the uterus and a defunct fœtus, the result of an extra-uterine or parietal gestation. The woman's history, and the fact that she had had no hæmorrhages, were strongly in support of the latter hypothesis, and several of those who examined her were inclined to adopt it. Against such a view of the case, however, was the whole of the evidence derived from the examination of the tumour, whether through the abdominal wall or by the vagina. It should be stated that the woman was thin, and that the tumour could consequently be very satisfactorily handled. Then, again, as to history. The suspension of menstruation was the only fact to which much real weight could be attached. Cases of fancied pregnancy, on the part even of those who have previously borne children, and might be expected to have had experience enough to prevent such a mistake, are yet common enough. It is well known, also, that the breasts will enlarge in sympathy with any uterine tumour, and even that milk may be secreted under such circumstances. Although also it is perfectly true, that the growth of most intra-uterine tumours, more especially in their earlier stages, is attended by attacks of hæmorrhage, yet exceptions to this are far from unfrequent. Thus, therefore, the history, though at first sight appearing clear and definite in its indications, seemed to lose its conclusiveness on more searching scrutiny. Relying upon the more trustworthy evidence afforded by actual examination, Dr. Jones and most of his colleagues were induced to form a very positive opinion that the tumour was in reality a fibrous one, and had nothing to do with misplaced gestation.

(a) One such has indeed occurred, and that too under the scrutiny of a no less experienced man than the late Dr. E. L. Heim. Heim states that he was supported by the opinions of the most eminent practitioners in Berlin, in the belief of the presence of a full-timed fœtus in the abdominal cavity. The operation was undertaken by Dieffenbach, but the parietes having been freely incised, no vestige of a fœtus could be discovered. The woman fortunately recovered. See Heim's "Vermischte Medinische Schriften," reviewed in vol. iv. of the *Medico-Chirurgical Review*, 1857.

ST. BARTHOLOMEW'S HOSPITAL.

PARALYSIS OF THE PORTIO DURA ON BOTH SIDES, FROM DISEASE OF THE TEMPORAL BONES.

In addition to the general interest of paralysis of the portio dura nerve, from disease of the trunk in its course through the temporal bone, there is in this case the singularity of its being equally affected on both sides. Dr. Todd states that he has seen but two cases in which it occurred spontaneously on both sides. In the vast majority of cases paralysis of this nerve is, except for the deformity it induces, of little serious import, as it is generally due to some disease in its course, or to a rheumatic affection, or possibly to conditions similar to those which occur in sensitive nerves producing neuralgia. It is very rarely the effect of cerebral disease, though it may be the result of intra-cranial pressure; *e. g.* by pressure of cerebral aneurism, as in a case narrated by Dr. Ogle in the last volume of the Medico-Chirurgical Transactions; but here, as in the case mentioned, the portio mollis will be equally compressed, and hearing on the affected side will also be—without any other symptom of disease of the ear, as pain, discharge, etc.—quite lost. The pathognomonic sign of paralysis of the portio dura, is paralysis of the orbicularis palpebrarum. Dr. Todd (Clinical Lectures on the Nervous System, Lect. iv.) writes, "I cannot say that I ever saw an instance of complete paralysis of the orbicular muscle of the eyelid due to uncomplicated disease of the brain, and I have only seen a few in which the power of the muscle appeared to be enfeebled from that cause. When it occurs with discharge from the ear, especially if it be fetid, it is serious, as a symptom of mischief extending from the tympanum are the aqueduct." "It not unfrequently happens," writes Mr. Toynbee (a), "that the inner osseous wall of this canal (the aqueductus Fallopii) is incomplete, and thus the mucous membrane of the tympanum is in contact with the outer surface of the nerve. In cases of acute inflammation of the mucous membrane, therefore, the nerve often becomes affected either by prolongation of the inflammation from the mucous membrane directly to the nerve, or through the wall of the canal." Mr. Toynbee relates several cases in which paralysis occurred temporarily during acute inflammation of the tympanum. The nerve is occasionally divided in opening abscesses over the parotid, the incisions being made vertically instead of horizontally. It is also often necessarily divided in removing tumours from the parotid region, although it is of the greatest importance to avoid injuring it, especially the upper part, by which the orbicularis is supplied. Again, when this nerve was thought to be the one affected in facial neuralgia, it was occasionally divided intentionally. In cases, in which the nerve is divided, the deformity is permanent, and causes great distress from inability to close the eye. It is unneces-

(a) "Diseases of the Ear," by Mr. J. Toynbee.

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sary to allude further to the muscles affected and the appearances produced by this form of facial paralysis, except to state, that in these cases the buccinator is paralysed, causing a hanging of the cheek, and interfering somewhat with mastication. This is not an early symptom, but increases as the affection continues. The other muscles supplied by the fifth, viz. temporal pterygoid, masseter, etc., are not affected. Speaking of the paralysis of the buccinator in paralysis of the portio dura, Dr. Todd says:—"It is not easy to find an explanation of this curious fact, which is equally true if the nerve first palsied be the fifth; as in cases of hemiplegia, in which the hanging of the cheek is due to paralysis of the buccal nerve (of the fifth) and the buccinator muscle." The following case was one in which the affection was evidently due to disease of the nerve in the aqueductus Fallopii.

A boy, aged 5, was admitted a patient, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, for discharge from both ears, attended with deafness and complete paralysis of the muscles supplied by the facial division of the seventh nerve on both sides. As the boy was quite deaf, it was impossible to get any clear history from him, and very few opportunities occurred to obtain it from his friends. It was ascertained, however, that he had been in the Fever Hospital for eight months (?), and that the paralysis had followed some exanthem for which he had been in that Hospital. He seemed in pretty good health, and walked about the wards, though lame from some distortion of the left tibia. He was fortunately a very intelligent child, and, though he could not hear, he would endeavour to imitate motions made to him. Thus, when the nurse, after obtaining his attention by motion, closed her eyes, he attempted to do the same. The only result following his effort to do so, however, was, that the upper lid fell a little, and the cornea was carried upwards under it, so as to be quite covered. Although the lid fell slightly, there did not appear to be the least action of the orbicularis: no wrinkling. The gentleman to whose kindness we are indebted for the notes of this case states:—"I saw him asleep to-day, and his eyes were not closed, but half open, and looking straight forward as if he were awake." This is interesting as regards the question of the position of the eyes during sleep. Sir Charles Bell held that in sleep the eyeball was directed upwards; but, as Dr. Todd states, it is so probably only during strong contraction of the orbicularis, or, as in the case here related, during an effort at contraction. He cannot frown or move his mouth in the least, nor imitate any of the motions made by the muscles of the face. When he tries to draw his mouth to one side he moves the lower jaw altogether, and thus produces the effect by the muscles of mastication. He speaks very imperfectly, as his lips cannot assist in articulating labials. He can move his head well, and there does not appear to be any paralytic affection elsewhere. In Dr. Todd's work, already alluded to, is a very interesting case, reported by Mr. Holthouse, of double paralysis of this nerve, in which the symptoms produced are described in detail. This patient was a man aged 42. He also was deaf, and the disease apparently proceeded from an affection of the nerve in its course through the temporal bone.

The following quotation from Romberg (b) gives a good account of what may be called the effect on the physiognomy of this form of double paralysis: "The effect is different when both facial nerves are paralysed. In two cases that have recently come to my notice the face presented no disfigurement beyond the eyes being distended; in one of the patients, however, a man aged 43, the smoothness of the forehead and the absence of every kind of furrow was remarkable. The absence of expression in speaking was yet more conspicuous in the beautiful countenance of a young lady. One of the patients was very sensitive on this point, and termed it his greatest misfortune that he was forced to be joyful or sad without making any demonstration of his feelings to his fellow-creatures. In a girl of 16, in Dupuytren's 'Clinique,' who was affected with bilateral paralysis, there was no distortion, but a pendulousness and entire absence of motion was perceptible in all the features. The eyelids only half closed, the lips stood apart, and played backwards and forwards from the impulse of respiration. The expressive countenance bore a serious character, which contrasted forcibly with the patient's frame of mind. She was heard to laugh aloud, but the laugh appeared to come from behind a mask."

(b) "Diseases of the Nervous System." Sydenham Society's Translation.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 424.—A Mercurial Preparation of the Old School.

Sir,—The following may be of interest to the Historian of the Pharmacopœia. It is taken from an old manuscript book of Medical notes, taken apparently by a German Physician, now in my possession:—

"*Mercurius Alkalisalus.*

"This is an invention of Dr. Burton's, and is thus made:—Take two parts of crabs' eyes and one part of crude mercury, and rub them in a marble mortar till the globules and the ☿ry disappear. This was communicated to Huxham by Dr. Cheyne."

I am, &c. M.D.

No. 425.—Small Doses not Homœopathic.

Sir,—The Editor of the *Gazette Médicale* very properly calls attention to the impropriety of the term "homœopathic doses" so often made use of by members of the Profession. You will perhaps agree with me that his words are worth attention here as well as in Paris:—"Since we are on the subject of small doses, we will take the liberty of making a small remark. In the course of the present discussion (going on at the Academy), and during the last Session, the different speakers who wished to give a designation to very minute doses of one millegramme, or a fraction of a millegramme, employed the term 'Hahnemannic doses.' Now, it is a matter of very little importance that ordinary persons use indifferently the words 'very small, or homœopathic.' But it is unpardonable for Physicians, Professors, and Chemists to confound these terms. The doses established by Hahnemann can only be compared to their like. However small may be a quantity which is employed chemically, it has a measure which can be expressed in the metrical system. It may be exactly calculated. Not so the doses of Mr. Hahnemann. M. Fleury, some twenty years ago, submitted his doses to calculation. He found (and we have verified his calculation, which is perfectly true) that in the systems of successive solutions imagined by the inventor of homœopathy, the fifteenth dilution represented by the unit, divided by twenty-five trillions of kilolitres, would correspond to one drop of the agent lost in a volume thirty times greater than the cube of the terrestrial sphere. The cube of a sphere constructed on the orbit of Uranus, which has 662 millions of leagues of radius, would not suffice to give the attenuation of the primitive drop required for the twenty-third dilution. In the name of arithmetic, therefore, we protest against this confusion of language." I am, &c. Ign.

No. 426.—Elizabeth Blackwell, M.D.

As another precedent for the laudable and spirited conduct of this lady, I would mention the instance of Agnodice, who is thus noticed by Hoffman in a quotation from Hygenus: "Agnodice virgo medicinam discere cupiens abscessa comâ, habitâ virili sumpto, se Hierophilo cuidam tradidit in disciplinam, à quo probè edocta parturientium mulierum morbis medebatur, quas sexus sui clam certas faciebat. Tandem a medicis dolentricis, se ad fœminas non amplius adminos, in judicium pertracta, quod dicerent hunc esse illarum corruptorem, coram Areopagitis tunicâ allevatâ, se fœminam esse ostendit. Tunc Athenienses legem emendantes, artem medicam discere mulieribus ingenuis permiserunt." — *Notes and Queries.*

No. 427.—Urticating Property of Caterpillars.

Sir,—Perhaps some of your readers of "Notes and Queries," who take an interest in Natural History, may find the following passage from "Common Objects of the Country," by the Rev. J. G. Wood of use to them. In speaking of the gold-tailed moth (*Porthesia*), he says, "The caterpillar of this moth is a very brilliant scarlet and black creature, commonly known by the name of the 'palmer-worm,' and to be found plentifully of all sizes. People possessed of delicate skins must beware of touching the palmer-worm, or they may suffer for their temerity. I was a victim to the creature for some time before I ascertained the reason of my sufferings. And the case was as follows:—

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Being much struck with the vivid colours of the caterpillar, I was anxious to preserve some specimens if possible in a manner that would retain the scarlet and black tints. One mode that seemed possible was to make a very small snuff-box, as ladies call a rectangular rent, in the creature's skin, to remove the entire vital organs, to fill the space with dry sand, and then, when the skin was quite dry, to pour out all the sand, leaving the empty skin. After treating six or seven caterpillars in this fashion, I perceived a violent irritation about my face, lips, and eyes, which only became worse when rubbed. In an hour or so, my face was swollen into a very horrid and withal a very absurd mass of hard knobs, as if a nuuber of young kidney potatoes had been inserted under the skin. Of course, I was invisible for some days, and after returning to my work, was attacked in precisely the same manner again. This second mischance set me thinking, and on consultation with the Medical department, the fault was attributed to the hot sand which I had been using. So, when I went again to the work, I discarded sand, and stuffed the caterpillar with cotton wool cut very short like chopped straw. My horror may be conjectured, but not imagined, when I found for the third time, that my face was beginning to assume its tubercular aspect. Then I did what I ought to have done before, went to my entomological books, and found that various caterpillars possessed this 'urticating' property, as they learnedly called it, or as I should say, that they stung worse than nettles. Since that time I have never touched a palmer-worm with my fingers."

I am, &c.

H. L. Maysmor, M.D., F.R.C.S.E.

Springfield Lodge, Regent's-park.

No. 428.—A Query from a Casuist.

Sir,—May I beg to be favoured with your opinion as to the duty devolving on a Medical man in such a case as the following—which, I may say, really took place, but which possesses at present no other than a merely general interest? A maid-servant, unmarried, and who had formerly one illegitimate child is suspected and accused by her mistress of being again pregnant. She gives up her service, leaves the neighbourhood in which she resided, and returns after some time with such altered appearances as lead to a surmise that she has given birth to a fœtus. She is taken up by the police and carried before a justice on the charge of having concealed the birth of her child. The magistrate directs that she be brought to a Medical man and examined by him in order that he may give his opinion as to the validity of the charge against her. The accused in the meantime is not retained in custody, but merely remains under the *surveillance* of the police, and she avails herself of her liberty to seek an interview with the Physician by whom she expects to be examined. To this gentleman she is utterly unknown, and her first act on being admitted to his study is to throw herself on her knees, and implore him to spare her life which she declares is in his hands. She then makes a voluntary and perfectly unconditional declaration of the crime she had committed, amounting in effect to a full admission of the charge with which she stands accused. She is soon after followed by a constable and arrested within a few yards of the Medical man's house, and in conformity with the original order of the justice in the case, is submitted to him for examination. Let it suffice to say that as three weeks' had elapsed since delivery, and as the woman even previously had a child, the signs she presented did not furnish sufficient proof, to the mind of the Medical man, of the fact of delivery having taken place. Under these circumstances the question might arise, whether the Medical man was bound to confidence with a person who had placed herself in the position of a felon, and whether, in fact, it was not his duty to communicate what he had learned to the authorities? I shall feel obliged for an expression of opinion on this point.

I am, &c. Casuist.

No. 429.—Queries for the Accoucheur.

Sir,—1. An after-birth having all the appearances of those commonly seen at the full term of pregnancy is found. Can a Medical witness positively declare in a court of justice that the woman who passed that after-birth must also have passed a child? 2. Is it possible for a human after-birth to be confounded with that of any known animal?

I am, &c. K. B.

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SATURDAY, JULY 21.

DR. MAYO ON THE PHYSICIAN AND THE PUBLIC.

Dr. Mayo read at the Royal Institution, a short time ago, an interesting paper "On the Relations of the Public to the Science and Practice of Medicine." There is much that we agree with in the sentiments the venerable President of the College of Physicians then expressed; but there is also something that we take exception to. We cannot think that some of the conditions of Medical practice, which he assumes as true, are really so in fact. Pointing out the relation in which the Physician stands to his patient, Dr. Mayo says that "there is a sort of atmosphere of repugnance generated by the very nature of the case, between the Profession which is presumed to confer the benefit of health, and the public which is presumed to receive it;" and also that "the recipient of the supposed or hoped-for benefit is, with different degrees of intensity, pained and annoyed by having to apply for it." Now, appealing to the practical sense of our Profession, we will venture to say that no such repugnance really exists between the patient and his Medical attendant. On the contrary, the patient is, as we conceive, actually attracted to the Doctor by feelings of a warm, attaching kind. He flies to the Doctor as to one from whom he will obtain relief from his woes. And we must certainly say that upon the whole the Profession have, as individuals, ample reason to be satisfied with the gratitude they receive from patients. What principles must they be of the human affections which would lead a man to feel a repugnance to the Doctor who relieved him of suffering of any kind? We must say that we think Dr. Mayo is wrong upon this point. His statement would be a reasonable one if the Doctor actually caused the disease which he had to remove, but the public look to our Profession not only as Curers of serious Preventers of Disease.

Again, Dr. Mayo wishes that the public were wiser in physiological truths, and considers that certain of these truths ought to be part of their education. "If men," says M. Auguste Comte (not a very wise, or safe, or comprehensible guide, by the way), "do not confide the study of astronomy to navigators, neither should they leave physiology to the leisure of Physicians" (a). Dr. Mayo says truly enough, that if the public were better up in their physiology than they are at present, they would have a better chance of choosing wisely when exercising the right of selection between conflicting Schools of Medicine. But surely it will be a very long time before we can fairly expect the masses of society to have that leisure which shall enable them to take in the quantity of physiological learning which is *not* dangerous. And after all, as he himself shows us, remedies do not come by physiology.

(a) The quotation is Dr. Mayo's. The idea of physiology being the affair of the *leisure hours* of a Physician is truly *Comtean*.

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The public want to be cured of their diseases; and they rush to the curer, and the curer is not necessarily learned in the "laws of life." Arguing, indeed, from Dr. Mayo's facts, physiology seems to have been of little use even to our own Profession in looking after a good remedy. Dr. Currie, of Liverpool, he tells us, pointed out the use of effusions of cold water in a large group of cases. But his views did not fructify; and his practice was abandoned and forgotten. But, he goes on to say:—

"Very different has been the fate of the hydropathic theory, contrived by an untutored Silesian peasant, neglected by the regular Profession, and cared for by a credulous, but not an indifferent public.

"An important principle of treatment has thus been kept alive by the public, though put before them in its least scientific shape. While a similar principle of treatment from which all the valuable elements of the hydropathic system might have been deduced by scientific thinkers, without its concomitant mischief, has been allowed by the Medical Profession to sleep and be forgotten."

If Dr. Mayo's illustrations be received as good, surely they rather go to contradict his assertion of the use of physiological truths. Here the ignorant Plebs (with what we suppose Lamartine would call the unerring instincts of the people) beat the physiologically learned Profession. The public discerns the use of a remedy at which the Medical man turns up his nose!

This, however, we are not disposed to admit. The benefits of the system called Hydropathy have never yet been clearly defined, at least as regards the patient. The pecuniary benefits accruing to the untutored peasant aforesaid, and to regular diplomatised overseers of *water-suffering* establishments are of course clear enough. A satiated man of business or of fashion leaves his excitement, London air, society, *diners à la Russe*, and so forth, and rushes to a bright clear air and simple diet, and rational habits of life, and indulges into the bargain in packings, and sitzbads, and the other paraphernalia of the place. Now are we to be told, as the man gets rid of his gouty inclinations and dyspeptic tendencies, that water did it all? Is the Profession wrong in still dealing with these hydropathic quarters as with foci of demi-charlatanism? We think not. "How is it," asked Montaigne of a shrewd peasant in Italy, "how is it that you people who live in the neighbourhood of Lucca never drink the waters and yet remain in perfect health?" "Sir," he answered, "it is with us, as with those who live around Loretto's shrine; they find the pilgrimage of no avail." Montaigne, indeed, who was long on the travel to watering-places to be rid of his urinary disorders, was shrewd enough to see that it was not the water which made the man sound. Let us have the question fairly answered; would not these wonderful water-curers be curers still, if the sick went through the same dieting, and aeration *without the water*? Or, admitting the physiological effects of the cold bathing and rubbing, let us see whether more good or harm be done by their employment at the hydropathic head-quarters.

Again, we think Dr. Mayo is wrong in calling the Profession to account for neglecting "another hypothesis, that of Dr. Beddoes—the treatment of disease by pneumatic medicine;" and in regretting "that the patronage of the public had not been extended to it." We believe that the *Profession* have often tested this pneumatic medicine, and have as often found it wanting,—in fact, an "airy nothing" with a name. We think that what Dr. Mayo calls *neglect*, is, in fact, the honourable conclusion of scientific minds. Surely our Profession is greedy enough of therapeutic agents; surely there is no need to accuse us of neglecting any means of cure which has a shadow of reasonable utility attached to it. We neglect water (as handled by Hydropathists), and we neglect Oxygen (as puffed forth by advertisements), because we believe, and have seen, that neither the one nor the other cures the diseases it is said to cure by Hydropath and Pneumopath. We may add, however, if it be any consolation to Dr. Mayo, that, as we hear, this regret of his may be removed. We understand that "the patronage of *the public*" *has* at length been extended to Pneumatic Medicine. We shall see what Science gains of new facts by this public patronage.

These are the points in Dr. Mayo's paper with which we cannot agree. In the remainder of it we find a very interesting outline of the mental dynamics of the Profession; and some remarks on the specialities of the day in practice, and the mischief to which they tend. It is only fair to add that our knowledge of the paper is derived solely from the mere sketch given of it in the Proceedings of the Royal Institution.

THE WEEK.

The great scientific event of the week is the International Statistical Congress, opened on Monday by an admirable address from the Prince Consort. A very short report of two or three papers read in the Sanitary Section will be found in another column. Next week we hope to give such an abstract of all the papers read in this Section, and the discussions which followed, as will make our readers acquainted with all that is to be learned from them.

The importance of a post-mortem examination in all cases of sudden death was strongly exemplified in a case tried at the last Berkshire Assizes, before Mr. Justice Hill. The prisoner, George Solloway, was indicted for the manslaughter of William Vickers, in the Union Workhouse at Windsor. The deceased was an inmate of the house, and classed as an idiot, and kept in a ward specially reserved for such persons. He was a person of dirty habits, and paralysed in body. It was the prisoner's duty to attend to the deceased and the other persons in the same ward. The deceased was in his usual state of health on the day of his death, but having been put into a cold bath, where he remained about twenty minutes or half an hour, he was seized with a fit, and died a few minutes after. The Medical Officer examined the body externally about four hours after death. He found the body in good condition. An inquest was held, but a post-mortem examination not being deemed necessary, none was ordered by the coroner. At the trial the Medical officer of the Union was examined, and he attributed the death to continued immersion in cold water; and in answer to a question by the Judge, whether death might not have arisen from disease of the heart, the witness said,—"I cannot say, for there was no post-mortem examination of the body." Upon this the Judge stopped the case, and said to the Jury,—"Gentlemen, this case cannot proceed farther. It is a very proper one for public inquiry, but there is an important omission in the evidence. Here is a man, paralysed in body, and idiotic in mind, immersed in cold water; but inasmuch as his death may have arisen from natural causes, it would be wrong for you to convict the prisoner of manslaughter. *No post-mortem examination of the body was made*, and there is nothing to show that the deceased man might not have died from natural causes, or disease of the heart. The fault I find with the prosecution is this, that where there was so much reason to believe that death arose from the misconduct of the prisoner, a post-mortem examination ought to have been made, in order that the real cause of death might have been ascertained. Under these circumstances, then, I advise you to acquit the prisoner." A formal verdict of *Not Guilty* was therefore returned by the Jury, and the prisoner quitted the bar. In his address to the Grand Jury upon this case the Judge said:—"If the facts stated are proved, they are undoubtedly sufficient to substantiate the charge of manslaughter; for

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keeping a man in a cold bath all that time was an illegal act; and although it was intended that it should not produce death, yet, as it ultimately resulted in death, that is what the law constitutes manslaughter." We therefore trust that, for the future, Coroners will act upon the recommendation of the Judge, and use, in all cases of doubt, the means the law has placed at their disposal, in order that, as far as possible, the real cause of death may be ascertained.

A case has just been tried at Oxford, which has exposed the extraordinary manner in which "irregular Practitioners" extract large sums of money from persons who submit to their treatment. An Oxfordshire farmer suffered from chronic inflammation of the knee-joint, and was treated by Mr. Farwell, an able and well-known Surgeon of Chipping Norton. He then went to Brighton, and was treated by a well-known "rubber" named Harrap. It is not stated in any report we have seen exactly how much money was paid to Harrap. One report says 117 attendances at two guineas each; another £680. But the end of it is that the knee is permanently contracted, the patient unable to walk without a crutch, and that an Oxford jury have just awarded him £300 damages, which Harrap has to pay for what the jury consider negligent and unskilful practice. If he has received £680, he may be very well content to return £300 of it.

Berlin appears, at the present moment, to be taking an opposite course to the one we are following. We are splitting up our Medical Societies; Berlin is consolidating them. The two chief Societies of Berlin we read—the Society of Scientific Medicine, and the Society of Berlin Medical Men—are on the point of uniting. An attempt of this kind which was made a year ago failed.

An extensive advertisement of an "Hydropathical Establishment" at St. Denis-Lez-Blois, lies before us. Sir John Olliffe, etc. etc., Consulting Physician. "Single-bedded rooms from 5 to 10 francs per week." "The table-linen is changed twice a-week; the bed-linen every fortnight." "The first consultation is paid apart, as also any particular advice that may be given by the Physician, in cases that do not come under hydropathical treatment, or have reference to the administration of the mineral waters."

According to the official Hospital statistics of the Spanish army in Africa, there were 38,464 admissions into Hospital from the commencement of the campaign, November 19, 1859, to March 24 following; 5990 wounded and 32,474 sick. In the first category figure 354 officers, or nearly 6 per cent.; in the second 206 officers, or only 0·63 per cent.—a fact which shows that in a campaign the officer is more exposed to be wounded than to fall sick, and the soldier the contrary. 29,350 recovered, and among these 4082 wounded. Of 3064 deaths—a general mortality of 8 per cent.—318, or 5·3 per cent. were of the wounded; and 2746, or 8 per cent., were of the sick. 1590 wounded still remain under treatment, and 4460 sick.

The following sensible remarks on *new remedies*, lately made by Professor Forget, are worthy of note:—"Everyone knows that out of a hundred therapeutical novelties, there is perhaps not even one which is *viable*. If you wish a proof of this, look at the sacrifice of new remedies that are periodically made by the Reporter on them at the Academy. We are daily told, 'that when a new remedy appears the first duty of the Practitioner is to believe in it; that he has no right to doubt the intelligence or the good faith of the inventor; that the first thing to do is to try it,' etc. etc. Now, this is all flagrant absurdity, not to say hypocrisy. Such false principles have been introduced by people who have an interest in being on good terms with everybody, and who find their account in parading new remedies. The truth is the very reverse of this. We ought to wait for the proof before exposing ourselves to new deceptions. There are always plenty of persons ready enough to try the new thing. The wise man will abstain before incurring a danger. Your embarrassment will be great enough if you fall into the snare. New remedies rise up in such quick succession, that you will scarcely have done with one before another turns up. If you find a good one, soon you will be offered a better, and you will end your days in hunting after remedies, having all your life played the part of a dupe, and leaving behind you the remembrance of a superficial and versatile Practitioner, without having any settled convictions. The Practitioner, therefore, is not obliged to experiment with new remedies. The rule has been invented by *intrigants*, for the purpose of getting themselves spoken of."

The *Moniteur des Sciences* writes as follows:—"Political journals, on the faith of *L'Union*, announce it as certain that a Chair of Homœopathy is to be established at the Faculty of Medicine. We have no reason for believing the correctness of the information of *L'Union*, but we are certain, if the creation takes place, that we shall have a vast number of candidates, whose application for it will astonish a good many people, and especially *L'Union Médicale*."

A young man, probably belonging to the ancient family of Dædalus, read last week, at the French Academy of Sciences, a somewhat original memoir with the following title:—"On the Inferiority of Man in Relation to Birds, and the Means of Remedying the Inferiority." Of course, his object is to teach people to fly.

Piedmont possesses a class of men called Phlebotomists; and every one knows how blood flows in Italy, *vid* veins. It seems not improbable that the existence of these gentry aids not a little the blood-letting mania of that country. Dr. Castiglione, in a report, demands their suppression, as being useless in themselves, and the cause of much injury to others.

REVIEWS.

On Asthma; its Pathology and Treatment. By Henry Hyde Salter, M.D., F.R.S., etc. 8vo. Pp. 372. London: 1860.

This is one of the best-written treatises which have fallen under our hands for some time past. The author has evidently made himself thoroughly master of the difficult subject which he handles so adroitly; and if we understand his preface aright, when he speaks of "an enforced and very close observation" of the disease, he has the greatest interest in attaining an exact knowledge of the disease. We can candidly say that it is a long time since we have derived so much pleasure from the perusal of a Medical work. It is very perfect in the information which it gives; and all the various subjects of information—the anatomy, chemistry, and pathology of the parts affected—have evidently been well-mastered by its author. We have one other word of praise to add to this, and at the present day it is not a light one—viz. that the work is well and carefully written. We trust we have said enough to recommend it to the attention of our readers.

Dr. Salter considers that asthma is essentially a nervous disease, the nervous system being the seat of the pathological condition. The phenomena of it he attributes to a spastic contraction of the organic muscular fibres existing in the bronchial tubes, and which contraction is excited by reflex

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action. The nervous system is involved in different cases to a very different extent. In most cases the gastric and pulmonary divisions of the pneumogastric are the seat of the disease, but in some cases it is restricted to the nervous system of the air-passages. In many cases the nervous circuit between the source of irritation and the seat of the muscular phenomena resulting involves other portions of the nervous system. In some cases, again, the source of irritation appears to be central—in the brain, and therefore not reflex; and in others the exciting cause is essentially humoral. The essence of the disease consists in this: that the musculo-nervous system of the bronchial tubes is morbidly inclined to be thrown into action—the stimulus being applied either immediately or remotely. The pulmonary nervous system is morbidly sensitive; "it resents that which it should not resent; it exalts that into a stimulant which should not be a stimulant."

We quite agree with Dr. Salter in his conclusions, and for his means of arriving at them we refer the reader to his pages. In a case of pure asthma, where the afflicted dies at any early stage of the disease, no morbid appearance whatever is found after death. The enlarged heart, the emphysema, and altered bronchial tubes, are all *consequences* of the asthmatic seizure—not the disease itself.

The third and fourth chapters contain the clinical history of the disease; the fifth, the varieties; the sixth, the etiology; and the seventh the consequences of asthma. The remainder of the work is occupied chiefly with treatment; and under this head we must call especial attention to Chapter XI., in which the author speaks of the fumes of nitre-paper. This remedy he speaks of in the highest terms:—"The use of it is not absolutely new, but its effects are striking, and its value frequently unknown." As he truly observes: "It is some comfort to fall back upon accessions to our *materia medica* of unquestionable value, about whose worth the mind feels no doubt; when Pathology, etc. are inducing us to discard much of our inherited therapeutics." Ipecacuan, tartar-emetic, and tobacco, are the remedies which he finds exercise most influence over the asthmatic condition; and they act by depressing nervous irritability, and causing lessening of the muscular contraction of the bronchia, not as emetics or expectorants. Tobacco, Dr. Salter considers, in most cases, the most potent remedy in asthma; but, alas! the habits of people have almost rendered the weed useless as a remedy. Adult males are a set of smokers now-a-days; and adult males form the majority of asthmatic subjects. Chloroform seems to be an excellent remedy; but, unfortunately, being a new invention, Dr. Salter has not had much experience of its use. In the twelfth chapter will be found some excellent details as to diet, etc. This is a most important side from which to attack the disease, *i. e.* to ward off the attacks. "In no direction," he says, "is asthma more accessible than through the stomach. Of all forms of prophylatic treatment, none, with the exception of change of residence, is more successful than that which is regimenal."

With regard to the prognosis of asthma, Dr. Salter considers, that under 15 years of age, and where no organic disease exists, a favourable issue may be expected; but when the asthma begins between 20 and 40, the chances of the patient are much less favourable. Above 45, the recoveries are few indeed. In the young the *vis vitæ* has more power for repairing.

The most original portions of the work are—1. The part which treats of the great variety of opinions existing with regard to asthma; 2. The proof (as laid down by the author) of its nature; 3. His description of the premonitory and initiatory symptoms of an attack; 4. The tabular representation of the varieties of asthma (p. 114); 5. The treatment of asthma by depressing remedies; 6. The theory of the efficacy of stimulants, and the light it throws on the curative influence of emotion; 7. The treatment by nitre-paper; 8. The chapter on locality; and 9. The theory of the prognosis of the disease.

We indicate these points as especially exhibiting the originality and practical utility of the views of the author.

Reports on Operative Surgery. By R. G. H. Butcher, Surgeon to Mercer's Hospital. Series IV. On Excision of the Upper Jaw. On Complicated Hare-lip. Pp. 43. Dublin: 1860.

This is another of the very practical essays which have been given to the Profession by Mr. Butcher, whose name is so well and so deservedly associated with sound Operative Surgery. The subjects treated of are of the highest importance and interest, the former of the two more especially so at the present time since the eminent Surgeon, John Lizars, who was the first to recommended the extirpation of the upper jaw has been so recently taken away.

Mr. Butcher has given the details of one case of very great interest, where he removed nearly the whole of the upper jaw, leaving scarcely any deformity afterwards. He accomplished this very desirable object by making use of the limited incision first adopted by Mr. Fergusson instead of laying open the cheek as recommended by most Surgeons. In fact it is mainly for the purpose of illustrating the advantages of Mr. Fergusson's method of operating that the author has described at length this and another case of almost equal interest.

The second part of this memoir relates to the operative proceedings in cases of complicated hardlip, and a glance at the many sketches of the little patients operated on is sufficient to convince all that Mr. Butcher has met with complicated cases indeed, and has remedied them in the most effective manner.

The various details of the steps of the operations required for these bad cases are clearly and carefully given, and every Surgeon should not only read but study them. This little work is a valuable contribution to surgical literature.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE MORTALITY OF INFANTS IN THE MOSCOW FOUNDLING HOSPITAL.

By Dr. Blumenthal.

Dr. Blumenthal, Senior Physician to the Moscow Foundling Hospital, the largest establishment of the kind in Europe, in this paper passes in review the various causes which favour the mortality of the inmates of that institution.

1. The first point he notices is the miserable condition in which most of the infants are, the fruits of concealed and illicit connexions, their mothers often undergoing great privations during the period they bore them. In conformity with the experience of all countries the mortality of illegitimate far surpasses that of legitimate children. Moreover, owing to the central position of Moscow, these children are brought from a large radius, and often only reach the establishment days after their birth, frequently exhibiting various signs of neglect and severe injury. Thus in the year 1856, one of mean mortality, of 11,702 infants admitted, 185 died within the first 24 hours after admission, 280 did not survive the third day, 236 were premature, and 1268 exhibited well-marked atrophy, giving a total of 1921, doomed to speedy death independently of the action of other causes of mortality to be found within the walls of the Hospital.

2. One of the greatest evils is the occasional deficiency of nurses. At certain times of the year, especially in summer, the nurses are obliged to leave the establishment to resume their field labours, and a number of children are deprived of their breasts, and have to be distributed among the diminished number of nurses who remain. In spite of the addition of artificial food, the infants become the subject of various diseases, especially of atrophy. The most careful efforts have been made to supply the necessary nutriment by means of the milk of cows kept with the greatest care at the establishment, their milk being administered by means of the sucking-bottle, and complete watchfulness and cleanliness insisted upon—but all in vain, the infants fast sinking under diarrhœa, or perishing from atrophy with enteritis. On the other hand, when after a defective supply of nurses, these women return again in numbers sufficient to give each deprived infant its new nurse, it is found that the number of diseases and the amount of mortality soon undergo an increase. This arises in part from the eagerness with which the hungry infant takes the rich milk of the new breast, and in part from the sudden change of nurse and milk.

3. The author regards the change of nurses, which the arrangements of the establishment renders unavoidable, as a

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great evil for the infants, even when the milk they continue to obtain is sufficient as regards quantity, such change becoming, even in healthy, thriving children, frequently a cause of sudden and severe disease.

4. The next cause assigned by the author is founded upon a somewhat fanciful idea, viz. that disease is generated, not merely by the fact of a conglomeration of individuals, but especially when such individuals are of foreign and varied origin—a kind of, so to speak, human acclimatisation being necessary to produce exemption. This he exemplifies by the breaking out of disease on the passage of healthy troops through healthy districts of an enemy's country, etc.—facts explicable on more probable hypotheses. In the Moscow Hospital the 13,000 children and 13,000 nurses annually brought together are derived from the most opposite regions and different conditions of life; and these numbers are constantly going and returning, so that the daily 1200 children and nurses are being made up continually of different individuals.

5. Next, we have the more tangible cause—overcrowding. The number of admissions is so rapidly on the increase, that while, during the ten years 1764-74 there were only 9457 infants admitted, this number had risen to 90,184 during the ten years 1844-54, and continues to increase even still more rapidly. The building not having been proportionally enlarged, the air, in spite of every attempt at ventilation and the most anxious endeavours, becomes excessively deteriorated, especially at night.

6. Epidemic visitations exercise but little direct influence on children at the breast. It is true that towards the end of winter and the spring, catarrhal and inflammatory affections of the respiratory organs prevail; while in the summer and autumn diarrhœa and inflammatory conditions of the abdominal viscera are frequent. But any prevailing epidemic which may be affecting the general population exerts very little influence on the health of these infants. Thus, during his nine years' superintendence of the establishment, the author has not met with a single case of scarlatina, although, during this period, the disease has frequently prevailed in the town, and has even attacked other inmates of the establishment. Isolated cases of measles have alone been met with, and although instances of varioloid and varicella have been of more frequent occurrence, they have never taken on any extension. When cholera or ague have been prevailing in the town, they have been only met with exceptionally and in isolated cases in the Hospital. Small as is the direct influence of epidemic visitations upon these infants, the author feels convinced that their indirect influence is not insignificant, by reason of the injurious effect they exert upon the mother during pregnancy. Thus, when ague or cholera have raged epidemically, or when the *genus morborum* has given rise to diseases characterised by depravation of the blood and disposition to purulent formation, the children admitted have been especially feeble and miserable.

Such, then, are the circumstances which chiefly favour the mortality of the establishment. It is remarkable, however, that while these causes are more or less stationary, the amount of mortality occurring among these infants undergoes considerable variation, two successive years scarcely ever resembling each other in this respect. During the thirty years 1829-58, it has varied from 15·42 to 32·09 per cent; but repeatedly decreasing or increasing within these limits. Yet more, the mortality has never on one occasion been in an exact proportion to the amount of disease. Thus, while in 1851 the per centage of disease was 64·62 that of mortality was 25·77; but in 1857 the per-centage of disease was 56·54 and of mortality 32·09. In the years 1855-56 the per-centage of disease was almost alike, but there was almost 5 per cent. difference in the mortality: and in the years 1857-58 a difference of about 1 per cent. in disease was accompanied by one of 8 per cent. in the mortality. The year 1854 which furnished so favourable a per-centage of mortality as 16·64 exhibited the high per-centage 51 of disease. It is evident that mortality depends upon other causes than the mere production of disease. Dividing the last thirty years into three categories accordingly as a minimum, medium, or maximum mortality prevailed, the author finds that each of these nearly embraces the ten years; but although convinced that these variations in amounts of mortality depend upon some general cause, he is quite unable to indicate its nature.

For an exact appreciation of the rate of mortality in the Hospital, it would be very desirable to compare it with that of other children of the town of the same age—viz. 2 months, this being the average age at which the infants are sent from the establishment to the village nurses. The materials for such a comparison, however, do not exist. An approximative comparison the author has attempted from an examination of the St. Petersburg and Moscow registers, at least as regards a large proportion of births. In the ten years 1847-56 of 138,626 infants born in St. Petersburg, 34,746 died within the first year, giving a mortality of 25·05 for that first year; while in Moscow, for 95,272 births there were 25,953 deaths, or 27·24—the mortality in both cases being, in the author's opinion, actually greater. Endeavouring to separate from these figures the mortality which affected only the two first months of life, by supposing the proportion to be similar to that furnished by the Belgian tables, the author deduces that such mortality is 13·46 for St. Petersburg and 14·64 for Moscow. But these figures relate only to legitimate children, who are not only conceived and born under so much more favourable circumstances, but are provided afterwards with all the advantages of a mother's care. To bring the two conditions at all to an equality, judging from tables which have been published for Prussia and elsewhere, at least from 6 to 8 per cent. must be added to the mortality, which would raise the mortality to be expected in the Hospital to from 20 to 23 per cent. And such is the fact; for of 245,184 infants admitted between 1829-58 there have died 55,602 or 22·27 per cent.—*Med. Zeit. Russland*, 1859, Nos. 30, 31.

EXCERPTA MINORA.

Diphtheritic Paralysis.—M. Maingault, who a few years since wrote a thesis upon this subject, as the result of further experience, comes to the following conclusions: 1. Numerous cases prove that there is a variety of paralysis which deserves the title of diphtheritic paralysis, coming on during the convalescence of diphtheritis and croup; it is evidently the consequence of the primary affection. 2. This paralysis may be local, as paralysis of the velum palati and of the pharynx. 3. Frequently it is also seated at distant parts, sometimes being limited to the lower limbs, and at others extending successively to the various muscles of the body, thus exhibiting a generalised and progressive form. 4. A simple mild case of diphtheria may give rise to a severe and extended attack of this paralysis. 5. Albuminuria is not the determining cause of this paralysis, as in some cases the urine has contained no albumen whatever. 6. It seems to be the result of a disturbance of the nervous system, without any appreciable lesions of the nervous centres. 7. It may terminate fatally, but usually recovery takes place in a space of time occupying from two to eight months.—*Archives Gén.* tome xiv. p. 716.

Discharge of a large Urinary Calculus by Ulceration.—A fisherman, 75 years of age, was in his 34th year pronounced to be the subject of calculus. He, however, refused to undergo any operation, notwithstanding great suffering. Fourteen years ago a fistula formed in the scrotum, and since then five other openings have taken place between the penis and the scrotum. About a month since, after great aggravation of pain, a stone passed out at the right side of the perineum. The stone weighed *eight ounces*, and measured two inches two lines in its longitudinal, and less than two inches in its transverse diameter—the calcareous phosphates predominating in its composition. Dr. Meneghetti next day found on the left side of the raphe an irregular fistulous opening, which scarcely admitted the index-finger, and through which the urine flowed away.—*Gazette des Hôp.* No. 75.

Applications of Iodine to the Cervix Uteri in the Vomiting of Pregnancy.—Dr. Miller relates some cases in proof of the frequency with which the vomiting of pregnancy is dependent upon an inflamed state of the cervix uteri, and of the efficacy of the practice which consists in painting it freely with an ethereal tincture of iodine, composed of half-a-drachm to one drachm of the iodine to one ounce of sulphuric ether. Dr. Miller adds that he and his Medical friends have during the last ten years, employed this formula as far preferable in inflammatory affections, especially erysipelas, to tincture of iodine.—*Boston Medical Journal*, vol. lxi. p. 70.

Radical Cure of Hernia by Means of the Seton.—Dr. Rublee relates a case of inguinal hernia on the right side which had impeded the patient (aged 35, and robust) from working during a year or so. The hernia, about the size of an egg, only appeared at the external ring, and was readily returned. No truss, however, kept it up properly, and it was determined

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to attempt a radical cure. A seton, about the size of a skein of sewing-silk, imbued with tincture of iodine, was passed along the inguinal canal by means of Dr. Rigg's needle, and left in for forty-eight hours. Little inflammation, and no pain followed. The patient kept his bed, and by the third day the canal was well blocked up with plastic effusion. In two weeks he left his bed, and walked about the house, wearing a truss, which made only moderate pressure, lest absorption of the plastic material should be caused. He now attends to his occupation, no appearance of hernia remaining; although as a matter of precaution he is advised to wear a truss during great efforts, until firm consolidation is quite secured.—*Ibid.* p. 75.

GENERAL CORRESPONDENCE.

FŒTAL AUSCULTATION.— ON THE SOUND OF THE FŒTAL HEART.

LETTER FROM DR. ADAMS.

[To the Editor of the Medical Times and Gazette.]

SIR,—It might naturally have been expected that I should have noticed long before now the letter of Dr. Druitt, which appeared in the *Medical Times and Gazette* of January 21, containing much able criticism and important observations on my previous papers regarding Fœtal Auscultation; and this it was my intention to have done, if I had not been restrained by various causes, among which I need only mention the necessity of delaying my resumption of the discussion until I had found opportunities of testing the correctness of some of the practical rules laid down in the valuable communication referred to.

I proceed, then, at once to notice Dr. Druitt's statements in reference to the sound of the fœtal heart, and his illustration of its powers of transmitting sounds by comparison with the sonorous beat of a lever-watch which—as he states—can be heard distinctly through many folds of cloth, or one's bed-pillow, and this fact he holds does away with my objections to the results of auscultation in pregnancy, on the ground that *primâ facie*, it is very improbable that the sounds of the child's heart should be heard through all the natural structures which intervene between it and the ear of the auscultator. But upon reflection, I am sure it will be admitted, that the analogy between the two cases is very distant indeed; for the sounds of the heart, whether in a new-born child or in an adult, are so indistinct that they cannot be recognised at all, in general, unless the ear of the auscultator, or an instrument for conducting sounds, be applied close to the cardiac region, whereas the beat of a good watch suspended on the wall of a room, will be heard at the distance of upwards of twelve feet. I very readily believe, then, that Dr. Druitt can hear the ticking of his watch through sixteen folds of blanket; but, on the other hand, he will find, as I have repeatedly proved, that in general it is impossible to hear the sounds even of the adult heart through a thick cloth coat and vest. I hold, then, it must be conceded that there is no parallelism between the two cases we are treating of,—between the feeble sound of a child's heart and the sonorous beat of a good watch.

But still I shall here be met by the answer, that whatever difficulties I may have encountered in recognising the sound of the fœtal heart, there is no denying the fact that hundreds of persons are ready to declare that they have heard "a remarkably distinct heart-beat varying from 140 to 180 in a minute." Dr. Druitt adds, in illustration, "By heart-beat is meant a double beat, of one louder and more pronounced, and another shorter, immediately succeeding, and less pronounced." Now, it being an absolute truism in acoustics that every double sound is compounded of two distinct single sounds; and further, it being established as an indisputable law in regard to the physiology of the heart that every beat is accompanied by two distinct sounds, probably connected with valvular contraction (a), it follows that, agreeably to this standard, the fœtal heart *in utero* is recognised by its 360 separate beats, accompanied as they must be by 720 audible sounds. But here I must pause to remark, that this statement seems so extraordinary, that I fear, at first sight, some of my readers may think I am garbling and purposely misrepresenting the facts of this case, as stated by my learned opponent. I feel confident, however, that it is not so, and submit that, upon mature consideration, it must be admitted that 180 double beats, or 360 single beats, necessarily imply the accompaniment of 720 single sounds. Now, it is true Dr. Druitt says that when "the piano is played rapidly, the ear, with the most perfect readiness, can recognise 720 sounds per minute;" but it is to be regretted that he does not state explicitly whether or not he can actually detect this number of sounds in auscultating the fœtal heart. This, however, is implied in his previous statement regarding the number of double beats.

Let it not be supposed that from ignorance, or in the wanton spirit of controversy, I purposely wish it to be understood that Dr. Druitt stands alone in holding what I conscientiously believe to be an untenable hypothesis in auscultation. I am aware that Depaul and Dubois fancy they can recognise an equal number of "*doubles battemens du cœur de l'enfant*," and that the same doctrine is held by several British authorities of high name. Indeed it is indisputable, that of all the shapes which this subject has assumed, there is none which has obtained so general a consent among the authorities as the one we are now examining.

In singular contrast to it stands the Aberdeen standard, as held by my Professional friends, Drs. W. Williamson and Dyce. Dr. Williamson, in a letter published in this Journal, (Jan. 7, p. 24,) relates that his colleague Dr. Dyce brought me one day in the Aberdeen Hospital to the bedside of a patient in the seventh month of pregnancy, placed the stethoscope over the heart, "and asked me to listen to the sounds, which amounted to 160 per minute." He adds: "Dr. Adams did confess to hearing something, but would not allow it was the sound of the fœtal heart." I distinctly admit that I acted as above described on the occasion referred to, and refused to acknowledge that 160 single sounds (*i. e.* as proclaimed by Dr. Dyce, 80 louder, and 80 more feeble sounds,) could possibly be recognised as the standard of the fœtal heart; and I feel confident, that whatever differences there may be among obstetrical auscultators, it will be difficult to find any one out of Aberdeen, who will not agree with me in holding that I was right in refusing to accept the rhythm of the maternal for that of the fœtal heart. In the same paper Dr. W. Williamson advances, and reiterates the statement, that "before Dr. Adams no one ever said that 140 double sounds, or 280 single sounds, are heard," So far is this from being correct, that "280 audible sounds" are what Dr. Churchill actually specifies as being the rhythm of the fœtal heart; and although Dr. Druitt's communication had not yet appeared, I think it most surprising that Dr. Williamson could have been ignorant of the Parisian standard mentioned above, more especially considering how extensively it has been received in this country.

But if our Aberdeen stethoscopists differ so widely from Dr. Druitt, and almost all the other great authorities on auscultation, as to the amount of cardiac sounds in the fœtus, they are quite in accordance as to the character of the separate sounds which constitute the double sound of the heart, namely that it is what is commonly called a "tic-tac" sound, consisting of a louder, immediately succeeded by a more feeble sound. It happens here again, however, that there is a most remarkable discrepancy among the advocates of fœtal auscultation, as to the relative strength of the cardiac sounds, for no less an authority than Dr. Churchill states most confidently that "the first sound is short, feeble, and obscure, the other comparatively loud and distinct," and that "in counting we reckon the second sound only, as it would be impossible to count both, and the second is the loudest." These descriptions must be admitted to be singularly discrepant and irreconcilable with those of Dr. Druitt's quoted above. But there still remains to be mentioned another version of the same description given by Mr. Robert Hunter, Staff-Surgeon, Moffat, in a communication inserted in this Journal (January 28, p. 106). According to this gentleman the "tic-tac" sound is not cardiac but "arterial," and "the true sound is a small, sharp, single note, very much like the ticking of a small watch, only much faster. The pulse of the mother is 'tic-tac,' the sound of the fœtal heart 'tic-tic-tic,' equal in time and key." Expressed in prosodical characters, then, the three systems of London, Aberdeen, and Dumfriesshire would

(a) See, in particular, Dr. Halford's very ingenious Physiological Essay "On the Action of the Heart and its Sounds."

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stand thus: — v; v —; v v v. Or they might be expressed thus in alphabetical characters: "tic-tac:" "lup-dupp," "tic-tic-tic."

Such then are the characters of "the sound of the fœtal heart," as given by the believers in the prevailing systems of fœtal auscultation—consisting of single sounds, and of double sounds; of single beats and of double beats; of 160 single sounds and 180 double beats in the minute; the first sound louder than the second, and the second louder than the first,—such incongruous and contradictory characters mark it to be, as represented naïvely by your Northern correspondent, "a sound *per se*." It is a "riddle" which would require an Œdipus to solve!

But here I feel that I cannot consistently shirk the question which it will be naturally expected I should answer. But what do you make of this matter? Do you discover no *soufflets*, nor beats, nor sounds, in exploring the uterine region of a pregnant female? This I never wished to be understood. On the contrary I have always admitted that at times I could detect all these different classes of phenomena. In stethoscoping the abdomen of a woman in the latter months of pregnancy, and not having very large bulk, I have not unfrequently detected a *bruit*, more especially in the iliac region. But I have detected the same fully as often in cases of hypertrophy and other enlargements of the uterus, and of various abdominal tumours, and therefore I feel confident that such a sound does not constitute even a presumption of pregnancy. I believe it to be generally indicative of pressure on some great blood-vessel; but also perhaps not unfrequently such noises exist only in the ears and stethoscopes of the auscultators (b). Beats and sounds, whether separate or combined, I have rarely met with, and when detected I have always been greatly puzzled what to make of them. Not to go back to instances of a distant date, whereof my recollection may be indistinct, I met about two months ago with the case of a pregnant female, in whom I was struck by detecting between the umbilicus and crest of the ilium, what certainly seemed to be beats, which were both double and sonorous; and so strongly marked were they that I was persuaded they could not be far from the surface, and that they were much more pronounced than the beats and sounds of an infant's heart. To satisfy myself on this point, I auscultated a few days afterwards the chest of a new-born child, and was then quite convinced that the abdominal pulsations were stronger than those in the chest of the child. And when the woman was delivered I had the curiosity to stethoscope the child's chest, when I found that I could but faintly recognise its impulse and sounds by placing the instrument direct over the heart; and I could have no doubt that if a placenta had been laid above it I should not have been able to detect them at all. To myself this was an *experimentum crucis* to prove that I had not lighted on the true sound of the fœtal heart. What these double beats were produced by I cannot undertake to say with any confidence. Perhaps by a couple of uterine arteries lying close together, or even a single artery possessed of a *pulsus dicrotos* passing over some solid part of the child's body upon which the stethoscope happened to be planted. That under particular circumstances arteries possess a double beat has been known from the earliest days of sphygmology, and accordingly the *pulsus dicrotos* is minutely described by Galen; was made to constitute an important feature in the system of Solano du Luque and is noticed by Dr. Guy in his edition of Hooper's works. All this is no doubt in a great measure conjectural, but at all events it must be admitted that a *pulsus dicrotos* is at least as conceivable as an *impulsus dicrotos*, which is assumed by the auscultators when they speak of hearing the double beat of the heart. How comes it, let them say, that the beat of the heart which at birth and ever afterwards is single and not sonorous, should be double and audible in utero? I may mention that I have detected other sounds and beats far more distant and indistinct than in the instance just related. I once set myself carefully and hopefully to listen for the very numerous and faint beats described by Kergaradec—the 280 audible sounds of recent authorities, and after a time I fancied I had detected them. But rising up I perceived I had still the same sounds ringing in my ears, and I became convinced they were altogether subjective, occasioned by what the psychologists call "expectant attention" (c). Once and again I have traced the sounds of the maternal heart from the chest down to the upper part of the pelvic region, and, by the way, after the most mature consideration, I am now fully persuaded that the sounds which my Professional friends in the Aberdeen Hospital wished me to acknowledge as belonging to the fœtal were, in fact, those of the maternal heart. It remains to be stated that what I should expect the rhythm of the fœtal heart to be, namely, about 140 single beats, and the same number of double sounds,—such as I have always found in a new-born child,—I never did detect, nor am I at all surprised at my failure, when I take into account the number and density of the structures by which it is surrounded (d). That the pulsations usually felt, and the sounds usually heard, arise generally from the uterine arteries, I think probable; but of course I do not consider myself entitled to hold decided opinions on this question. I have the less hesitation, however, in avowing my inclination to this view that some of the greatest authorities on auscultation (such as Churchill) readily allow, that the exploration of the fœtal heart is sometimes obscured by the action of the uterine and funic arteries. Dr. Churchill fancies, indeed, that he has given directions how to distinguish these from the beat and sounds of the fœtal heart; but, after what we now see to be the result of an impartial examination of the statements given out by the authorities who are considered to be the best acquainted with the exploration of it, I cannot believe that any one disposed to consider the subject impartially will henceforth repose confidence in a conclusion drawn from such uncertain premises.

On one point there can be no dispute; namely, that since by the first principles of logic of two contradictory averments one or other must be erroneous, and possibly both, we are sure that either the Aberdeen or the London system of fœtal auscultation must be founded in error. I need not repeat my own judgment in this case.

In conclusion, it must be apparent to every person well acquainted with the contemporary literature of his Profession, that the "Science of Auscultation" (as it has been often called) is at present in a state of transition. The whole system of Laennec on the abnormal sounds of the chest, has been supplanted by the adverse system of Skoda, and even it is evidently on the wane (e). The existence of the "friction murmur" in cases of pleurisy has been openly challenged in the *Hôtel-Dieu* of Paris, by one of the most eminent Physicians in Europe. Cerebral Auscultation, the latest born of the brood, has enjoyed a very ephemeral reputation; and I am persuaded that "Fœtal Auscultation" before long will be regarded in the same light,—*Opinionum commenta delet dies.*

I am, &c.

FRANCIS ADAMS.

Banchory, March 28.

(b) Compare Dr. Halford's Physiological Essay, etc., p. 35; and Sir H. Holland's "Chapters on Mental Physiology," section ii.

(c) See in particular Sir H. Holland's "Chapters on Mental Physiology," section ii.

(d) See Hunter's "Plates of the Gravid Uterus," p. xvi. in particular.

(e) See Dr. Copland's Dictionary, under "Tubercular Consumption."

THE HOSPITAL FOR STONE, AND OTHER DISEASES OF THE URINARY ORGANS.

LETTER FROM THE REV. A. B. WHATTON.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg to forward to you a copy of a letter which I addressed to one of your contemporaries in answer to some objections raised against the Hospital for Stone. As I concur with him in thinking that a full explanation of the objects of the Institution, and the principles on which it is worked, is due to the Profession and to the public, I shall feel obliged if you will give my letter further publicity in your valuable Journal:—

"As, in the leading article which you last week devoted to the Hospital for Stone, etc., you state that the promoters of that Institution owe to the public a full exposition of its foundation, principles, constitution, and administration, perhaps you will allow me, as the Honorary Secretary, to offer a few remarks, with the view of meeting the objections you are kind enough to anticipate.

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"1. You say that there is no necessity for a special Hospital for Stone, because there is plenty of room for 'stone-patients" in the great London Hospitals. I observe, in reply, that our Hospital is not intended for 'stone-patients' alone, but, as the advertisement makes known, for patients suffering from stone *and other diseases of the urinary organs*. These diseases, we have the authority of the Registrar-General for asserting, are as fatal now as they were in the seventeenth century, although the general death-rate has greatly diminished. In the twenty years 1660—79 it was 7000 in 100,000; but it the same period ending with 1859 it was only 2229, or less than one-third: so that while philanthropic exertion has materially reduced the scale of mortality, stone and other diseases of the urinary organs are as fatal in 1860 as they were in 1660. There is clearly, therefore, a necessity for special attention to these ailments, and the more so as it may be fairly doubted whether accommodation can be obtained for the numerous patients suffering from them in one form or another. Moreover, I would remind you, Sir, that many persons afflicted in this manner greatly object to the publicity which is unavoidable in a large Hospital, and on this account frequently forbear to seek relief. It is this objection to exposure, together with the prevalence and undiminished fatality of an important class of diseases, which induce us to believe that the establishment of an Hospital for Stone is, to say the least, desirable.

"Perhaps I should be placing the matter in a form more acceptable to you if I were to say that the Hospital accommodation of London has not increased of late years in proportion to the population; and that while in the large general Hospitals there are, as you say, beds vacant for want of funds, our friends are of opinion that their contributions are applied as usefully in the support of smaller special Hospitals, as they would be in adding to the ample endowments of older institutions.

"2. You say that, in the course we are adopting, we imply that the leading Surgeons of the metropolis are incapable of treating stone. We imply no such thing; but we trust that our exertions may lead to a large increase in the general knowledge of this class of diseases, and to as great an improvement in their treatment as has been attained by the establishment of special Hospitals for diseases of the eye, of the chest, of the skin; for fever, for diseases of women, and for deformities. I am assured that since the foundation of the first Ophthalmic Hospital in this country, at the beginning of the present century, the knowledge of diseases of the eye has advanced most rapidly. I believe, also, that the Consumption Hospital has added largely to a more accurate knowledge of chest diseases; that the Fever Hospital has been the field where the most important observations on the different varieties of fever have been made; that thousands of deformed cripples have been relieved at the Orthopædic Hospital; and thus we hope, by bringing together a number of cases of the same class of diseases, to arrive at a more accurate and early means of detection, more certain rules of operation, and more successful plans of treatment. Our hope is that, by concentrating observation, surer methods may be discovered for preventing stone, for detecting it early, for dissolving it when detected, for crushing if it cannot be dissolved, or for removing it safely if it cannot be crushed; and this we desire to effect without injury to the general Hospitals.

"3. You object to the names of the Surgeons having been mentioned in our first advertisements. Neither the Committee nor I see any objection to this. We thought it right, in conformity with numerous examples to be found in *The Times*, that the names of the Medical officers should be made public; but as soon as the Surgeons of the Hospital for Stone saw the advertisement, they at once requested me to remove their names from it, which I did accordingly.

"4. You appear to object to the principle of self-support which we are endeavouring partly to adopt. I thought that the abuse in this respect of Medical Charities was universally acknowledged. I have heard the subject largely discussed under this impression, and believe that donations intended for the really indigent are often bestowed upon persons who are not fit objects for charitable relief. This is unjust to the benevolent public and to the Medical Profession; and I consider that upon this very ground we have an especial claim to every sort of assistance in our attempt to reform this abuse by making provision for patients who, although unable to obtain Medical aid at home, can afford to contribute in some degree to the funds of a beneficent institution.

"In conclusion, allow me to express a hope that the above exposition of principles will prove satisfactory to you and your readers. The rules as to constitution and accommodation have not yet been fully decided upon. The Hospital is still in its infancy, and we are unwilling to lay down regulations otherwise than as they are found by experience to be practically useful. As soon as they are framed, a copy of them shall be placed at your disposal. In the meantime, let me assure you that it is our wish to render the Hospital as serviceable as possible to the Profession; that the practice will be freely open to all registered Medical men, and to students, under the customary regulations; that we hope to secure the services of a Physician who will give a course of clinical instruction on the diseases of the kidney, with every appliance for illustrating, by the aid of chemistry and the microscope, whatever relates to these diseases, and is likely to be advantageous to the patient and to the Medical man; and that our Surgeons will do their utmost in treating the cases of stone, stricture, diseased prostate, and other diseases of the urinary organs that may come before them, to make the experience of a large field of observation useful to the Profession and beneficial to mankind."

I have the honour to be, Sir, your obedient Servant,
ARUNDELL B. WHATTON.

Weymouth-street, W., July, 1860.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26, 1860.

F. C. SKEY, Esq., President, in the Chair.

A paper, by Mr. J. W. HULKE, was read, on

GLAUCOMA AND ITS SURGICAL TREATMENT.

The author refers to a paper "On the Morbid Anatomy and Pathology of Glaucoma," communicated by him to the Society in December, 1857. Since then, the treatment of glaucoma by "iridectomy" has been extensively practised in the Royal London Ophthalmic Hospital and in private, and the results have been so very successful that the author is desirous of bringing the operation under the notice of the Society. In order to prevent any misunderstanding respecting the nature of the cases in which he advocates the performance of iridectomy, Mr. Hulke gives an outline of the symptoms, the ophthalmoscopic signs, and the morbid anatomy of glaucoma. There are two forms of this disease—an acute, and a chronic; but many cases have an intermediate character. In 75 per cent. or more of all cases, the active stage is preceded by a premonitory period—"prodroma." In acute cases the transition is abrupt; in chronic cases it takes place by insensible gradations. *Premonitory symptoms.*—Rapidly increasing presbyopia; the appearance of a coloured halo round the flame of a candle; the spontaneous appearance of flashes and other spectra. Intercurrent obscuration of vision, attended with vague orbital and frontal pains, slight hardness of the eyeball, and contraction of the field of vision. The pupil is large and sluggish; the size of the anterior chamber is much diminished. The duration and intensity of these symptoms are very variable, but they are rarely absent. *Acute Glaucoma.*—The active stage sets in as sudden and violent outbreak, often at night. Violent racking pain in the eyeball, often attended with sickness, and followed by rapid extinction of sight. The pupil is widely dilated and motionless; and the lens has sometimes the peculiar greenish tint which was formerly considered so characteristic. The ciliary vessels are swollen; the conjunctiva is red and often chemosed; the globe is very hard; the cornea is dull, and its sensibility is lowered. Remissions are followed by fresh paroxysms, and complete, irremediable blindness always ensues. *Chronic glaucoma.*—The premonitory period slowly glides into the

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active. The obscurations, which were at first evanescent and separated by long intervals, become more frequent, and last longer. The contraction of the visual field progresses. The tension of the globe increases. The iris becomes dull; the aqueous humour turbid; the cornea dimmed and flattened, Mr. Hulke lays stress on the flattening of the cornea, which is easily demonstrated, because it has been recently stated that the cornea becomes conical in glaucoma. *Ophthalmoscopic Signs.*—Excavation of the optic nerve entrance, and pulsation of the retinal vessels. To these capillary apoplexy of the retina is often added; and sometimes there are small blood-clots in the vitreous humour, which is unnaturally firm. It is only late in the disease, when all the component structures are undergoing atrophy, that the vitreous humour becomes fluid. *The Nature and Causes of the glaucomatous Process.*—All the leading features of the glaucoma are due to excessive tension of the eyeball from a superabundance of fluid within it, which distends the vitreous humour. This fluid—serum—is derived mainly from the choroid. Many circumstances show that the retina is only passively concerned. Glaucoma might be considered a serous choroiditis. Mr. Hancock has advanced the theory that spasm of the ciliary muscle forms an essential part of glaucoma. The author has, however, found complete atrophy of this muscle in dissections of glaucomatous eyes; hence the inference that this muscle is concerned in maintaining the glaucomatous condition. The author has been unable to trace any connexion between glaucoma and gout or rheumatism. Some other diseases and injuries of the eyeball occasionally assume a glaucomatous type. This is especially the case with wounds of ciliary region and sclerotico-choroidal staphyloma. *Treatment.*—Generally the age and broken health of the subjects of glaucoma forbid antiphlogistics; venesection is inadmissible; leeches and counter-irritants are useful as adjuncts, but cannot alone cope with with the disease. The excessive tension of the globe is suggestive of the evacuation of some of the superabundant fluid by tapping. The old Surgeons, Antonius, Nerck, Jobus à Meckren, and others, were familiar with this operation, but they practised it chiefly in hypopion, onyx, and hydrophthalmos. Wardrop (*Med.-Chir. Trans.*, 1813) tried it extensively. With a view to lessen fulness and congestion, he tapped the anterior chamber in superficial and deep-seated inflammations of the eye. The operation was at first warmly taken up by other Surgeons, but soon fell into disuse. In our own day it has been strongly advocated by Desmarres, but it has found little favour with English Surgeons, though most have occasionally performed it. In glaucoma the relief that paracentesis corneæ affords is too transient to render it of much value. Paracentesis scleroticæ has been practised by Desmarres and Hancock in glaucoma, though with different objects. Mr. Hulke reverts to this, after fully describing the operation of iridectomy as proposed by Dr. A. von Graefe. *Iridectomy* consists in excising a segment of the iris, in its whole breadth, from the pupillary margin outwards to its insertion. This is effected through an opening of corresponding size at the extreme edge of the anterior chamber. Iridectomy may be practised at any part of the iris. Graefe usually makes it outwards; but adds that, when desirable for the sake of appearance, it may be made upwards. This latter position has been adopted by Mr. Bowman, and is that which Mr. Hulke has generally chosen. By removing the iris in this manner, the pupil is at once enlarged up to the corneal incision, which forms, as it were, the base of a coloboma iridis, and the edge of the lens, with the suspensory ligament, stretching in front of the vitreous humour and the ciliary processes, are exposed to view. The little blood which oozes into the anterior chamber from the cut edges or surface of the iris, should be at once pressed out or removed with a scoop. The after-treatment is very simple. A light compress may be applied for a short time as a precaution against hæmorrhage. This may be replaced after an hour or two by a piece of wet rag. The room should be shaded. Usually nothing else is necessary. At first the aqueous humour trickles away; but the corneal wound soon heals, and the anterior chamber fills again. The hardness of the eyeball is at once lessened, and a natural tension is gradually attained; the pain abates, and soon altogether disappears. As regards vision, the ultimate results are intimately dependent on the period at which the iridectomy is performed, being more perfect where it has been early undertaken than where it has been postponed. In the premonitory period, where the symptoms are well marked, the propriety of operating cannot be doubted. In acute glaucoma, where the operation is done during the first inflammatory attack, or soon afterwards, vision is very completely restored. In chronic glaucoma, the results are less uniform and less decided. This is in consequence of the insidious nature of the disease—structural changes in the retina creeping on *pari passu* with the gradually increasing tension. *Alleged Objections to Iridectomy.*—1. Its reported uniform failure in the hands of some Surgeons. This is in great probability to be generally attributed to its having been practised in cases which were not true instances of this disease. Many failures have proceeded from its having been done at far too late a period. 2. The great difficulty of the operation. This has been much magnified. It does not require more skill than most Surgeons possess, and when chloroform is used it becomes really a simple matter; but even were it difficult, which it is not, in the absence of other known means of cure, we should be no more justified in rejecting it on this account, than we should be in refusing a patient the benefit of herniotomy where the taxis and other measures had failed. 3. The disfigurement produced by the coloboma iridis is so slight that it cannot constitute a real objection. 4. Its supposed injurious action on accommodation. Further experience has corrected some misimpression which at first prevailed respecting its influence on the adjustment of the eye. The previously existing presbyopia is not increased by removal of a portion of the iris; indeed, the refracting power of the globe sometimes actually increases after iridectomy—probably, as Graefe has shown, in consequence of the flattened cornea resuming its natural curvature. To avoid these alleged disadvantages, paracentesis scleroticæ has been advocated by Middlemore, Desmarres, and Hancock, as a substitute for iridectomy. Middlemore proposed to evacuate the turbid, diffluent, vitreous humour with a grooved needle, and to replace it with a syringeful of clear water. But, except in very old cases, the vitreous humour is much too firm to flow out along a grooved needle; and probably few English Surgeons would adopt Desmarres' suggestion, of introducing a probe and breaking it up. Mr. Hancock, considering a spasm of the ciliary muscle to be an essential part of glaucoma, divides this muscle by striking a knife through the ciliary region backwards and inwards towards the axis of the globe. But Mr. Hulke has demonstrated, by microscopical examination, advanced atrophy of this muscle in many glaucomatous eyeballs; whence it follows that the ciliary muscle is not actively concerned in maintaining the glaucomatous process. In all probability, the success of Mr. Hancock's operation is solely due to the draining away of some of the superabundant fluid. According to this view, it is simply a peculiar mode of paracentesis, and cannot rank as a substitute for iridectomy until it has been thoroughly established that it permanently relieves excessive intra-ocular tension, which, in common with most Surgeons, Mr. Hulke has found that tapping the vitreous humour fails to do.

THE PATHOLOGICAL SOCIETY.

TUESDAY, MAY 15, 1860.

W. FERGUSSON, Esq., President, in the Chair.

DR. JOHN OGLE exhibited specimens from three different cases of

ELEPHANTIASIS ARABUM.

These consisted of portions of integument and muscle. The surface of the skin was of a very dark Indian-ink colour, while the subcutaneous tissue was of an opaque white colour, of exceeding thickness, and so firm and tough as to be comparable to a portion of leather. On microscopical examination scarcely any of the follicular elements of the true skin could be discerned. The pigment cells—contained in portions of the rete—were very abundant, and the pigment was very dark and plentiful. The firm consistence and thickness of the subcutaneous tissues, were owing to the infiltration of a quantity of albumino-fibrinous material, and presented abundance of granular amorphous material containing numbers of fibrils and occasional corpuscular elements. The portion of muscle showed the natural striæ of voluntary muscle everywhere; but the areolar tissue amid the various bundles of muscular fibres was very unusually plentiful and

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tenacious. The specimens were sent from Cochin, in Madras, to Dr. Ogle by his friend, Mr. F. Day, Civil Surgeon at that place. In two of the cases amputation had been performed; in the third, the patient had died of dropsy following a malarious fever. It appears that in Cochin about one in seventeen of the native Christians are afflicted by elephantiasis of the limbs (not of the scrotum), and of the Portuguese about one in every eighteen. Mr. Day is engaged in investigating the pathology and treatment of this form of disease, and also the relationship between the Elephantiasis Arabum and the Elephantiasis Græcorum. Dr. Ogle suggested that it would be very desirable to have examined the state of the blood, the blood-vessels, and various viscera, in the post-mortem examination of these cases, in order to see if any comparison could be established between this disease and those various conditions met with in England in which, from excess of fibrine or greater aptitude to its precipitation, deposits of this substance in the form of masses or infiltrations are met with in the body.

Dr. Ogle also exhibited four cases of

SPINA BIFIDA.

Of these, three had been forwarded by his friend Mr. Ewens, of Milton Abbas, in whose practice they had occurred.

Case 1 showed extensive sloughing of the surface of the cyst, which was full of half-coagulated but soft and spongy fibrinous material, filling up the interstices between the various nerves passing across it. In this case there was deficiency of ossification in the two last dorsal and the uppermost lumbar vertebræ, and the various nerves emerged from an opening in a single bundle into the sac, and in a very softened state passed to the wall of the sac. The specimen was from a boy aged fifteen months, who, up to two days before death, had enjoyed comparative health, the tumour having been several times punctured with temporary benefit. Sloughing of the sac and convulsions came on before death. The mother had been subject to fits of some kind when a child. Her sister had given birth to a child with malformation of the fingers.

Case 2 showed deficiency of the laminæ of the two upper sacral vertebræ, the cyst communicating with the spinal canal by a central opening, of the size of a shilling, through which a large bundle of nerves passed across the sac to its outermost part. The specimen was from a female child born dead (a breech presentation). In this case the latter stages of labour were lingering, and the child appeared to have died from pressure of the umbilical cord. There was talipes varus of the right leg, and the bones of the head were very loose and fluctuating, but the measurements of the various parts of the head were not much greater than usual. The mother was very strumous, with a large head, and had had several miscarriages. One child had died with convulsions after whooping-cough, and the remaining child was hydrocephalic. Three of her sisters lost children by convulsions.

Case 3 showed a very unusual projection or curvature backwards of the spine at the part which corresponded with the sac itself. The sac showed that considerable adhesion had existed between the spinal dura mater and arachnoid; the various posterior nerves, observing their lateral direction from their first entrance into the sac, passing to the posterior part of the sac's walls. The excessive projection above spoken of was evidently caused by projection of the bodies of the vertebræ at the part where the laminæ were defective; but it, to a certain extent, diminished on pressure, after the various stray muscles in the lumbar and pelvic region had been divided. On sawing through the spine longitudinally the projection was found to be owing to a considerable "absence of the anterior part of the body of one of the vertebræ," so that the two adjoining ones all but came into contact at their anterior parts, pushing back, as it were, the intervening deficient vertebræ. The diminution of the projection on dividing the psoas muscles appeared to indicate that, while the want of substance of the body of the vertebræ was owing to arrest of its development, it was pushed back, or perhaps kept out of place by the excessive contraction of the psoas muscles, approximating the adjoining vertebræ. This unwonted action probably being owing to spasm set up by irritation of the cord or nerves at the seat of malformation. This case was also a breech presentation, and was accompanied by two clubbed feet (talipes varus), and by a hydrocephalic condition of the head, as shown very sensibly by its measurements. The mother was strumous, and had had several miscarriages. She had symptoms of abortion when about one month pregnant, and also at an early period had been much frightened by seeing a show of a "large-headed" child, which she thought was the cause of the malformation.

Case 4 was one in which the laminæ of all the lumbar, most of the sacral, and one or two of the dorsal vertebræ were defective. In this case the nerves, in passing through the sac to its posterior walls, observed their lateral position throughout. No particular history existed.

Dr. Coote exhibited a specimen of

ABSCESS OF THE ABDOMINAL WALLS,

from a case in which there was cancer of the stomach. He exhibited it chiefly as illustrating the difficulty of diagnosis which such a complication had produced. The patient was admitted into the Middlesex Hospital in February last. He had then a tumour in the left hypochondrium. This had existed for six weeks. The first symptom had been pain in the epigastrium, for which aperients had been prescribed. He fancied at one time that the pain became "fixed" on the right side after taking the medicine. The tumour was first supposed to have been cancer of the fundus of the stomach; but subsequently rigors came on, with fluctuation of the tumour. A grooved needle was introduced, pus was detected, and the tumour was then opened, evacuating a quantity of very offensive pus which, however had no fœcal odour. He now began to improve and the abscess closed, but after a while many sinuses formed in the site of the abscess. Drainage tubes were introduced, and other similar local measures adopted. The man, however, gradually sank. Vomiting was present three days before death for the only time. The parts now exhibited by Dr. Coote, were the portions of the abdominal wall riddled with sinuses, to the under part of which were adherent, the cancerous pyloric end of the stomach and the arch of the colon; but there was no communication with the interior of either of these parts of the intestinal canal.

Mr. J. W. Hulke exhibited several sections and drawings illustrating the minute structure of the thin layer of hard non-vascular

TISSUE, WHICH INTERVENES BETWEEN ARTICULAR CARTILAGE AND THE BONE.

Mr. Hulke reminded the Society that this layer was first described by Mr. Toynbee, in the *Philosophical Transactions*, 1841, who, unable to force mercury through it from the cancellous bony tissue upon which it rests, considered it destitute of tubular vacuities leading between the bone and cartilage. Messrs. Tomes and De Morgan described it more fully in the *Philosophical Transactions*, 1853. They regarded it as a stratum of cartilage impregnated with earthy matter. More recently on a late occasion, Mr. Barwell's observations were laid before this Society. This gentleman has described and depicted a system of tubes or tubular spaces, running through the lamella and forming a direct communication between the bone and cartilage, and subservient to the nutrition of the latter. Mr. Hulke's observations, commenced in 1856, confirmed those of Messrs. Tomes and De Morgan. The thickness of the articular lamella varies from 1-28th of an inch to 1-4300th. Its upper border joining the cartilage has a notched outline, the depressions corresponding to the alveoli which receive the columns of cartilage cells, the projections representing the portions between neighbouring alveoli. Its deep-bounding line is very sinuous, and off-shoots of the lamella sink so deeply into the true bony tissue, that in vertical sections, small portions are occasionally found completely insulated. The component elements of the lamella are a matrix, and certain black objects of considerable size, occurring singly or grouped, imbedded in it. The matrix is either glassy or granular, the granular are fine or coarse and frequently crowded so as to form alternating strata of light and dark bands. The addition of dilute hydrochloric acid to a thin section causes effervescence, the granules disappear, the matrix becomes clear and regains the natural elasticity of articular cartilage; at the same time it becomes apparent that the large black objects in the matrix are cartilage capsules enclosing clusters of secondary cells. By soaking in ether these cells and their nuclei are rendered very conspicuous. Turpentine, glycerine, and some other highly refracting fluids also bring these cells into view. From these

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it appears that the articular lamella is only a layer of cartilage retaining its anatomical characters, but hardened by impregnation with earthy matter, and it might be expected that before its petrifaction it would be liable to those changes which are common to the matrix of other hyaline cartilages. Such is really the case, for the matrix of the lamella sometimes exhibits a striation similar to that which is found in the yellow specks in the costal cartilages of old persons where indeed distinct fibrillation is occasionally present. Mr. Hulke believes that it is this occasional striation of the matrix of the articular lamella that has been mistaken for evidence of a tubular structure comparable to that of dentine, but it will not bear this interpretation, and its inconstancy shows that it cannot be essential to the nutrition of the cartilage. Though denying the existence of a system of distinct tubules, Mr. Hulke believes the lamella to be permeable by fluids, and the articular cartilage to be in great part nourished by osmose across it, between the bone and the cartilage.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, JULY 2, 1860.

DR. BABINGTON, President, in the Chair.

A paper, by Dr. FRASER, was read, on

CHOLERA AMONG THE BRITISH TROOPS AT SCUTARI DURING NOVEMBER, 1855.

The outbreak of cholera with which this paper deals, is briefly alluded to in the Blue Book "Of the Medical and Surgical History of the British Army which served in the East;" also by Drs. Lyons and Aitken. The author does not enter into the vexed question of the contagious or non-contagious character of the disease, but infers that the first case which occurred on May 20, in the person of an Austrian sailor, was of spontaneous origin. He then traces the disease, as seen by tables which he exhibited, as gradually incubating, until November 14, when it burst forth with volcanic-like power, and attacked in the course of a few days 276 men, of whom 160 died. He adds almost before the first panic had subsided, all cause for fear had ceased, the terrible visitor having disappeared. Several statistical tables are given illustrating different points, and to which suggestive comments are appended. Among the tables are six concerned with meteorology for six months preceding the outbreak. The author observes that information upon meteorology, in connexion with cholera morbus, becomes daily more important, and he throws out a hint that the British Army Medical Department might be made most available to this highly-important purpose; for even if the information were negative, it would still have a relative value. The author drew especial attention to three facts, as corroborating previously recorded observations:—1st. That the number of cases were larger, and also of greater virulence, among those men living under unfavourable sanitary conditions; 2ndly. Unacclimatised men were most liable to be attacked; 3rdly. That a change of locality arrests the spread of the epidemic. The pathology and treatment of the disease are not entered upon, save to observe that the chief morbid changes noticed were a highly vascular state of the mucous and peritoneal surface of the small intestines, and a remarkable "repletion with a creamy substance of the minute glandular apparatus of the same intestine, which has been named by Drs. Lyons and Aitken "the sago-grain appearance." The opinions as to treatment may be seen in the Reports of the Staff-Surgeons on the station. All the ordinary remedies were tried, and the only one observed to be of any use (and that only alleviated the severity of the cramps) was the hot-air bath; "and," says the Deputy-Inspector-General, "I regret to be obliged to confess that on this occasion we have learned but little, if anything at all, either as to the origin, nature, or treatment of this most inscrutable and intractable scourge of the human race."

THE FRENCH SCIENTIFIC CONGRESS.—The French Scientific Congress will this year hold its meeting at Cherbourg, from the 2nd to the 10th September.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

VACCINE BOARD.

MR. BRADY asked whether it was the intention of the Government to institute a Vaccine Board in Dublin similar to that which exists in London. He also asked the Chief Secretary for Ireland if his attention had been directed to the fact that the Board of the Cow Pock Institution of Dublin charges 2s. 6d. for two ivory-charged points of vaccine lymph to Medical men, while the said Board receives an annual grant of £400 for the better supply of pure lymph for the protection of the people.

Mr. CARDWELL was understood to say that he had caused inquiries to be made into the subject to which the hon. gentleman referred, but their result had not yet reached him.

DR. GUYDIR.

Colonel GREVILLE asked the Judge Advocate whether it was true that Dr. Guydir, Assistant-Surgeon, Royal Longford Rifles, who was tried by a general court-martial on the 1st and 2nd days of June last, was placed in arrest on the 10th day of May last, and still remained under arrest, and debarred from practising his profession, in consequence of the finding of the Court not having yet been promulgated by the authorities; and, if it was true that six field officers and seven captains of disembodied regiments of Militia were still kept under daily pay and allowances, awaiting the promulgation of the sentence upon Dr. Guydir.

Mr. HEADLAM said that some delay had necessarily arisen after Dr. Guydir was placed under arrest, before the court-martial could be summoned to afford the means of making the requisite inquiries and forwarding the facts of the case to the Judge Advocate. After the finding of the Court he had two audiences of her Majesty on the subject, and it was not until the third audience, on June 22, that the sentence was confirmed. On the following day it was sent to the Commander-in-Chief, and he was happy to say the result was that Dr. Guydir would be released. The only inconveniences the officers composing the Court were subject to were to hold themselves liable to be called upon to reconsider the facts.

ADULTERATION OF FOOD AND DRINK BILL.

The Lords' amendments to this Bill were agreed to.

THE INTERNATIONAL STATISTICAL CONGRESS.

THIS Congress was opened on Monday, Prince Albert delivering the inaugural address.

On Tuesday morning the various Sections of the Congress met at King's College, at ten o'clock. The first section (Judicial Statistics) was presided over by Lord Brougham, the second (Sanitary Statistics) by the Earl of Shaftesbury, the third (Industrial Statistics) by Sir Roderick Murchison, the fourth (Commercial Statistics) by Nassau W. Senior, Esq.; the fifth (Census Statistics) by Earl Stanhope, and the sixth (upon Statistical Methods) by Professor Graham.

SECOND SECTION—SANITARY STATISTICS.

The Section met on Tuesday, at ten o'clock, the Earl of Shaftesbury in the chair.

A paper, by Miss Nightingale, was read, "On the Method of Reporting Hospital Statistics." The proposals were thirteen in number, and referred to the following matters:—Separating the record of "cases of disease" in Hospital from the "persons" treated. The adoption of a uniform system of record of transfer of patients from the Medical to the Surgical side of an Hospital, and *vice versâ*. Registering the date of attack as well as the date of admission of the patient. Weekly or monthly record of admissions, as well as annual summaries. The adoption of a system of registration for out-patients of Hospitals and Dispensaries. Recording the locality whence patients are received. Recording secondary diseases arising in Hospital, and registering the deaths from secondary diseases, as well as from diseases for which the patients were admitted. The proportion of empty

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beds for the whole year, and for each season. The cost of each in and out patient, given under different heads. In Hospitals supported by voluntary contributions the number of in and out patients, and also the number of letters of recommendation given. This paper was discussed on Wednesday, when two of the propositions were withdrawn, as being better expressed in others. All the others were adopted, except that referring to the registration of deaths from secondary diseases, which was withdrawn for future consideration.

The consideration of Dr. Sutherland's paper on a "Uniform Scheme of Sanitary Statistics," was resumed. The propositions were discussed, and adopted, with several additions and modifications, excepting Nos. 14 and 15, the discussion on which was adjourned.

An important paper, by Dr. Farr, was read on Thursday.

MEDICAL NEWS.

APOTHECARIES' HALL.—Name of gentleman who passed the Examination in the Science and Practice of Medicine, and received his Certificate to Practise, on Thursday, July 12 :—

Sherwin, Henry Chrippes, Pulborough.

The following gentlemen also on the same day passed their First Examination :—

Brook, Charles, Lincoln
Cresswell, Nathaniel Englehcart, St. Mary's Hospital
Davy, Humphry, St. Mary's Hospital
Dawson, Richard, University College
Griffiths, Thomas, University College
Howell, Horace Sydney, St. Bartholomew's Hospital
Jones, John Talfourd, University College
Miskin, George Albert, St. Thomas's Hospital
Neatby, Thomas, Barnsley
Roberts, Frederick Thomas, University College
Scott, Nathaniel Gilbert, St. Bartholomew's Hospital
Shone, Richard Lewis, University College
Wollaston, Thomas Galston, King's College.

DEATHS.

ANDERSON.—July 8, at Tyree, James Anderson, L.R.C.S. Edin.

DREW.—July 5, at Milford, Pembrokeshire, John Drew, Surgeon, Royal Navy, Admiralty Surgeon and Agent, and Surgeon to the Hon. Trinity Corporation at Milford, aged 69.

FYFE.—July 9, at 37, Pleasant-street, Clarence-street, Liverpool, James Corsan Fyfe, L.R.C.S. Edin.

GORMAN.—May 30, at Trincomalee, of phthisis, James Gorman, L.R.C.S. Edin., Staff Assistant-Surgeon, Army, aged 29.

LIND.—July 10, at Corstorphine Lodge, Ryde, Isle of Wight, James Player Lind, M.D., late of Wadham College, Oxon, Justice of the Peace for the County of Hants, and for many years Chairman of the Bench of Magistrates at Ryde, in his 70th year.

PARKIN.—July 11, at Hightown, Yorkshire, John Parkin, M.R.C.S., aged 37.

REID.—May 26, at Allahabad, East Indies, of typhus fever, Harry Reid, L.F.P.S. Glasgow, M.D. University of St. Andrew's, Assistant-Surgeon of H.M.'s 75th Regiment.

WILLIAMSON.—July 4, at his residence, Aberdeen. Joseph Williamson, M.D. University of Edinburgh, M.R.C.S. Eng., aged 50.

DR. HAYES, the companion of the lamented Kane in his famed Arctic Expedition, is now himself on the eve of departure to those inhospitable regions.

THE papers report the suicide of a Physician, Dr. V., author of a book called *Explication de la Vie*. The attempt to fathom this mysterious secret had upset his brain, and no wonder. To decide what is the "vital spark," or "Divine particle," defies the scalpel or microscope.

MILITIA SURGEONS.—Mr. Sidney Herbert has received a deputation to present a requisition, signed by 47 colonels and 109 members of Parliament, directing his attention to the present unsatisfactory state of the Militia Surgeons, and urging on him the justice and propriety of placing these gentlemen in a more remunerative and satisfactory position.

DR. BERMIS, of Kentucky, has found that ten per cent. of the deaf and dumb, five per cent. of the blind, and fifteen per cent. of the idiots, admitted into the various charitable institutions of the United States, are the issue of marriages of first cousins. These unions are now prohibited in certain States, and especially in Kentucky.

THE *Patrie*, under the head of *Chronique*, discusses the vital question whether a hen's egg comes forth big end foremost or *vice versa*. "Geoffrey St. Hilaire is for the little ends' priority, but grave zoologists stand up for the obtuse one. Here is a problem quite within the range of a student of animal life."

PROFESSOR VELPEAU.—It would seem that this eminent French Surgeon has found practice lucrative, since it is reported that he is about to marry his daughter to a Brittany Deputy, giving her a million francs for her marriage portion, and 50,000 fcs. for her *trousseau*.

PRESERVATION OF CUT FLOWERS.—It is stated in a French provincial paper, that cut flowers may be kept fresh for any length of time by the introduction of a spoonful of powdered charcoal into the water contained in the vessel in which they are placed. Neither charcoal or water require renewal, the latter remaining limpid.

ACADÉMIE DES SCIENCES.—The vacancy among the Corresponding Members of the Section of Zoology and Comparative Anatomy made by the elevation of M. Ehrenberg to the dignity of Foreign Associate, has been filled up by the election of M. Nordmann, of Helsingfors, in Russia. The other names proposed were those of Dana, Delle Chiaie, Purkinje, Siebold, and Van Beneden.

MIDDLESEX HOSPITAL.—Dr. Priestley has been appointed Lecturer on Midwifery at the School of the Middlesex Hospital. It is expected that he will shortly succeed Dr. Frere as Physician-Accoucheur to the Hospital. We understand that no less than ten Physician-Accoucheurs, all of them of considerable eminence, competed for the Lectureship. Dr. Priestley's appointment will lead to a vacancy at the Samaritan Hospital.

THE German journals contain an account of a girl, eleven years old, who introduced a piece of slate-pencil through the urethra into her bladder. The pencil was two inches and two lines long. Efforts made to remove it were without success. It was therefore left quietly in the bladder. Four weeks and three days after the first examination the pencil was spontaneously pushed with the urine into the urethra, and projecting through the vulva was readily removed.

ROYAL COLLEGE OF SURGEONS.—At a meeting of the Council of the College, on the 12th inst., Mr. John Flint South was elected President; Mr. Cæsar Henry Hawkins, F.R.S., and Mr. James Luke, F.R.S., were elected Vice-Presidents of the College. This is the second time these honours have been respectively conferred on these distinguished Surgeons.

"THE History of Iodine," says Dr. Forget, "is very remarkable. First introduced as an anti-goitre remedy, it was long before it got any credit in scrofula. For some years it has had a tremendous run. In its new phasis it began by curing hydrocele; then a bold hand introduced it in hydrathrosis; then it passed into ascites, then into hydrothorax, into the pericardium, and I believe it has penetrated even into hydrocephalus. This is not all; it cures ovarian cysts, chronic abscesses, fistulæ, caries of the bones; it disinfects, deterges, and cicatrises wounds of a bad kind; it cures diphtheritis, dysentery, etc. etc. Ah! here is a remedy which men call specific!"

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 14, 1860.

BIRTHS.

Births of Boys, 935; Girls, 819; Total, 1754.
Average of 10 corresponding weeks, 1850–59, 1487·7.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	556	462	1018
Average of the ten years 1850–59	516·4	487·2	1003·6
Average corrected to increased population..	..	..	1104
Deaths of people above 90	..	2	2
Deaths in 15 General Hospitals	47	19	66

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DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	5	9	2	5	1	5
North ..	490,896	5	16	3	..	7	6	8
Central ..	393,256	3	6	1	1	1	2	3
East	485,522	..	12	3	..	6	7	2
South ..	616,635	..	22	13	2	8	6	3
Total.. ..	2,362,236	9	61	29	5	27	22	21

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29 870 in.
Mean temperature	57·4
Highest point of thermometer	74·3
Lowest point of thermometer	44·6
Mean dew-point temperature	52·6
General direction of wind	N.E.
Whole amount of rain in the week	0 00 in.

TO CORRESPONDENTS.

A Subscriber—Mr. McKinnell's address is, 9, Gloucester-terrace, Nottinghill, London, W. The cheapest chloroform-inhaler is a pocket handkerchief.

We are sorry not to be able to afford space for the long list of gentlemen who have just passed the Matriculation Examination of the University of London.

Mr. Harvey can obtain back numbers of this Journal through any Bookseller.

Studens, Glasgow, could obtain the information he requires, as to Garibaldi's Medical Staff, on application to Mr. Gamgee, of Birmingham.

Mr. Laverick sends an explanation of the erasure of his name from the Register. He says:—"I passed at the Faculty on the 6th September, at the College of Physicians on the 6th October, and at the Hall on the 10th May. I shall not be 21 years of age until October next; and for this reason my diplomas are recalled! They are recalled because I did an act which is done yearly. I know several, and think every member of the Profession will be acquainted with others, who have done this." We trust this untruthfulness is not so common as Mr. Laverick supposes.

DR. MACLOUGHLIN.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—With reference to the report of my case before the House of Commons, on the 10th instant,—as the question at issue is not a personal one, but is one as to the due administration of the laws, permit me to solicit that the public may be pleased to suspend their judgment till the case has again been heard next Session, before the House of Commons.

I am, &c.

D. MACLOUGHLIN, M.D., Member of the Legion of Honour.

34, Bruton-street, Berkeley-square, July 16.

PHYSICIANS AND APOTHECARIES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your correspondent, who seems to be acquainted with the proceedings of Apothecaries' Hall, can perhaps inform us whether or not there is any truth in the rumour now hinted about, that Apothecaries Hall and the College of Surgeons are at this present time coquetting together, as if about to enter into some close matrimonial arrangements. I have heard it said, that if the College of Physicians don't look alive, it will for ever lose its chance of union with the Surgeons, as once proposed for the special purpose of making General Practitioners. I should much regret this, and must say that I believe there is—so far as I can understand the present position of the College—no other feasible opening for a development of the College of Physicians than combination with the Surgeons' College. I hope the Physicians won't forget the proverb about the two stools. I firmly believe that they might (if they had had proper men to do the work and the will to do it) have long since amalgamated with the Surgeons for the above object. I am, &c.

July 19. A PHYSICIAN.

POISONING BY OPIUM.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As several communications have lately been forwarded to the *Medical Times* in reference to the tolerance of the different proportions of opium by infants, perhaps you will think the following case deserving insertion in your columns. I was called on the 24th ult. to see an infant aged eight weeks, who had about half-an-hour before had some laudanum administered to it by mistake, in place of paregoric. The mother admitted having given nine drops, but how many more in reality the poor child had taken, I had no means of deciding. I found it already pale, the surface of the body cool, the pulse slow and irregular, the eyeballs partially turned upwards and the pupils strongly contracted; the head was not unnaturally hot. I had taken a scruple of sulphate of zinc with me, which I dissolved in a little water, and gradually forced down the child's throat, although this was done at some risk, the nervous system having become already so oppressed that deglutition was effected with difficulty. As I feared the emetic was useless, and the only hope of saving the child's life appeared to me to consist in so rousing and sustaining the nervous energy by means of external applications, as to give time for the elimination of the narcotic from the system, I procured several assistants, and for many hours kept up a constant irritation upon the surface of the body, applying a succession of mustard plasters to the chest and abdomen, had the child's feet and hands smartly slapped with the open hand, the limbs enveloped in hot flannels, had cold applied freely to the head, solutions of mustard and warm water injected into the rectum; and after some hours, when the child began occasionally to evince by slight screams some symptoms of increased nervous energy, I gave it some tea-spoonfuls of mustard and water by the mouth. Suffice it say that, after nine or ten hours, the child had so far rallied from the effects of the poison, that I considered it safe to leave it under the care of its parents, and I am glad to add that in two or three days all trace of illness had disappeared, and it is now quite well.

I am, &c.

Stalybridge, July 9. JOHN PEARSON.

VACCINATION WITHOUT THE LANCET.

SIR,—A great deal has been said of late about vaccination. The attention of Parliament has been drawn to the large number of persons who neglect the preventive puncture, and to the increase of small-pox in consequence. Public vaccinators have had printed instructions issued to them from official quarters; and suggestions for the proper performance of the operation have from time to time appeared in the Medical journals. The importance of the subject is admitted by all. The preservation of thousands of lives annually from such a dire disease as small-pox, is assuredly a noble achievement; and any means which shall tend to promote this are eminently worthy of our adoption.

That variola is greatly on the increase there seems to be no doubt. That this is owing to the extensive neglect of the preventive measure there seems to be no less of doubt. Then why is it that parents do neglect to have their children vaccinated? From observation and experience I have come to the conclusion that this wide-spread neglect is mainly due to the insuperable repugnance which mothers have at seeing their children tortured, as they imagine, with the lancet. If this be so, why should we continue to use that instrument when the operation can be rendered much less formidable to the parent's eyes, and more successful without it?

For some time past I have used a common sewing-needle merely, of the size called by haberdashers No. 5. The needle-point, after immersion in vaccine lymph, is introduced obliquely below the cuticle. From this puncture there need not be the least bleeding, so that the lymph remains where the needle left it until absorbed. An ordinary sewing-needle will not pierce the skin very freely at an acute angle; but it is easily made spear-pointed by a few rubs on a smooth oiled stone. It then runs without effort under the epidermis. A little knob of sealing-wax at the eye perfects the instrument. Formerly, I vaccinated with the scarifier, suggested by Professor J. H. Bennett, and which is preferable to the lancet. But the objections to it are, that it requires a deal of lymph to insure the success of the operation, it takes up more time than the needle, and it is not very much less a terror than the lancet. Since pursuing my present method I find there is not the apathy which before existed in my district with regard to vaccination. The apparent apathy was in reality, however, repugnance in the minds of parents to the operation, for I now find quite an eagerness exhibited to have it performed.

For collecting lymph I employ the Edinburgh capillary tubes, the superiority of which over the other methods cannot be over-rated, either as regards the facility and painlessness in taking the lymph, the preservation of it, or the readiness with which it may be used. Armed with a needle and a single tube of lymph, I have vaccinated twenty children in less than as many minutes, without drawing either a drop of blood or a tear; and eighteen out of twenty cases were successful.

Tealby, August, 1859.

[The writer has not sent his name.—ED.]

APPOINTMENTS FOR THE WEEK.

July 21. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

23. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

24. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

25. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

26. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

27. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

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No. 1, 2, 3, is J. Alderman's Patent Graduating Elastic Couch, shown in different positions: it is fitted with two, three, or four distinct graduating actions, by which an Invalid can be graduated to any position, without being touched by the nurse, and free from all pressure, so that a patient cannot possibly become bedsore by long confinement.

No. 4, 4, is J. A.'s improved Spinal or general Invalid Couch and Carriage. The couch can be adjusted to any position, and has a shifting stand on easy castors for the room; so that the patient can be lifted with the couch from the stand to the carriage without being touched, so as to go out for an airing when required.

No. 5, 5, is J. A.'s Patent Graduating, Elatic, Self-adjusting Chair, which, like the couch, is made to follow nature in every respect—the back, the arms, the seat, and leg rest being made to work all together, so that not a muscle of the patient need be disturbed. The arms are also made to put on and off, so that the patient can get on and off from either side while the leg-rest is up.

No. 6 is J. A.'s improved Exercising Horse.

No. 7 is J. A.'s improved Self-propelling Chair, which renders an Invalid perfectly independent, being able to run from room to room without any assistance.

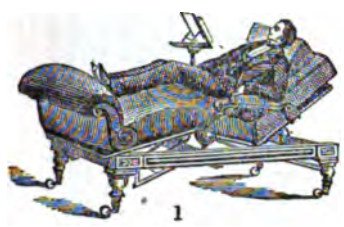
No. 8, 8, 8, is J. A.'s Patent Portable Equilibrium Carrying Chair, which enables an Invalid to be carried up and down stairs with perfect ease and safety. The chair always adjusting itself, enables the two persons who carry to walk up and down stairs in the usual way, quite erect, with their arms straight down, which avoids any strains upon their muscles. It is also an easy chair for the room when the handles are off, and free from oscillation.

No. 9 is J. A.'s improved Four-wheel Albert Chair, fitted for hand or pony; the body being mounted upon C and under springs behind, and elliptic springs in front, which make it a most elegant and easy carriage.

No. 10 is J. A.'s improved Four-wheel Brighton Chair, mounted upon C and under springs both back and front, and has his new wrought-iron perches or cranes, instead of the old-fashioned wood perches. This is the most elegant and easy carriage in use.

No. 11, 11, is J. A.'s improved Three-wheel Albert Chair, with and without a head, which is as elegant and easy as can be made with three wheels.

No. 12 is J. A.'s improved Three-wheel Garden or Bath Chair, fitted with or without a head, and of the cheapest construction.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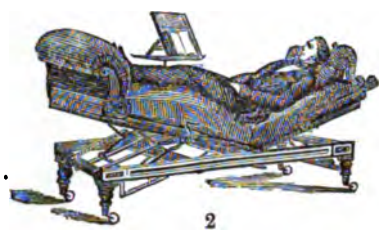
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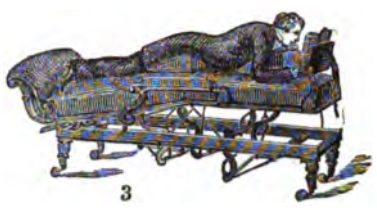
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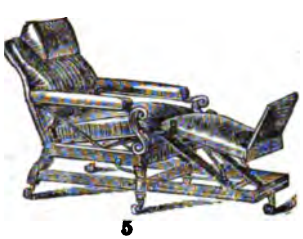
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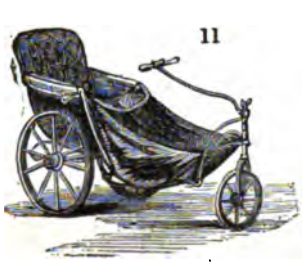
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WALTERS' INDIA-RUBBER URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. MR. WALTERS has much improved them by making them of *Ætherised India-Rubber*, which adds very greatly to the strength of the India-Rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than hitherto, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by any one.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

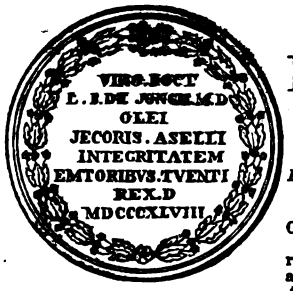
All Orders must be accompanied by a Post-office order or reference.—Entrance for Ladies at the private door, where a Female attends.

MANUFACTURER OF ELASTIC STOCKINGS, BELTS, &c.

16, MOORGATE STREET, NEAR THE BANK, LONDON. E.C.

DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)



LIGHT-BROWN COD-LIVER OIL.

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague.

"I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best Medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regard genuineness and medicinal efficacy.—8, Saville-row, W., August 1st, 1859."

SOLE CONSIGNEES AND AGENTS,

ANSAR, HARFORD, & CO., 77, Strand, London, W.C.

WATER BEDS.—EDMISTON and SON, 5, Charing-Cross, beg to call

the particular attention of the Managers of Hospitals and Dispensaries, and the Medical Profession generally, to the prices and quality of their Hot or Cold Water Beds. The prices hitherto charged being so high as to limit the sale of such articles to the affluent, they are induced to offer them at such prices as will enable the public generally to realise the advantage and comfort to be derived from their use.

WATER BEDS, £4 4s., £5 5s., and £6 16s. 6d.

Water Pillows and Cushions, 7s. 6d. to 21s. Urinals, from 3s. 6d. to 12s. 6d. Cotton Elastic Stockings, 4s. 3d. Silk, 5s. 3d. Knee Caps, Leggings, Anklets, &c.

BED SHEETS, ACCOUCHEMENT BELTS, &c.

India-Rubber Chamber Utensils for Lunatic Asylums, 7s. 6d. each, or 75s. per dozen.

WATER BEDS ON HIRE. TERMS, 7s. 6d. PER WEEK.

LONDON: EDMISTON AND SON, 5, CHARING-CROSS, LATE 69, STRAND.

J. & E. BRADSHAW, late

Shoolbred and Bradshaw,

34, JERMYN-STREET,

beg to call attention to the various improvements in Patent ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new description of BELT, invaluable for prevention of Cholera and the cure of Rheumatism, Lumbago, &c.

N.B. Every description of INDIA-RUBBER BANDAGE, vulcanised on the newest principle.

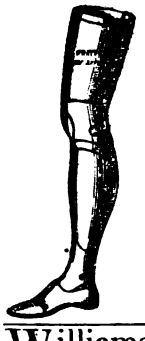
Directions for measurement sent by post.

N.B. A Liberal Discount to the Profession.

A Female to attend on Ladies.

JOZEAU'S COPAHINE MEGE.

Or SACCHARATED CAPSULES.—Copaiba and Cubebs are, doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing, in his Copahine, all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than a thousand trials in Paris, and the different London Hospitals, viz., St. Thomas's, Guy's, and St. Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. "Lancet," Nov. 6, and Dec. 10, 1852. The Copahine, which is in form of a pretty pink sugar-plum, effects a cure in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d., at G. JOZEAU'S, French Chemist, 49, Haymarket, London; 22, Rue St. Quentin, Paris; and all the most important Chemists.



Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received:—

"Somerset.

"DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback, with ease and comfort; and few, indeed, would detect it as being other than natural. It has given me full satisfaction.

"I am, dear Sir,

"Yours very truly,

"J. W.

"To Mr. J. Pratt,

"Surgical Instrument Maker,

"420, Oxford-street."

Williams and Son's Pure Glycerine

SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

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Medical Agency, 2, Duke-street,

ADELPHI, LONDON, W.C.—Messrs. HEINE and Co. introduce Assistants, Pupils, and Apprentices, and negotiate the purchase and sale Practices of Businesses, and Partnerships.

Communications strictly confidential. Office hours, Ten to Four.

The Queen's Hospital, Birmingham.—

The Appointments of PHYSICIAN to the Queen's Hospital, with the Chair of Physiology in Queen's College, and PHYSICIAN to the Queen's Hospital, with the Chair of Materia Medica in Queen's College, having become VACANT, gentlemen proposing to become Candidates are invited to send in their applications and testimonials on or before the 10th of August, 1860. WILLIAM SANDS COX, F.R.S.,

Queen's College, July 2, 1860. Dean to the Faculty.

Wortley Union.—Appointment of

MEDICAL OFFICERS and PUBLIC VACCINATORS.—Notice is hereby given, That the Guardians of the Poor of the Wortley Union will, at their Meeting to be held at the Board-room at the Workhouse, Grenoside, near Sheffield, on Friday, the 27th inst., proceed to the APPOINTMENT of a MEDICAL OFFICER and PUBLIC VACCINATOR for the Ecclesfield Medical District of the said Union, and also of a MEDICAL OFFICER and PUBLIC VACCINATOR for the Wortley Medical District of the said Union. The District of Ecclesfield comprises the Township of Ecclesfield (exclusive of the Hamlet of Wadsley in the said Township) and contains an area of 8784 acres and a Population, according to the last Census, of 8209. The District of Wortley comprises the Townships of Tankersley and Wortley and the Hamlets of Midhope and Bolsterstone in the Township of Bradfield, the whole District containing an area of 17,946 acres, and a Population, according to the last Census, of 3235. The Gentlemen appointed will each receive a Salary of £30 per annum for the performance of their duties as Medical Officers of the said Districts respectively, and the person appointed Medical Officer for the Ecclesfield Medical District will, at the said Meeting also be appointed Medical Officer of the Workhouse of the said Union, situate in the said Township of Ecclesfield, at a Salary of £20 per annum; they will also be entitled to receive the extra Medical and other Fees allowed by the Orders of the Poor-law Board, and a fixed sum for every case of Vaccination successfully performed by them respectively. They will be expected to reside within their respective Districts, to furnish all Medicines required by the Paupers free of charge and to vaccinate all children resident in their respective Districts who may be brought to them at their respective residences or at any of the Stations in their respective Districts, to be appointed by the Guardians for that purpose, generally to perform the duties of a Medical Officer as prescribed by the Orders of the Poor-law Board, and to obey the directions of the Poor-law Board and Guardians respectively concerning their said offices. Each of them will also be required to enter into a Contract for the due performance of his duties as Medical Officer and a separate Contract relating to his duties as Public Vaccinator. No person will be eligible for appointment unless he possesses some qualification or qualifications set forth in the General Order issued by the Poor-law Board and dated December 10, 1859. Any further information may be obtained on application at my office in Penistone. Candidates are requested to forward their applications accompanied by a Diploma, Certificate, or other Document in proof of their respective qualifications to me, at my office in Penistone on or before Thursday the 26th inst. The persons appointed will be required to enter upon their respective duties immediately after the Election.

By Order, JOHN DRANSFIELD,

Penistone, near Sheffield, July 2, 1860. Clerk to the Guardians.

Pau, South of France.—An English

SCHOOL has been established for the last three years at this town, for the purpose of giving a classical, mathematical, and general education to the children of English resident in Pau, or of visitors.

The plan of the School includes Latin, Greek, Euclid, Algebra, German, French by a native, and a thorough course of English.

The Principal of the School, the Rev. JOHN HATTERSLEY, invites the attention of Physicians and others to this advertisement, believing that the opportunity of regular instruction for children will be considered an important addition to the many advantages of Pau.

Further information may be obtained from the Rev. John Hattersley, 28, Haute Plante, Pau, Basses Pyrénées, or from Messrs. Williams and Norgate, Booksellers and Publishers, Henrietta-street, Covent-garden, W.C.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, YORK PLACE, BAKER STREET, PORTMAN SQUARE, for the extraction of Mercury, and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Reduction of the Duty.—Wines and

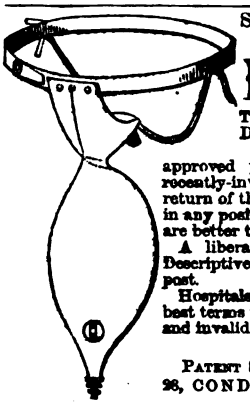
SPIRITS of all SHIPPERS.—Her Majesty's Wine Merchant—(Established 1811)—JAMES MAXWELL,—Cellars, 35 to 40, and 45, Albemarle-and 4 and 5, Stafford-streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s.; Madeiras, 42s.; Moselles and Hocks, 46s.; Sparkling Hocks and Moselles, 48s.; ditto St. Péray, 54s.; ditto Burgundy, 60s.; Clarets, 23s.; Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; ditto Yquem, 80s.; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liquors. Particulars and direct shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xeres-Viejo, and Manzanilla.—J. M. is Agent for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schappes; Peach Brandy; Gin Slings; Brandy Cocktails; &c. &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount.—Stock, 16,000 dozen. Cash or reference. Bankers, Sir Claude Scott, Bart.

Price-lists on application.

Varicose Veins and Supporting Bands.

—SURGICAL ELASTIC STOCKINGS AND KNEE CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working-Classes. ABDOMINAL SUPPORTING BANDS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors, POPE and PLANTE, 4, Waterloo-place, Pall-mall, London, S.W.

The Profession, Trade, and Hospitals, supplied.



SPARKS & SON, INVENTORS OF THE

India-rubber Urinals

for MALE and FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.

These Urinals are made on the most approved principles, and all are fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

SPARKS AND SON,

PATENT SURGICAL TRUSS AND BANDAGE MAKERS,

26, CONDUIT-STREET, NEW BOND-STREET, LONDON.

Tarrant's Bandage and Strengthening

PLASTER.—This Plaster, from the nature of the composition and the material on which it is spread, is adapted for a permanent bandage, as it neither produces irritation of the skin, nor, when applied, does heat cause it to lose its adaptation to the part. Having these qualities, it is peculiarly valuable in the treatment of ulcerated legs, varicose veins, etc., where equal and constant support is required. Several of the most eminent Surgeons continue to use this Plaster in their practice, preferring it, in certain cases, to any other. It is well suited for exportation to, and use in, warm climates, the high temperature having less effect on it than on any other Plastur.

The Profession are referred to Messrs. Westwoods and Hopkins, Wholesale Druggists, Newgate-street, where the Plaster may be had in packets, containing three yards, for 2s. 6d.; or, spread upon skins of Chamois leather, at 3s. 6d.

Westwoods and Hopkins also call attention to the Compound Adhesive Plaster, for fractures and wounds, as likewise to their Concentrated Preparations, Essences, etc.

Blancard's Pills of Unchangeable

IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg,
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853,
and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—Chemistry applied to Therapeutics, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works (a).

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c., and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, No. 40, Rue Bonaparte, Paris. General dépôt in England at M. Gabriel Jossean's, French chemist, 49, Haymarket, London. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained retail from the principal Chemists.

(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine, &c. &c.

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ESTABLISHED A.D. 1828.

MESSRS. LARA AND WALTERS

(Late LANE and LARA),

MEDICAL AGENTS, ARBITRATORS, AND ACCOUNTANTS,

6, Pump-court, Temple, E.C.

Partnerships and Practices valued, and negotiated on Commission chargeable only to vendors; Permanent Assistants provided, without expense to Principals; Professional differences arbitrated; Books investigated and Accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the Medical Advisers and friends of Patients.

Attendance from 11 till 4.

Derbyshire General Infirmary.—PHYSICIAN WANTED.—Dr. Watson, one of the Physicians of this Institution, having resigned his appointment, CANDIDATES for the Office, properly qualified, are requested to send in their Applications and Diplomas to me, the undersigned, not later than Twelve o'clock on Monday, the 20th August next.

Infirmary, Derby, July 16. SAMUEL WHITAKER, Secretary.

Resident Clinical Assistant. — A VACANCY having occurred in the HOSPITAL for CONSUMPTION and DISEASES of the CHEST, those gentlemen who are desirous of becoming Candidates for the Vacant Office are requested to send in their applications, with testimonials, on or before SATURDAY, August 4, and to attend the Medical Committee on the following MONDAY at Four o'clock. Testimonials as to moral character, as well as to Medical qualifications, are required. Further particulars may be obtained at the Hospital.

PHILIP ROSE, Hon. Sec.

Brompton, July 17, 1860. HENRY DOBBIN, Sec.

Leeds House of Recovery. — The Office of RESIDENT APOTHECARY to this Institution being VACANT by the resignation of Mr. Richards, his Successor will be appointed on Wednesday, the 8th day of August. It is required that he should be a Licentiate of the Apothecaries' Company of London, not under twenty-five years of age, that he shall devote his entire time to the duties of his office, including those of Secretary. Salary £100 per annum, with board, lodging, and washing. The fullest satisfaction will be required by testimonials and otherwise, and no one will be appointed without a personal interview. Testimonials as to character, professional acquirements, &c., must be forwarded to the Institution on or before Saturday, the 4th day of August.

Leeds, July 17, 1860.

St. Luke's Hospital for Lunatics.—ESTABLISHED A.D. 1751.

President—The Right Hon. the LORD OVERSTONE.

Treasurer—HENRY FRANCIS SHAW LEFEVRE.

The General Committee of the Governors will meet at the Hospital, on Friday, the 10th day of August next, at Twelve o'clock, to ELECT a RESIDENT MEDICAL SUPERINTENDENT, in the place of Henry Stevens, Esq., M.D., resigned. Candidates for the office must be Fellows or Members of the Royal College of Surgeons of England, and Licentiates of the Society of Apothecaries, single, and not under 30 years of age. Such gentlemen as wish to become Candidates are requested to forward their Testimonials to the Secretary at the Hospital, not later than Thursday, the 2nd day of August next. The Salary will be £200 per annum, with Apartments and Board in the Hospital. Any further information may be obtained on application to the Secretary.

Old-street, St. Luke's, London, E.C., July 13, 1860.

Clapham General Dispensary.—Notice of a VACANCY in the OFFICE of RESIDENT DISPENSER.—Candidates must attend a Meeting of the Medical Committee, at the Institution, Manor-street, Clapham, on Wednesday, the 1st of August next, at 8 p.m., for examination, and bring with them certificates and testimonials; that Committee will select the candidate whom they consider the most eligible, and he will be appointed by the General Committee at their next Monthly Meeting, on the 3rd of August. No person can be a candidate unless he is either a Member of the Royal College of Surgeons or a Licentiate of the Apothecaries' Company, or have passed an examination before the Pharmaceutical Society. Commencing salary £65, with the use of a furnished sitting room and bed room, and the necessary supply of coals and candles. Further particulars may be obtained on applying to ARTHUR T. HEWITT, Hon. Sec., 4, Princes-street, E.C.,

July 12, 1860. or Clapham-common, S.

Chester General Infirmary.—Election of HOUSE-SURGEON, and (contigent thereon) an ASSISTANT HOUSE-SURGEON.—Notice is Hereby Given, That a Special General Board of the Governors will be held in the Board-room, on Monday, the 13th day of August, 1860, for the purpose of ELECTING a HOUSE-SURGEON in the room of Mr. Jephcott, resigned. The duties may be known on application at the Infirmary. As Mr. Rees, the present Assistant House-Surgeon, is a Candidate for the appointment, if he be elected to the office, the Board will then and there proceed to the Election of an Assistant House-Surgeon in place of Mr. Rees. Unexceptionable testimonials will be required of moral conduct, and the Candidates for either appointment must be Members of one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, and legally qualified as Apothecaries. Salary of House-Surgeon, £80 per annum, and of Assistant House-Surgeon, £60 per annum, with residence and maintenance in the House. Testimonials to be addressed to the Chairman of the Board on or before Saturday, the 4th August. By Order,

Board-room, July 10, 1860. J. JONES, Secretary.

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Testimonials to be forwarded to "The Committee of Visitors," under cover to me, on or before Monday, the 30th day of July next.

CLEMENT FRANCIS, Clerk to the Visitors.

Cambridge, June 26.

N.B.—It is particularly desired that no application, either personally or by letter, be made to any member of the Committee, or their Clerk; and as such, if made, will not receive attention.

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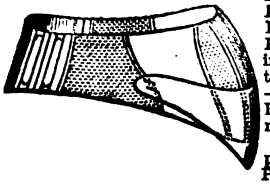

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ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

LECTURE XXI.

OPERATIVE PHYSIOLOGY—ON THE GASTRIC JUICE.

Summary: The Operation of Gastrotomy, in Dogs, usually not attended with any serious Inconvenience—Peculiar Properties of the Gastric Fluid—Its Acid Re-action—This Property persists throughout the Entire Scale of Being—Utility derived from the Knowledge of the Fact by Comparative Anatomists — Glandular Elements which secrete the Gastric Juice—Not collected into a Conglomerate Body—The Tube-Cells contained in the Mucous Membrane of the Stomach, are the Real Source of this Fluid—Experimental Proofs of the Fact—Prévost and Leroyer's Experiments—The same Results obtained in other Herbivorous Animals—The Pyloric Portion of the Stomach alone concurs in this Secretion—The Production of Gastric Juice is Intermittent, and only takes place during the Process of Digestion—Remarks made by Dr. Beaumont on his Canadian Patient—Experiments made upon Animals lead to the same Result—Anatomical Modifications which occur for Notice in the Mucous Membrane of the Stomach when Digestion takes Place—The Epithelium falls off—Various Substances eliminated by the Gastric Secretion, Prussiate of Potash, Salts of Iron, etc., etc.—Experimental Demonstration of the Fact—Difficulty of Ascertaining the particular Point in which the Secretion takes place—Intermittent Character of the Secretion, even in Animals, the Stomach of which is always full—Chemical Re-actions of Urine during Abstinence and Digestion, in Herbivorous and Carnivorous Animals—Elimination of Urea, and Salts of Ammonia by the Gastric Cells, when the Kidneys have been removed.

GENTLEMEN,—The various methods of obtaining gastric juice in large quantities having been fully described in our preceding Lectures, we shall now proceed to examine the principal properties of this important fluid.

The animal, into the stomach of which an opening was made last week, died shortly after the experiment, in consequence of peritonitis; but this unfortunate result must not be attributed to the operation itself, which, in most cases, is not attended with any serious inconvenience, but rather to the animal's previous state of health, and those unfavourable predispositions, too often observed in certain breeds of dogs, with respect to operations performed upon the abdominal organs.

The experiment has been successfully performed in the animal which we now place before you; it appears, as you perceive, to enjoy perfect health, for the moment, and will furnish us, when necessary, with an abundant supply of gastric juice. Let us now, therefore, proceed to examine the characteristic properties of this secretion.

Although its chemical composition slightly differs in various animals, the gastric juice is constantly endowed with a strong acid reaction; a fact established, towards the beginning of the last century, by the ingenious experiments of Réaumur; this property of the secretion persists throughout the entire scale of being, and comparative anatomists have often been enabled, in consequence, to determine the precise seat of the stomach, in doubtful cases, the reaction of all the other parts of the digestive apparatus being neutral, or even decidedly alkaline; the use of coloured tests enables therefore the observer to point out, with perfect accuracy, that portion of the intestinal tube which corresponds to the animal's stomach; in certain fishes, for instance, no modification whatever in the shape or size of the alimentary canal corresponds to the place which the organ occupies; so that without the use of coloured tests, to discover its position would be altogether impossible.

But the glandular cells, which pour into the cavity of the stomach this powerful solvent, are not collected into a conglomerate mass, but disseminated over a large surface. In former times, the inventive powers of anatomists had been strongly tasked, for the purpose of discovering the organ which produces the gastric juice; and, among other viscera, the spleen had been invested with this property, but it is now universally acknowledged that the small tubular glands, which the microscope exhibits in the mucous membrane of the stomach, are, in reality, the only source from which this fluid is derived. But how is this to be experimentally demonstrated? The secretion of these little bodies cannot, as in the case of large conglomerate glands, be collected by means of a tube introduced into the excretory duct, and afterwards analyzed; now the mucous membrane, which contains them, possesses, at the same time, a considerable number of small mucous follicles, the structure and properties of which are entirely different from those of the above-mentioned glandulæ; direct experiments are, therefore, evidently required to settle the question. The first satisfactory solution of this difficulty is due to Prévost and Leroyer, of Geneva. These gentlemen have proved, by the following experiments, that the pyloric portion of the stomach alone enjoys the property of secreting the gastric juice. The stomach is opened in a living animal by an incision made upon its anterior surface, the abdominal walls having been previously divided; its inner surface is then gently wiped dry with a fine sponge, imbibed with a weak alkaline solution, care being taken of course not to rub off the epithelium; lastly, blue litmus paper is introduced into the cavity, the wound is closed, and after the lapse of a few hours the animal is killed. It will then be found in making the autopsy that, towards the pyloric extremity of the organ, the blue test paper has turned red, while in the other portions of the cavity it has retained its primitive colour, a result which proves that the pyloric portion of the stomach containing the little tubular cells previously alluded to, is the real seat of the gastric secretion.

The experiment may be repeated on various kinds of animals, and invariably leads to a similar conclusion: thus, in the horse, the pyloric portion of the stomach, and in the Ruminantia, the *red*, or pyloric portion of the apparatus, are alone endowed with the property of secreting this fluid, as the coloured tests sufficiently evince. We may therefore consider it as an incontrovertible truth that towards the pylorus alone is the gastric juice produced.

But the secretion of these little glands is an intermittent one, in man as well as in the lower animals. Dr. Beaumont states that in the case of his Canadian patient, the fluid only made its appearance when food was introduced into the stomach, but as soon as the digestive process was over, no secretion whatever took place within the gastric cavity until the patient had made another meal. In the same manner, when a canula has been introduced into a dog's stomach, not a drop of liquid escapes, provided the animal has been previously kept fasting; but, as soon as it begins to feed, large quantities of gastric juice are at once seen to flow from the outer orifice of the tube; and the result may be obtained by merely showing the animal its food, as in the case of the salivary glands. In the dog which we exhibit here, the stomach is at present in a state of rest; but the sight of food will immediately stimulate thè physiological activity of its glandular elements.

(The experiment is performed, and perfectly succeeds; a piece of meat being brought in, the gastric juice immediately flows in abundance from the open tube, before the animal has begun to feed.)

You perceive, gentlemen, that as in the case of most other glands, the process of secretion is not continually going on in the stomach. During the interval which separates one meal from another, the mucous coat is lined with a thick layer of grayish epithelium, and its reaction is alkaline; but as soon as the digestive process commences, it swells, becomes ingested, and grows red; the epithelium falls off in scales, and the gastric juice appears on the inner surface of the stomach, in the same manner as perspiration on the skin. It seems probable that some similar process takes place in all glands during the period of rest. Saliva, for instance, when it begins to flow, contains a considerable proportion of epithelium at first; but the liquid soon becomes transparent, and contains only a few epithelial cells.

There exists a remarkable difference between the gastric juice and these secretions we have already studied, with respect to the substances eliminated from the economy by the respective glands, after having been introduced into the

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vessels. We have shown you, for instance, that prussiate of potash and the salts of iron, in general, were not admitted into the salivary secretion; now, the reverse takes place in the case of gastric juice. When prussiate of potash is injected into an animal's veins, if one of the salts of iron is introduced into the stomach, the mucous membrane soon assumes a deep blue colour in its pyloric portions, while digestion is taking place: the two substances having been brought into contact at the orifices of the tubular glands which secrete the digestive fluid, Prussian blue has been formed on the very spot. The same result may be obtained, but with much greater difficulty, by reversing the experiment, and injecting the salts of iron into the veins, while the prussiate of potash is taken by the mouth; and, lastly, when these two substances are separately injected into the vessels, the same effects are still observed; the reaction does not take place as long as they are contained in the blood, but is produced immediately after they have been set at liberty by the process of elimination.

In making the above-mentioned experiment, I had entertained the hope of discovering the precise seat of the gastric secretion: the two substances being introduced into the circulation on distant points, I had expected to find the Prussian blue which results from their combination, contained in the very glands which separate them from the blood; but, in this respect, my expectations have not been realized; for on examining, under the microscope, the mucous membrane in which the reaction had taken place, I found that the ferrocyanuret of iron was deposited on its surface, and not within the cavity itself of the secreting tubes.

We have just stated that the secretion is an intermittent one, and that this is the case in all animals; but how can the fact be proved in rabbits, and other Rodentia, the stomach of which is never empty? The inspection of the urine allows us, by an indirect method, to arrive at this conclusion; for, in all herbivorous animals, this fluid offers, during the process of digestion, an alkaline reaction, and becomes acid as soon as the process is over: in the Carnivora, the reverse takes place; and this difference results merely from the nature of their food; for dogs exclusively fed upon potatoes and other amylaceous substances, acquire in this respect the properties of herbivorous animals: their urine grows acid while the digestive organs are at rest, and alkaline as soon as they enter into an active state; while in rabbits, exclusively fed upon meat, the urine becomes, on the contrary, entirely similar to that of the carnivora. If, therefore, one of these animals is examined, when fed as usual upon vegetables, it will be found that, after a long period of abstinence (twenty-four hours, for instance), the urine becomes quite acid; we are therefore entitled to believe that digestion has been awhile suspended, although the mucous coat of the stomach remained perpetually in contact with portions of undigested food. But in certain cases of disease, the natural conditions of the gastric secretion being altogether perverted, an uninterrupted flow of liquid takes place. We have informed you, in a previous part of this course, that the stomach often eliminates certain bodies, which for various reasons can no longer escape through their usual channels. Prévost and Dumas ascertained, many years ago, that when both kidneys were removed, in a dog, several days would elapse before it was possible to prove the existence of urea within the blood by means of chemical tests: another, and a different mode of elimination had therefore been provided for this substance; but these gentlemen had made no attempt whatever to give an explanation of the fact, when I discovered unequivocal signs of the presence of urea and salts of ammonia in the gastric juice of dogs which had recently been deprived of both kidneys. It therefore appears that in this part of the body does the elimination take place during a certain lapse of time; and the animal's appetite does not diminish under these circumstances, nor is digestion impeded, but when the stomach can no longer perform its office in this respect, the noxious substances pass into the blood, and the symptoms of uræmia make at last their appearance.

J. COLLE, in 1628, speaks of transfusion as a means of giving rejuvenescence to the old. If, he says, an old man had the eyes of a young one, he could see like him; consequently, by giving the blood of the young to the old, we give him youth.

ORIGINAL COMMUNICATIONS.

THE FORCEPS AND PERFORATOR COMPARED.

By CHARLES DAVID DOIG, M.D.

TOWARDS the close of last year an article was contributed by me, and printed in the *Medical Times and Gazette*, on the subject of Cross Presentations. The principal points illustrated in that paper were the following:—

1. That in the event of cross presentation of an average-sized fœtus in an average-sized female with a normal pubis, the result to be anticipated is rupture of the uterus and death of the mother by exhaustion.

2. That laceration of the uterus may also occur in the course of a natural labour.

3. That if the mother be not deformed, and have an average-sized pelvis, while on the other hand the contained fœtus is comparatively small, as in premature births, or abortions, the mother may be delivered in safety by the natural powers.

4. That podalic version is an efficient means of delivery as far as the life of the mother is concerned, and not necessarily fatal to the life of the child.

5. That the operation should be performed as soon as a transverse presentation is diagnosed, and the vaginal and uterine passages permit the introduction of the hand.

6. That in cases of version from all causes at the ninth month, one mother in fourteen is lost, and sixty per cent. of the children still-born.

It is unnecessary to carry these inferences further; I shall therefore briefly consider the treatment applicable to another class of difficult labours, which forms the immediate object of this article.

One of the diseases liable to be developed in the course of protracted parturition is vesico-vaginal fistula. Mr. I. B. Brown, who has conducted the treatment of twenty-six cases of this disease, and published minute details thereof, maintains as the result of his experience and observation, that vesico-vaginal fistula had in almost every instance been consequent on protracted pressure of the child's head on the mother's vagina, and strongly recommends obstetricians not to sit days and nights with women in labour, but at once afford to the patient the aid adapted to the circumstances of the case. "Dr. Veit" shows "1. That the danger for the child when the birth is completed within twelve hours is only half as great as when the labour is protracted to twenty-four hours, and that further protraction is still more dangerous. 2. The danger is increased when the second stage of labour lasts longer than two hours. 3. The male sex is more endangered than the female." Protracted labour may then not only be the means of impeding the perfect recovery of the mother by originating dangerous complications, but also of endangering the life of the child.

Delivery by the forceps and perforator are long established obstetric operations. The following cases indicate the principal distinguishing feature of these two methods of delivery. The first does not of necessity destroy the life of the child; by the second the life of the child is intentionally sacrificed.

Case 1.—In 1852 I was requested to visit a female in lingering labour. She mentioned to me that she had been very ill all night. On examination I ascertained the passages to be well dilated, the presentation cephalic, and the existence of no impediment from retained urine and fæces. After waiting several hours to assure myself that the natural powers were acting inefficiently, I called on a Medical friend (Dr. Gillespie, Leith) to get the loan of a pair of long forceps, as I had not a proper pair by me. We visited the patient together, and extracted the child instrumentally. The child was alive. The mother made a good recovery. Low diet, a dose of opium, and a gentle aperient, were all the remedies adopted in the after-treatment of the case.

Case 2.—In October, 1854, I was requested to attend a patient at her confinement. Mrs. C. was a primapara, about 30 years of age, and resident at Mary's-place, near Wapping. I sat up all night with the lady, and towards morning, getting weary of the charge, determined to extract

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by the forceps if such could be accomplished. She had made no progress, and there was no difficulty in satisfying myself as to all the points of the presentation. However, the space left for the application of this instrument was so slight in consequence of the large size of the fœtal head, and the swollen state of the surrounding parts, that the blades could not be introduced; I determined, therefore, to consult with Dr. Lever, of London, before performing craniotomy. It was his opinion that the use of the forceps was impracticable, and perforation imperatively demanded. We accordingly anæsthetised the lady, introduced the scissors, broke up the nervous matter of the child, and extracted. The mother recovered well with very simple treatment. She was put on low diet, took small doses of calomel and antimony, one or two aperient senna draughts, and tonics.

Dr. Lever was of opinion that the child had been dead some days, which removed any qualms of conscience that we might have had, had we been breaking up the cerebro-spinal axis of a mature living child.

In these, as in all other cases, it has been my custom to apply a binder after delivery. It is important always to have the attention directed to the state of the rectum and bladder, as accumulation of urine or fæces retards parturition and their removal by the catheter or enema further delivery. No such obstacle occurred in these cases.

The long forceps is now in more frequent use than the short. The instrument consists of two doubly curved fenestrated blades, variously shaped, and constructed according to the taste and judgment of the Practitioner. The necessity for their use being determined, the patient is placed on her left side at the edge of the bed, the passages lubricated if necessary, and the forceps warmed and greased. The blade is gently insinuated with its concavity applied to the convexity of the child's head, the upper or anterior blade being applied first, then the inferior blade. If the forceps do not lock, a blade must be withdrawn and re-applied so that this object is attained.

The forceps are efficacious partially by compressing the fœtal head, but more particularly by a kind of undulatory traction which the operator should exert in the direction of the axis of the pelvis during uterine action, or if this be wanting, at intervals. In using such force as is needful to change the position of the head, great care is requisite to avoid injuring the soft parts of the mother, or lacerating the perineum.

The instruments required for the performance of craniotomy are a pair of scissors with shoulder-stops, a crotchet, and a pair of bone forceps. Besides these there are many other weapons that are found of service in particular cases. The scissors or perforator have sharp outer margins. Either should be introduced by the right hand, the left hand being used as a guide and guard, through a parietal bone and not through a suture, pushed into the skull and moved about in such a way as completely to break up the brain and medulla oblongata. The force should be applied at right angles to the parietal bone, to prevent the instrument slipping and tearing up the scalp or doing other injury. The crotchet is then used to complete the operation. It may be used to tear up the brain as well as to extract. It can be fixed on the parietal bone, on the occipital, or on the foramen ovale. Before using strong extraction force with the crotchet the firmness of the hold should be tested. The craniotomy forceps become useful in many instances as a means of applying traction to the child. It is a rule only to work during the pains.

Such are the formidable instruments that were required in the treatment of the two cases detailed. We come next to consider what are the cases in which the forceps should be applied, and what are those suitable for the perforator. Dr. Davis used the forceps six times among 7302 deliveries:

1. Three were uncomplicated head cases.
2. Two were first children in twin cases.
3. One was puerperal convulsions.

Dr. Ricker, of Nassau, mentions the indications for the use of the forceps in a large number of instances which, tabulated, give the following results:—

1. Disproportion between child's head and mother's pelvis	287
2. Feebleness and absence of pains	269
3. Weakness, exhaustion, and illness of the mother (hernia, phthisis, etc.)	33
4. Prolapsus of the umbilical cord with the head	29
5. Spasmodic and preter naturally painful pains	22
6. Face presentations	20
7. Ecclampsia and convulsions	12
8. Prolapsus of smaller parts of child with head	8
9. Placenta prævia, 3; other hæmorrhages 7; total	10
10. Oblique presentation of the head	7
11. Rigidity of the structure in elderly first-bearing women	4
12. Great swelling of soft parts	4
13. Erysipelas pudendorum	7
14. Putrescence and consequent unusual contractility of uterus	1
	713

Dr. Davis performed craniotomy nine times among 7302 deliveries:

1.	In consequence of deficient pelvic space	3 times.
2.	,, ,, pelvic contraction caused by hip-joint disease	1
3.	,, ,, carcinoma uteri	1
4.	,, ,, patient aged 14½ years	1
5.	,, ,, face directed to pelvis	1
6.	,, ,, rigidity of os uteri	1

The preceding data indicate that deficient pelvic space is one common condition requiring operative procedure; in what cases, then, of pelvic contraction may the forceps be applied with success, and in what must the perforator be resorted to? It is difficult to come to a definite conclusion on this point, as each case requires to be considered individually. In the instance detailed, craniotomy was performed in consequence of disproportion between the child's head and the pelvis, attended by comparative feebleness of the pains. In many cases, however, requiring this operation, or the less serious one, the forceps, the pelvis is distorted, as well as of unequal size. Although it is impossible to lay down rules applicable to every individual instance, we can come to conclusions which admit of general application. The conjugate diameter of the normal pelvis varies from four inches at the brim, to four and a-half inches at the outlet. Dr. Simpson, of Edinburgh, used to lay down the following rules that the forceps could be applied if the conjugate diameter was three and a-quarter inches, and that embryulsio was to be adopted when the conjugate varied from one and three-quarter inches to three and a-quarter inches.

We come next to inquire what is the frequency of these operations compared with other obstetric operations, and with midwifery practice in general; and what is the mortality attending the operations. The results of the statistics of different authors are more various than is desirable, and are exhibited by the following figures:—

		Labours.	Forceps.	Proportion.	Craniotomy.	Proportion.
Dublin	Clarke	10,199	14	1 in 728	49	1 in 248
,,	Collins	16,654	27	617	118	141
Paris	Baudelocque	17,888	31	561	6	2898
,,	Lachapelle	22,243	76	293	12	1854
,,	Boivin	20,517	96	214	16	1282
Vienna	Bon	9589	35	274	13	737
Heidelberg	Naegele	1711	55	31	1	1711
Berlin	Kluge	1111	68	16	6	185
Dresden	Carus	2549	184	14	9	283
Berlin	Siebold	2093	300	7	1	2093
London	Davis	7302	6	1217	9	811
Nassau	Ricker	304,150	4223	72	165	1843

The following figures give more minute particulars with reference to the frequency of these two operations in British Midwifery:—

Simpson	1	Forceps in	472 cases.	1	Craniotomy in	1417 cases.
Lever	1	,,	518 ,,	1	,,	186 ,,
Churchill	1	,,	546 ,,	1	,,	149 ,,
Ramsbotham	1	,,	611 ,,	1	,,	805 ,,
Collins	1	,,	617 ,,	1	,,	141 ,,

It may therefore be with safety inferred that in British Midwifery forceps cases occur once in 550 births, and craniotomy once in 530 births.

With regard to the mortality attending forceps cases, Dr. Ricker mentions that out of 4223 instances 93 women died either during, or soon after, the operation, and 684 children were still-born. Hence 1 woman out of 45 $\frac{38}{93}$ deliveries by the forceps died, and 1 child out of 6 $\frac{112}{114}$.

Dr. Ricker also states the results attending the breaking up of the fœtus, which may be arranged under two divisions:—

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	No.	Proportion.	Lived.	Died.	No information.
Perforation..	143	1 in 2126	88	35	20
Embryotomy	22	1,3825	16	6	

In the course of the preceding remarks have been considered—1. The mode of using the forceps; 2. The method of practising craniotomy; 3. The circumstances demanding the performance of these two operations; 4. The diameter of the pelvis that admits of the use of the forceps or the performance of craniotomy; 5. The comparative frequency of the two operations; 6. The success attending each. The investigation might be profitably carried to a much greater length, but the object of this paper has been rather to associate this statistical inquiry with actual cases, than enter into minute details.

Seafield, Leith.

ARMY MEDICAL REPORTS.

No. XXXV.

REPORT ON SUDDEN MORTALITY FROM "COUP DE SOLEIL."

By Assistant-Surgeon R. CHAPPLE.

K Battery, Royal Artillery, arrived in Bombay from the Cape, in the month of November, 1858. After the lapse of about a month, it was ordered to Baroda, where it arrived on December 26, 1858. Though there were two deaths from sun-stroke, the men enjoyed very good health up to May 27, 1859; on that date there were fifteen men in Hospital, and nine attending, or reported sick; but one death having occurred on that day, and three the day following, from sun-stroke, the men became much alarmed and depressed in spirits, the Hospital rapidly filled until June 1, when there were thirty-seven in Hospital, and thirty-three reported sick; from May 27 to June 2, there were ten deaths, one from apoplexy, and nine from sun-stroke. In consequence of the sickness, all drills, parades, etc., were suspended, the men were, from the heat, necessarily confined to their barrack-rooms from an early hour in the morning, till a late hour in the evening, during which time they saw those considered most healthy among them, removed to Hospital, in many instances, never to return; the men had no occupation, nothing to divert their minds from gloomy thoughts, and, consequently, they became nervous and distressed; under these circumstances I deemed a total change of air and scene absolutely necessary. I made application to the Brigadier commanding to remove the men to the sea-coast. On June 2 (nearly 100 men being on camels, in carts, and in doolies) the Battery was moved. On June 3 we encamped about twenty-four miles from Baroda; from that date there was no death, sickness rapidly decreased, the men improved in health and spirits, and on June 13, ten days after starting, we returned to Baroda with fewer sick than we had for a long time previous. The above is a brief sketch, but sufficient to show that between May 27 and June 2, there occurred ten deaths from apoplexy and sun-stroke, and the number of sick between those periods, rose from twenty-four to seventy, actually under treatment. I shall now examine the causes likely to produce both the mortality and sickness.

That the increase of sick, from May 27, among the men of the Royal Artillery was due to nervous depression, I have no doubt. Many applied at the Hospital who at any other time would have thought nothing of their ailments, fearful lest the slightest indisposition might be the precursor of fatal disease. The greater number of those who died never complained and never reported themselves sick until brought from their barrack-rooms to the Hospital with the usual train of fatal symptoms, which, if not fully developed at the time, were in a very short time after admission unmistakeably established. One instance came under my special observation. About three o'clock p.m. on the 28th of May, I was in one of the barrack-rooms, attending a man labouring under an epileptic attack; while there, I noticed a gunner lying on his bed seemingly quite unconscious of the commotion going on around him. I inquired if he was ill and was told, that he was not very well that day. I then went to him himself and asked him if he was unwell, he said "No." I then asked him if there was anything the matter with him; he said, "Nothing; only that his head felt a little queer." His manner struck me as being listless, he spoke as if only half awake, his skin was hot, pulse regular. I told him that he had better go to Hospital, which was close by, poured cold water on his head, and then wrapped it in a wet towel, put him into a dooley and conveyed to Hospital. He died early next morning. His case, No. 3, will give more fully his symptoms and treatment. Many of the men who were admitted into Hospital at that time complained of one of the most prominent and remarkable symptoms present in the fatal cases, at least as many of them as could explain their feelings when seen. I allude to tightness across the chest, a feeling of constriction about the ensiform cartilage, — almost all the applicants to Hospital at that time complained of this symptom; but every Medical Officer knows how soon the symptoms of a fatal disease becomes known among troops, and when once known how easily a nervous imagination will suggest its existence. The feeling of constriction across the chest may have been present or not, but when unaccompanied by any other bad symptom, such as headache, hot skin, etc., I treated it with diffusible stimulants frequently repeated and the symptoms rapidly disappeared. This fact I think will support the opinion that I before expressed, namely, that the increase of sick was caused by nervous depression existing among the men.

To what cause or causes was the mortality attributable? In enumerating the cause likely to be productive of mortality, I shall also draw a comparison as to Barrack Accommodation, Dress, Duty, Habits, etc. between the Battery and a Detachment of the 4th Regiment stationed in Baroda at that time, and which (with the exception of one death) continued perfectly healthy. The strength of the Detachment was, non-commissioned officers and men, 171, the strength of the battery, non-commissioned officers and men, 210. Now it has been seen that between May 27 and June 2, there were ten deaths, and almost half the Battery on the sick-list, the Detachment of the 4th Regiment during that period lost one man from *coup de soleil*, but the men were remarkably healthy, not the slightest increase of sick, on the contrary, there were fewer in Hospital at the time than for some months previous.

Barrack Accommodation.—The barracks are high, well-ventilated, and commodious, allowing an average cubical space of 12,000 feet per man. They were similar for the detachment of the 4th Regiment and for the Royal Artillery.

Diet.—No cause like to affect the health of the men could be traced to the diet as the rations were good, and were similar for the detachment of the 4th Regiment and the Royal Artillery.

Dress.—The head-dress worn by the detachment of the 4th Regiment and the Royal Artillery was the cap cover of equal thickness but of different colours, it would be sufficient protection against a morning or evening sun. The only one to which a soldier in cantonment is likely to be exposed, but against a mid-day sun it would be totally inadequate. The clothing light and loose, and alike except in colour for detachment of the 4th Regiment and the Royal Artillery.

Duty.—The duty performed by the Royal Artillery was more severe than that of the 4th Regiment, and the men were consequently more exposed to the sun. Five days out of the seven the Royal Artillery turned out for duty at daylight, and did not return until seven o'clock. In the evening again the men turned out to stables about half-past five o'clock, p.m. The usual absence of the slightest breeze about that hour, renders it the most oppressive time of the day.

Intemperance.—The quantity of arrack consumed in the canteens of the Royal Artillery and 4th Regiment respectively having been ascertained, it was found that the consumption per man in the former was more than twice as much than in the latter.

It will be thus seen that the Royal Artillery had more duty to perform than the 4th Regiment, and that the latter were of more temperate habits; in all other respects they were similarly situated. Of those who died some were said to be free drinkers, and others hard drinkers. I have no doubt that when the nervous depression seized the men many had resort to drink as a relief.

The heat during the latter half of May was very oppressive, the thermometer registering an average of 106°; at four p.m. in the barrack-room on the 1st and 2nd of June it was

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110°. The nights also showed a corresponding rise in temperature, the thermometer during that time at ten p.m. averaging 97°. Thus the continuous high temperature, and to a certain extent the exposure while at duty, especially evening duty, acting on men of intemperate habits, no doubt caused the mortality. The detachment of the 4th Regiment having no duty to perform at times, which compelled them to leave their barracks before they could do so with safety, and being of more temperate habits, they suffered less in proportion to the Royal Artillery.

Symptoms.—The following symptoms are invariably present:—Severe headache, which is sometimes not mentioned owing to drowsiness, and stupid insensibility to pain; face generally pale. In severe cases the patient may become suddenly pulseless, but generally the pulse is quick and full; indeed, the pulse as a decided symptom cannot be depended upon, as it differs almost in every case. Skin intensely hot and dry, constriction of the chest, great debility. As the disease advances, the vessels of conjunctivæ become suffused, the pupil contracts, face pale or of a leaden hue, head and extremities cool, the rest of the body hot and dry, pulse weak, action of heart violent; the patient is with difficulty made to comprehend what is said to him; the act of deglutition is with much difficulty performed. I have seen the stage of coma frequently ushered in by vomiting. When the patient becomes comatose, the breathing is slow, laboured, and accompanied with loud moaning; the pupils are contracted to a point (though on one or two occasions I have seen them dilate for a few minutes, and again contract). The vessels of conjunctivæ are highly congested; pulse very irregular; action of heart intermittent. Skin intensely hot and dry, extremities cold, head cool; I have remarked a very peculiar pulsation of iliac and femoral arteries in every case of sun-stroke which I have treated. Immediately preteding death vomiting frequently occurs, the pupils dilate, despiration is performed in gasps, and not accompanied with the loud moaning before mentioned. The skin remains hot for some time after death.

In the early stage of the disease, when the head is hot, skin hot, and the patient conscious, I cause cold water to be poured on the back of the head in a continuous stream, administer a brisk purgative, and give frequently repeated doses of ammonia or brandy, according to the feeling of debility or depression present. If the head does not become cool, and the patient complain of severe headache, I apply a couple of dozen leeches to the temples, and, having cut the hair close, apply a cold evaporating lotion to the head, and counter-irritants to the extremities. As the disease advances, and coma sets in, I usually apply a blister to the back of the head, administer stimulants by enemata, apply strong mustard sinapisms to the calves of the legs and inside of the thighs, or have them rubbed with aqua ammoniæ fort; but I have seldom by these means succeeded in reddening the parts: hot water I have found much quicker and more effectual in action. The skin being always intensely hot and dry, I have tried cold sponging of the whole body, and with evident relief; but in most cases immediately the sponging was stopped, the temperature of the skin again rose rapidly. I have wrapped patients in wet sheets, by which means I thought I might get the skin to act, but without any benefit. I think the chief reliance, in the treatment of sun-stroke, is to be placed in application of cold to the head, frequent administration of stimulants, and the application of counter-irritants to the extremities. The patients generally die worn out, and therefore stimulants should be persevered in to the last, in order to enable them to battle against the disease. I have saved a few cases which had advanced to the stage of coma; and I attribute the recovery to the frequent exhibition of stimulant enemata, assisted of course by other means. There is a failure of nervous energy from the commencement of this disease, and our chief endeavours ought to be directed in supplying this defect.

Post-mortem Appearances.—I have never seen satisfactory evidences to account for death in any of the bodies which I examined. On one occasion I met with serous effusion to the extent of half-an-ounce at the base of the brain. The vessels of the membranes of the brain and those of the surface of the brain itself, I have occasionally found congested, but never highly so; on cutting into the substance of the brain, I have always found it quite natural. In those cases not treated by the application of leeches to the head, the scalp, on being cut into four or five hours after death, bled profusely. On one occasion more than twenty ounces of blood was thus poured out. The kidneys were unusually highly congested. The other viscera presented no changes worthy of note.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

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REPORT ON THE TREATMENT OF CASES OF EXTRA-UTERINE FŒTATION EXTENDING BEYOND THE FULL PERIOD OF PREGNANCY.

(Continued from page 57.)

In a case in which an extra-uterine fœtus has died at the full period of gestation, and remains lodged in its mother's abdomen, several events are possible. The fœtus may, in the first place, remain without setting up any irritation, may gradually diminish in bulk, and be carried without material inconvenience to the end of a long life. Many instances are on record in which this has been the course of events, and there is abundant proof that a woman may even without detriment pass through repeated pregnancies with an encysted extra-uterine child still lodged within her. The second possible course is, that the fœtus may set up irritation, induce suppuration, and cause ulceration either through the abdominal wall, or into the vagina or rectum, and that thus a process of spontaneous evulsion may be accomplished. A third event which, like both the preceding, is exemplified in many recorded cases, is, that the child may cause such an amount of constitutional disturbance as will be fatal to the mother before there has been time for any process of evulsion to commence.

The questions, therefore, upon which a Surgeon who is called upon to decide as to the measures to be adopted in a case of this nature will feel to require information, are the following:—

1. What is the probability as to the fœtus remaining in a quiescent state, should the case be left to Nature?
2. If the fœtus should set up irritation, and a process of natural evulsion be commenced, what is the chance of the woman's recovery, and what may be considered a fair measure of the sufferings through which she will probably have to pass?
3. What is the amount of risk that extreme and fatal constitutional irritation will be set up?
4. What is the estimate of the immediate risk attending the operation of abdominal section and removal of the fœtus?

It will be necessary in order to enable the reader to find fairly accurate answers to these questions, to briefly review the numerous facts on record. I shall take first, in one general group, all the cases in which no operative interference was adopted, and these will subdivide themselves into, first, those in which the child was never removed; and, second, those in which evulsion by natural processes was either wholly or partially accomplished.

Group I.—Cases not Interfered with.

Dr. Campbell's work contains references to seventy-nine cases of extra-uterine fœtation in which the child died at or near the full period, was retained, and in which no *primary* operative interference was adopted. To these may be added the following, which have been recorded since the publication of Dr. Campbell's monograph:—

Case 1.—*False Labour at the Full Period of Pregnancy—Death of the Fœtus—Symptoms of Abdominal Irritation Three Months later—Death—Autopsy.*—A woman, under the care of Mr. Donald Dalrymple, of Norwich. She became pregnant in January, 1847, and suffered from complete prolapsus uteri in June of the same year. In the latter part of September she had labour pains for a few hours, after which the movements of the child ceased and she diminished in size. In

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December she began to suffer from pain in the abdomen, with dyspnœa and increase of size. No operative treatment was resorted to, and she died in the latter part of the month. *Autopsy.*—A full-grown dead fœtus occupied a cavity lined by a thick layer of soft yellow lymph. The placental mass was adherent to the uterus (a).

Case 2.—Ventral Pregnancy—False Labour at the Full Period—Death of the Fœtus—Ulceration into the Vagina—Death from Exhaustion Eleven Months after the Death of the Fœtus.—A woman, under the care of Dr. Denny, U.S. She was the mother of one child, and became pregnant a second time in April, 1848. All went on as usual till January, 1849, when false labour occurred, and the child died. After this, on two occasions menstruation occurred. Great constitutional irritation followed. In October ulceration through the vagina took place, and the head of the fœtus could be felt. In November she died, no operation having been attempted. *Autopsy.*—The walls of the cyst, in which lay a full-grown dead fœtus, were about a line and a-half in thickness. Of the placenta only some shreddy fragments remained. The uterus, ovaries, and tubes were normal, and the case appeared to have been one of true ventral pregnancy (b).

Case 3.—Evulsion per Rectum of the Remains of an Extra-Uterine Fœtus Twelve Years after its Death.—A woman, aged 56, experienced many of the usual symptoms of pregnancy—enlargement of the abdomen and development of the areola around the nipples. In due time symptoms of labour came on, but passed off again; but afterwards the enlargement was noticed as a tumour in the right side. For the next twelve years she had no further symptoms in connexion with it, but at the end of that time she began to pass bone per anus. This extended over a period of two years. She has not passed any lately, and is now apparently quite well.

Case 4.—Death of an Extra-uterine Child after a False Labour at the Full Period—Suppuration of the Sac, and Formation of Umbilical Fistulæ Seven Months afterwards—Fistula enlarged and Fœtal Bones extracted—Recovery.—A girl, aged 17, who had previously aborted, conceived for a second time in December, 1853. Nine months later the pains of labour set in, and continued for four days, when they wholly disappeared. In the fifteenth and sixteenth months menstruation returned, and then an illness attended with febrile disturbance. The fœtal head could now be felt high above the navel. The patient refused an operation. In August, 1855, intense inflammation of the abdominal walls set in, which resulted in the establishment of two fistulous openings in the navel, out of which flowed a grumous discharge. Six months later hair escaped. In September the fistula was enlarged by a crucial incision, and the separate bones taken out. The patient lay for some time in a very precarious state, but gradually recovered. The cyst contracted; the fistula closed in December; and the menses subsequently reappeared (c).

Case 5.—Escape of a Six Months' Extra-uterine Fœtus by the Rectum—Recovery.—The following case came under my own observation. It occurred in the practice of the late Mr. Filliter at the Queen Adelaide's Dispensary:—A healthy woman, aged 37, who had previously borne a living child, became pregnant in the latter part of September, 1852. At the end of three months she had a sudden attack of pain in the abdomen, followed by symptoms of peritonitis. Her pregnancy, however, progressed, and at the end of the eighth month her abdomen was as large as is usual at the full time. The motions of the child had, however, never been distinctly felt. In the latter part of June, pain in the abdomen, attended with discharge of blood from the vagina, occurred; and a week later there was tenesmus, and discharge of blood and grumous matter by stool. On July 6, small portions of fœtal skull escaped by the rectum; and on the 10th other portions of bone were removed. A few days later Mr. Luke, who had been called in in consultation, extracted, by the aid of dressing forceps, the remainder of the fœtus entire. It was that of a female, and apparently about the sixth month. It was in a most offensive state from decomposition. The patient recovered rapidly, and was quite well within a month afterwards.

Remarks.—I have introduced this case here because it is one in which we have actual proof as to the age of the fœtus. In not a few of the cases included in Dr. Campbell's statements, it is impossible to ascertain exactly the age of the fœtus at the time of its death. I cannot help thinking that a good many of the cases of recovery after escape of fœtal bones by the rectum or vagina are such as do not properly belong to my present subject, inasmuch as the fœtus had, in all probability, not attained its full period of growth. It is manifestly unfair to admit a case in which the fœtus died at five months as bearing upon the question of treatment of those in which it had attained maturity. In the former, the process of natural evulsion would be much more easy, and especially would the probability of its being accomplished by the vagina or rectum be increased. A somewhat similar remark applies to a few of the cases in which women are stated to have lived for long periods with an extra-uterine fœtus in a quiescent state.

Case 6.—False Labour at the Full Period of Gestation—Subsequent Passage of Fœtal Bones per Rectum—Recovery.—Dr. Waller has recorded the following case in the first volume of the Obstetrical Society's "Transactions":—The patient was a woman aged 47. She stated that ten years ago she became pregnant and went to her full term, when labour-pains occurred, attended with sanguineous discharge from the vagina. These symptoms, however, passed off. One month afterwards menstruation was re-established, and continued regularly for ten years, after which it became irregular. She then suffered from occasional shiverings, hectic, night-sweats, and emaciation. At length, during a period of several days, the patient passed bones by the rectum. She was subsequently restored to health.

These cases being added to those mentioned in Campbell's book gives us a total of eighty-five. Out of this number (after very various terminations, as regards the fœtal remains), 62 of the mothers ultimately recovered. In 23 instances the woman died as a direct consequence of her condition. Of the 62 in which recovery took place, in 21 the fœtus remained quiescent through life (for periods varying from four to fifty-six years), and in the rest its removal was effected by ulceration. In a not inconsiderable number of the latter the natural processes had been materially assisted by the Surgeon (extraction of bones, enlarging of openings, etc.), and most of such cases were included in the tabular report given last week of cases in which secondary abdominal section was performed.

(To be concluded.)

(a) *Medico-Chirurgical Transactions*, vol. xxxi.

(b) *American Journal of Medical Science*, No. 30, p. 49.

(c) *Monatsschr. fur Gebnrtsh*, November, 1857. Dr. Diamantopulos.

THE LONDON HOSPITAL.

IMPERFORATE ANUS IN AN INFANT—OPERATION—RECOVERY.

(Under the care of Mr. CURLING.)

A MALE infant, five days old, was brought to the London Hospital on April 16, in consequence of the stomach constantly rejecting its contents, and of inability to pass the fæces. He was much emaciated, very feeble, and had not slept for twenty-four hours. The abdomen was much swollen and very tense. Repeated doses of castor-oil had been given. Mr. Curling saw the child on his arrival at the Hospital. On examination, he found the anus well formed, but on passing a director, and afterwards his little finger, it was ascertained that the anus ended in a cul-de-sac three-quarters of an inch in depth. A piece of sponge was inserted into the sac, and kept in for half-an-hour, in order to dilate the part. Mr. Curling being unable to detect any fluctuating body at the extremity of the pouch, enlarged the anus by an incision towards the coccyx, and divided the posterior wall of the sac to the depth of nearly an inch, when the gut was reached, and meconium escaped freely. The bowel was afterwards seized with a broad pair of forceps and drawn down to the outer wound, and attached to the skin on each side by silver sutures.

April 17.—The child had taken the breast well since the operation, and had also slept. Copious motions had been discharged. The child, when seen on the 21st, was found to be thriving remarkably well, and the motions passed freely enough. The wound was looking quite healthy. The sutures were removed. One of them had been retracted within the passage.

May 3.—The child was brought to the Hospital looking

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healthy and well. There was no difficulty in defecation, but, as a matter of precaution, a No. 8 urethral bougie was passed. One of larger size was directed to be passed daily, to obviate any tendency to contraction. This was carefully attended to by Mr. Payne, the House-Surgeon, who was able in a short time to pass a No. 1 rectum bougie, and then a No. 2, which was introduced every other day, and afterwards only twice a-week.

July 1, eleven weeks after the operation.—The child was looking remarkably healthy, and all its functions were properly performed. Mr. Curling still recommended the occasional passage of a bougie, to ensure the establishment of a sufficient passage.

UNIVERSITY COLLEGE HOSPITAL.

DEATH FROM PROFUSE HÆMATURIA, CONSEQUENT ON AN ABSCESS BETWEEN THE PROSTATE AND RECTUM.

(Under the care of Mr. ERICHSEN.)

[From Notes by Mr. BERKELEY HILL, House-Surgeon.]

Joseph S., aged 42, was admitted, under Mr. Erichsen's care, on June 4, for stricture. When young, about twenty years since, he had gonorrhœa several times. The last attack was very severe, and by his account it appears that he had after it an abscess in the perineum, which he says was opened. He got well from this, but has since had constant dribbling away of his urine to such an extent as to prevent his following his occupation—that of a footman. He has, however, it appears, treated his case very lightly, and has not sought advice until four months ago, when he was in a Metropolitan Hospital for fractured arm. He then mentioned that he had a stricture. Bougies Nos. 2 and 3 were passed. He subsequently came under Mr. Erichsen's care on June 4. No. 1 catheter was passed, and was kept in for six or seven hours, and on June 11 No. 5 was reached. He now, however, had constitutional symptoms, shivering, furred tongue, quick pulse, and loss of appetite. On June 15 he had improved a little, and now a little fulness was observed in the perineum, but there was as yet no tenderness or pain, nor was the prostate tender. On the 21st there was purulent discharge from the urethra. On the 24th, there being pain and fluctuation in the perineal swelling, which now extended, externally, from the front of the anus to the root of the scrotum, an incision was made into it and pus evacuated. He improved, but a fistula remained, the opening being situated behind the stricture. Mr. Erichsen decided on performing perineal section, but shortly before the day fixed (about fourteen days after the incision) the man began to pass large quantities of blood along with his urine. The bladder was washed out with alum-water, gallic acid and other styptics were given, but the hæmorrhage was not arrested, and from this chiefly he sunk, and died July 15. At the autopsy an abscess was found situated between the bladder and the rectum, with which the external opening into the urethra communicated. No vessel, however, could be found from which the hæmorrhage might be said to have arisen. Mr. Erichsen, however, stated that he believed that the blood came from the prostatic veins eroded by the abscess, and that the blood had passed from it back into the bladder.

GUY'S HOSPITAL.

FIVE CASES ILLUSTRATING THE TREATMENT OF PNEUMONIA, WITH BRIEF CLINICAL REMARKS.

(Under the care of Dr. WILKS.)

THE following cases are of interest as illustrations of the treatment adopted by one of the ablest of living pathologists for a common and very important disease. It will be seen that the resuscitation of undiscriminating Brunonianism has not yet extended to all our Hospital Physicians. As bearing upon a kindred subject we may direct the reader's attention to some cases published in these reports for August 20, 1859, from Guy's Hospital, showing the great advantages of free depletion by the lancet in certain states of pneumonia, pulmonary engorgement, etc., consequent on severe fractures of the ribs. It is very desirable that our minds should occasionally be directed to facts supporting, to some extent, the doctrines as regards the treatment of certain forms of disease which were in vogue twenty years ago, lest valuable precepts should be lost sight of in a scepticism which is, in general, but too well founded.

[Reported by Mr. HOLMESTED.]

Case 1.—*Pleuro-pneumonia on the Right Side—Treatment by Calomel and Opium for Two Days—Subsequently by Salines—Recovery.*—Samuel H., a shoemaker, aged 21, was admitted on June 8. He was well until four days previous to his admission, when he had headache and shivering. He went to bed and slept well all night, but on the following morning he was seized with a most severe "stabbing" pain on the right side of the chest, below the nipple. The headache continued; feverish symptoms came on, and thus he remained until his admission. June 8.—His skin is now pungently hot; tongue covered with a thick white fur, pulse full, 105. On placing the ear on the chest a rub can be heard about two inches below the nipple, and also a fine crepitation. At the same time, posteriorly and inferiorly, the breathing is tubular, and percussion dull. Expectoration is viscid, and rusty coloured. The urine contains no albumen. There is abundance of chloride of sodium. He was ordered solution of the acetate of ammonia, with antimony wine in twenty-drop doses three times a-day, and a pill of calomel one grain, and opium one grain night and morning. 9th.—The pneumonia is extending upwards. 10th.—The whole of the right side is dull, both anteriorly and posteriorly, as high as the apex of the lung. The word dulness is adopted as the ordinary expression in use, but Dr. Wilks remarked how different the sound was from that produced by percussing a chest full of fluid. Tubular respiration and bronchophony are now exceedingly well marked. The left lung remains quite unaffected. The skin is not so hot, and is somewhat moist. Pulse 70. As the inflammation appears to have reached its height, and febrile symptoms abated, Dr. Wilks directed the medicine to be omitted, and that a saline draught with nitrate of potash and ipecacuanha wine only should be given. 11th.—The skin moist; expectoration slight, the physical signs are much the same. 13th.—Improving; respiration to be heard in the lung, much less tubular, and the bronchophony has disappeared. He is now ordered a mixture of infusion of gentian with ammonia. He rapidly recovered and left well on the 23rd. Dr. Wilks remarked that although he believed that this patient would have done well with the very simplest saline medicines, yet as he had no great objections against the orthodox treatment, he compromised the matter by adopting the prescription first given, but which was withdrawn after two days. Dr. Wilks drew attention to the fact that where the expectoration was so slight as in the present case, the exudative material which had produced the hepatization must have again been absorbed, and that an extensive pneumonia really consists in the rapid pouring-out of several pounds of lymph into the tissue of the lung, and in an equally rapid absorption of the material.

[Reported by Mr. HOLMESTED.]

Case 2.—*Broncho-pneumonia Treated by Venesection.—Recovery.*—Thomas B., aged 17, was admitted June 26. Three days before, while at his work, being at the time subject to cough, he took cold, and difficulty of breathing, expectoration, loss of appetite, etc. followed. On admission he was very ill, his breathing was very laborious (fifty per minute), his face livid, and eyes congested, skin hot but not dry. Pulse 132. Expectoration thick, viscid, and tenacious. On auscultating the chest, large *râles* were to be heard on both sides anteriorly; posteriorly at the lower part, the respiration was bronchial, and the voice was increased in resonance; there was also a decided dulness on percussion. The urine was not albuminous, and contained chlorides. He was ordered to be bled to eight ounces. Solution of the acetate of ammonia with antimonial wine, with a powder of one grain of calomel and four of Dover's powder were given three times a-day. He was immediately relieved by the bleeding, and expressed himself as feeling better. June 27.—Better; pulse 100; respiration 36. Physical signs and expectoration the same. June 28 and 29. The chest symptoms are better and the febrile symptoms abated, but the patient is very low. The medicine changed to a mixture containing nitrate

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of potash, oxymel of squills, and ipecacuanha wine. Six ounces of wine were also given daily. July 1.—Considerably better. He is sitting up in bed reading. After this he rapidly improved. Dr. Wilks remarked that the plan of treatment adopted in this case was one much in vogue in former years; the intention of it being to "knock down" the disease and then rapidly to build up the patient. Although no case could have done better than the present, he was not prepared to say that a simpler method would not have been equally successful, but at the same time he saw no reason to lead him to the belief that patients will not bear blood-letting as well at the present day as half-a-century ago. He thought it altogether an assumption, that the type of disease had altered because patients were able to recover under two different modes of treatment. In the present case the blood-letting relieved the lungs, and so afforded great temporary relief.

[Reported by Mr. Benson.]

Case 3.—*Pneumonia supervening on Bronchitis.*—John F., aged 65, admitted on May 11. He had had good health, with the exception of a winter cough, until five days before admission, when he was taken with shivering, pain in the left side, cough, etc. He gradually got worse until admission. May 11.—He is very ill; is in a state of orthopnœa; there are loud mucous and sibilant *rôles* over the chest; pulse 102; respiration 36; skin burning hot, cheeks flushed. On auscultation there is found on the right side inferiorly fine crepitation, and above tubular respiration. The expectoration is viscid and red, but scanty. He was ordered to take a mixture containing nitrate of potash, oxymel of squills, ipecacuanha wine in camphor mixture three times a-day, and the compound conium pill of the Guy's Pharmacopœia every night; a blister was also applied to the chest. 16th.—As he was very feeble, he was ordered a pint of porter. 17th.—The physical signs of pneumonia are more marked, bronchophony, tubular respiration; the lower part of the right side of the chest is quite dull on percussion; pulse, 108; respiration, 38; The expectoration is copious. and in part rusty. Diet, wine and eggs, etc. 21st.—The pneumonia has extended upwards, the dulness and bronchophony being in the upper lobe. 23rd.—The physical signs are departing, and the patient is much better. 25th.—Rapidly improving. June 12.—He left the Hospital to-day, but is still rather weak and has some cough. The patient's age and feeble condition, coupled with the old-standing bronchitis, suggested a simple medicinal treatment, with wine and good nourishment.

[Reported by Mr. Gooding.]

Case 4.—*Pleuro-pneumonia—Treatment by Cupping and by Calomel, Opium, and Antimony—Recovery.*—John P., aged 19, admitted on June 2. Four days before, after taking cold, he was seized with a feeling of lassitude, accompanied with headache and vomiting. On the following day he had intense pain in the left side, and rapidly got worse until admission. June 2.—He is now very ill; skin intensely hot, and has an acute stabbing pain under the left nipple, which prevents him taking a deep breath. The left side is scarcely moved during respiration. Percussion, posteriorly, gives rise to pain, and elicits a dull or flat sound; in front the percussion note is clear. No crepitation can be heard, but, posteriorly, well-marked bronchophony and bronchial respiration. The expectoration is viscid and bloody. Pulse 120; respiration 42. The urine is loaded with lithates, and is slightly albuminous, and contains the usual amount of chlorides. The tongue has a thick, yellowish fur; cheeks flushed. Cupping to twelve ounces on the left side of his chest, and a pill containing one grain of calomel, half a grain of opium, and a quarter of a grain of tartar emetic was given every six hours, with liq. amm. acet. 4th.—The patient states that the cupping gave him great relief; he only suffers now a trifling amount of pain on breathing. The other symptoms and signs are much the same. The chlorides in urine are not so abundant as yesterday. 5th.—The cough and expectoration are the same. Pulse 114; respiration 30. 6th.—To take the pills only twice a-day. 7th.—He has now lost almost all pain in the chest. Pulse 75; respiration 18. Tongue beginning to clean. Bronchophony and tubular respirations still audible, but above the scapula, showing that the pneumonia had proceeded upwards. 9th.—To-day he feels very comfortable, though weak. Slight crepitation is heard in the upper lobe of the left lung. To omit the medicine. 12th.—Progressing favourably. 14th.—On examining the chest, although air enters the tissue of the lung, some bronchophony is still present. Expectoration has ceased; the skin is cool, and the appetite good. He was discharged well on the 20th.

[Reported by Mr. Gooding.]

Case 5.—*Pneumonia—Treatment by Sa'ines—Recovery.*—Joseph W., a strong muscular-looking man, aged 33, admitted on May 19. Three weeks before admission he began to feel languid and indisposed for work, but he still continued at his employment as gun-smith until five days ago, when he was seized with rigors, followed by heat and sweating. At the same time he had also cough and vomiting, headache, and a slight pain in the right side. May 19.—His skin is pungently hot, cheeks flushed, pulse 96, respiration 32. He expectorates a thin jelly-like stuff of a dirty brown colour. The breathing is chiefly abdominal, percussion elicits a clear sound on both sides above the nipples, but below the fifth intercostal space on the right side there is dulness. On auscultation, crepitition is heard in the latter region, and above the respiration is puerile. There is increased resonance of voice over the right lung. On the upper lip is a slight herpetic eruption. Chlorides are found to be very deficient in quantity in the urine. Dr. Wilks stated that, although he had no doubt that the patient might do well under the old depletory plan, yet he was satisfied that a milder one would be attended with equally satisfactory results, and therefore merely ordered a mixture of nitrate of potash with ipecacuanha wine. Diet, beef tea and arrow-root. May 22.—The patient has been doing well, his skin is much less hot. The chest still gives on the right side dulness and bronchophony. The sputa is still viscid and dark coloured, pulse 90; respiration 30. May 24.—Much better, the physical signs of consolidation are much less; pulse 78, skin cool and moist, chlorides in the urine. May 26.—Continues to improve, expectoration but slight, voice little more resonant on right side. To have ordinary diet. On May 30 he was walking about the ward, and in a day or two left the Hospital.

THE OPHTHALMIC HOSPITAL.

CASE IN WHICH NO TEARS WERE SHED DURING CRYING.

(Under the care of Mr. DIXON.)

In the following case the evidence appears pretty conclusive as to the fact, that the ordinary act of crying in a child was wholly unattended by the discharge of tears. Such cases are exceedingly rare, and it is therefore worthy of brief record. E. M. R., aged 4, has been under Mr. Dixon's care at the Moorfields Ophthalmic Hospital on account of recurrent attacks of "strumous" ophthalmia during the last eighteen months. Her mother states that the child has never in her life shed tears; although she cries, screams, etc. much as other children. During crying she often sneezes violently and there is considerable discharge of fluid by the nose. At the present time the child is suffering from extreme intolerance of light, without any visible disease of the superficial tunics of the eye. A trial was made in order to determine the amount of moisture poured forth, in which the lids were kept open by the wire speculum. It is well known that in this form of ophthalmia there is usually a most excessive secretion of tears, but in the present instance it was most satisfactorily determined that none whatever flowed. The conjunctiva had not more than its ordinary moisture. While the speculum was in, the child cried and screamed violently but no tears showed themselves. It was therefore clear that the case was not an example of unusually rapid draining off of the tears through the nasal duct.

It may be conjectured in this case either that the lachrymal glands are wholly absent or in an atrophied condition. The child is a delicate one, and the subject of hereditary syphilis; but excepting the usual symptoms during the first six months of infancy, it has not suffered from anything very definitely attributable to this cause. Its parents, both of them, had syphilis about eight months prior to its birth. There does not appear any reason to consider the abnormal state of the lachrymal function as in any way due to the syphilitic antecedents.

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CASE OF PROMINENCE OF THE GLOBES WITH BLINDNESS IN A CHILD—ATROPHY OF THE OPTIC NERVES.

(Under the care of Mr. DIXON.)

C. I., a Jew child, aged 10, was admitted a few weeks ago at the Moorfields Ophthalmic Hospital, with the following peculiar conjunction of morbid changes. She is very puny, and does not look more than five years old. Her intelligence, however, is good. Her aspect very strikingly resembles that of a Swiss crêtin, the skin being flabby, dry, and dusky brown, the forehead protuberant. The arch of her palate is also very high and narrow, a condition which is observed as very common among the patients at the Abendberg Hospital for crêtins. Quite unlike the crêtins, however, she has a very small appetite. Her mother states that she scarcely eats anything, "not more than a baby." Both her eyeballs are very prominent, projecting considerably in front of the superciliary ridges. There is a slight divergent strabismus. She is all but blind, and can only just distinguish light from darkness. There is no external evidence of the eyes having been inflamed, and they are not morbidly hard. The account given is that she could see fairly till she was five years old, but that her globes had been unduly prominent from birth. About the age of five it was discovered that she could scarcely see, and since that time she has been under the care of Dr. Alexander. Atropine having been used, the pupils dilated moderately, but on account of the rolling of the globes, and of her being unable to fix them in any particular direction, it was exceedingly difficult to make a satisfactory examination. The optic entrances were seen to be of a blue white colour, very small, and almost without vessels. The trunks of the vessels crossing them were scarcely larger than lines of cobweb. There were large crescents of black pigment on the inner side. The media were transparent.

It may, perhaps, be feasibly conjectured that in this case the disease is within the cranium. The child, however, beyond the general arrest of development, the prominence of the globes, and the atrophy of the optic nerves, shows no evidence of cerebral disease. She is said to be of hasty temper, but is quite intelligent, and has never had fits. Her parents were not related before marriage, and they have one other healthy well-developed child.

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Medical Times and Gazette.

SATURDAY, JULY 28.

THE STATISTICAL CONGRESS.

On Saturday last the International Statistical Congress brought its annual meeting to a close. It is not the province of a Medical periodical to give any general review of the proceedings of more than the Sanitary Section. Nor, indeed, considering the extent of the topics they comprised, and the variety of matter brought before the other five Sections, have we cause for regretting our incompetence. At least it is safe to subside into the few generalities which the occurrence will everywhere have called forth. After mastering a slight temptation to wonder, which the vague impressiveness of the very name irresistibly suggests, we seem to observe as characteristic of the assembly, a determination to carve new specialities out of the crude mass of accumulated knowledge. "Statistics," which as a science had before possessed rather a hazy and indeterminate existence, even to the most realistic minds, here coalesces into the living and breathing actuality which last week peopled the quiet haunts of Somerset House, and the scholastic precincts of King's College. "Sanitary Science," moreover, hitherto the modest child of Medicine—perhaps not the most favoured of her offspring—boldly assumes the virile toga, starts exulting on its course in the world, and demands no small share of our respect and admiration.

There can, however, be little doubt that such a meeting as that just concluded will bring home to many minds masses of facts and regions of investigation hitherto in the highest degree speculative and unpractical. Nor can we complain that earnest and able inquirers should combine to give the sanction of an authorised Congress to views and labours mostly solitary, and often inoperative on the general bulk of society. The recognised function of the Prince Consort, Lord Brougham, and some others seems now to be that which ancient mythology assigned to Pyrrha and Deucalion; they raise the inert stony weight of some stubborn branch of science, and put it from them swelling with social and political rudiments of vitality. Nor is the secondary influence of such Presidents less useful in giving a scientific status to trades, professions, and occupations which in their earlier stages savour more of art than of theory, more of everyday usefulness than of high aim and ennobling aspiration. Accordingly, round these central suns we see revolving the lesser lights of the firmament. Actuaries, employers of labour, bankers, and agriculturists, with members of the services naval and military, put in their appearance as a protest that they pursue some higher and more speculative end than the mere production and manipulation of the material fabrics and results of their handicraft and business. While the highest of them are elevated by the effort, a no less real impulse is given to the education, the comforts, and the well-being, physical and intellectual, of their subordinates. We cannot doubt that one of the best effects emanating from such meetings is a more powerful enforcement of the doctrine of mutual interdependence between one man and another, and a watchfulness to secure the welfare of all those who in the seemingly heterogeneous jostling of the world are really brought into the sphere of each individual's influence by laws as immutable as those which govern the tides or the seasons.

We hold these views none the less strongly though there may be reason to differ from certain manifestations in which the energy of the Congress has developed itself. In the first place, it is open to discussion how far Medical science belongs to the class of topics really embraced by a statistical programme. Of late years many attempts have been going forward, and with signal success in some instances, to bring a variety of subjects within the domain of precise mathematical reasoning, which were formerly considered to have little in common with it. While we freely admit that the laws governing population, the relations of labour and manufacture, the main problems of agriculture, and even the frequency and character of crime, with some other questions, exhibit a stability and regularity of type only lately unveiled, it seems to us still matter of hesitation how far the method of inquiry which has brought out results in the above subjects is applicable to the elementary facts of Medicine. There is, however, no difficulty in seeing how this alliance has originated. Life Insurance and the official registration of births and deaths have been the connecting links between arithmetic and the less exact results of pathological observation. The former of these rests undeniably on a large comparison of facts, and is receiving daily evidence of its essential soundness by mercantile success, and by the general con-

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fidence of society. But we may be permitted to doubt whether the assumption of a regularity of proportion between population and mortality on which it is grounded is not rather a commercial estimate than a real natural law capable of unlimited theoretical expansion. Convenient generalizations of this kind are not uncommon in the affairs of life, and though they answer a good practical purpose, it is only in the so-called "Statistical Medicine" that we are required to fall down and worship them as objective facts. Perhaps it was a difference of opinion more tacit than formal on these points, which gave to many who were present at the second Section of the Congress a general impression that they were assisting at a performance rather than deliberating in a tentative manner on the truth or expediency of certain hypotheses and propositions hitherto scarcely recognised by universal adoption. For this among other reasons we must enter a protest against the specializing tendency which seems, accidentally or otherwise, to be now endeavouring to cut off from the general domain of Medicine a sanitary and statistical branch. "Hygiene" should always have been, and now really is, a recognised department of that art whose object is Health; and Dr. Guy has recently shown at length in his Croonian Lectures, that the "numerical method" is not inapplicable to the facts of Pathology. But the union must be brought about in each case with care, with a candid and impartial effort after truth, and with an utter insensibility to any of those prejudices, whether clinging to individuals or to a clique, which result in the establishment of a sanitary sect, and would assuredly end sooner or later in injury both to the special object, and to the general Profession of Medicine.

It is therefore, perhaps, fortunate, that the most strictly Medical proposal brought before the Congress emanated from a lady. Miss Nightingale has taken a step in her suggestions for a uniform system of Hospital records which cannot but be highly commended. Not only has she gained a right to speak with authority to Englishmen on any topic of Hospital administration, but she has for some years been in a position to contemplate Medical affairs, *ab extra* indeed, and yet with a most intimate knowledge of their requirements and deficiencies. We sincerely hope that the deep sense of obligation which we can hardly fail to feel for her exertions, as well as the recommendation which the intrinsic value of the proposal itself bears on its face, will induce all members of our Profession to cooperate heartily in carrying out its provisions. With a view of aiding this desirable end, we shall, in a future number, make some comments on the tables and classification which she submitted to the Congress, and on the question of registration generally.

THE WEEK.

We publish in another column a copy of a document which merits the most serious attention of the Profession, as it is accompanied by a letter from Sir Benjamin Brodie, and is signed by a large number—we might almost say *all*—our leading men. We know of no subject of professional interest which has called forth so influential, so general, and so unanimous an expression of opinion. Of course the questions will be raised whether the cost of each patient really is less in the large old Hospitals than in the younger and smaller ones; whether special classes of disease really are treated with equal success in both classes of Institution; whether students have better opportunities for studying particular classes of disease when they are grouped together in large numbers or scattered over a number of distant Institutions; whether the public are equally ready to go to large as to small establishments; and whether the system upon which the Medical Officers to our large Hospitals are appointed is such as secures to the public the very best available Physicians and Surgeons of the day. There are some, also, who may demur to Sir Benjamin Brodie's single exception in favour of "Ophthalmic Infirmaries," and reply that there are very few men in the present day who do limit their attention to any one disease. But however strong the feeling of anyone may be in favour of Small Hospitals, or however firmly he may be convinced that on the whole their advantages overbalance their undeniable objections, he will doubtless think it right to reconsider the question when he learns that an opposite view is supported by such an array of those whose opinions are most entitled to respect as he will see attached to the circular we publish to-day.

The annual "Founder's Day" of the Royal Medical Benevolent College took place on Thursday week, and must have gratified the enthusiastic "Founder" in a manner which went far to repay him for his years of labour. It is given to few men to celebrate their birth-day, as Mr. Propert did his on Thursday, by the contemplation of a great national Institution which will carry on his name to future generations as one who is "known by his fruits." And a rich reward for the labours of one hard-working General Practitioner is this noble College. Its success is surprising even to its most sanguine supporters. Projected only in 1851, the first stone was laid in 1853, and it was opened in 1855 by the Prince Consort. There are now 164 boys in the College, 40 of whom are foundation scholars, and 11 of whom went up to the last preliminary examination at Apothecaries' Hall, the whole of them passing; so that already a school is in operation which supplies to sons of Medical men a liberal education, free to many, and at a low rate to many more. We sincerely trust the Founder will live to celebrate some future "Founder's Day," when his scheme will be seen fully carried out, supporting 100 Medical men or their widows, educating 200 boys, and granting annuities or assistance to distressed members of the Profession or their families. We need not do more than allude to Sir Charles Locock's excellent address to the boys, or to that of the Bishop of Winchester, or to the complimentary speeches after the excellent *dejeuner*. They were all good and encouraging, and we trust the result will be that the whole Profession will unite more cordially and earnestly than ever in the effort to complete the good work so nobly begun and so successfully carried on, and that the report of each succeeding "Founder's Day" may be a chronicle of ever increasing usefulness and prosperity.

Mr. Hopley has been sentenced to four years' penal servitude, having been found guilty of causing the death of his pupil. The cause of the unfortunate boy's death has been somewhat of a mystery hitherto. What transpired at the Coroner's inquest threw little light upon the subject. Mr. P. Hewett's evidence at the trial explained the fact clearly enough. The beating and bruising to which the boy was subjected were incredibly severe. Large quantities of blood were effused into the cellular tissue in all parts of the body; and it would also seem that a considerable quantity was lost from the wound in the leg. It does not appear that in this wound in the leg, an inch deep, injury of any large blood-vessel was discovered; but it seems every way probable that the chief cause of death was loss of blood—the loss, of course, causing death more readily in consequence of the exhaustion of the vital powers which must have resulted from the two hours' savage punishment.

An admirer of Homœopathy desires to draw St. George's Hospital out of its pecuniary difficulties. He offers a large sum—a sort of bribe—to the Governors, if they will only try

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his favourite method of cure. By way of backing his offer, he quotes from Miss Nightingale some words of hers, implying that Miss Nightingale has her head also running in the line of infinitesimal doses. Miss Nightingale objects to this, and repudiates altogether the kind of conclusion which the gentleman draws from her words. We need hardly add that there is very little chance of the offer being accepted. One certain result of its acceptance would, of course, be the resignation of every one of the Medical officers of the Hospital. The delusion aforesaid may spread far and wide among the rich and the weak; but we trust that the day has not yet arrived when any member of our Profession will patiently suffer a Homœopathic colleague to be introduced into his Society. But why does the gentleman bring his money to St. George's? There is his own Special Hospital starving, for all we know, like other charities, for want of funds; why not take his generosity to the proper market? His process reminds one of the sort of wisdom so frequently displayed in other charitable works; for instance, sending glass beads and prayer-books to the inhabitants of Patagonia, and leaving hundreds of thousands of our own countrymen wallowing in a state of filth and ignorance.

A gentleman who appears to have been educated for the Medical Profession, though not in practice, was a few days ago put on his trial, at Lewes, for the manslaughter of his mother. The unfortunate son was most deeply attached to his mother, whom it was alleged he had killed by the accidental administration of an over-dose of prussic acid. From the report of the trial, as given in the journals, we doubt if there is sufficient proof that the lady died from the effects of the prussic acid. She was sixty-one years of age, had long been ailing, and prussic acid gave her relief. Her son gave her, on the occasion of her death, seven drops; she walked up stairs shortly after and died. Now we will venture to assert that there are no just grounds whatever for saying that prussic acid was the cause of death here. Is it possible for an *elderly* person to walk up a flight of stairs after taking a *poisonous* dose of prussic acid? We do not believe it is. But be this as it may, it is certain that, in the absence of a post-mortem examination, it would be utterly impossible to ascribe this lady's death to prussic acid. What more probable, than that after her walk up stairs, she died from weakness—fatty degeneration of the heart? The history of her ailment points clearly in this direction. We do not consider anyone justified in stating his belief that prussic acid was the cause of death in this case, without an examination of the body. The whole of the evidence was so loose—so little was really proved as to the strength of the acid, or the quantity really given,—that the verdict "Not Guilty," was given without hesitation.

The case of Gardner *v.* Harrap, to which we shortly alluded last week, will, we trust, operate as a warning to all "irregular Practitioners," as well as a useful lesson to over-anxious and incredulous patients. The plaintiff was a farmer, residing at Chipping Norton, subject to rheumatic gout, a stiff joint, but no scrofula; and the defendant lives at Brighton, where he is well known for his manipulating and bandaging dexterity in the treatment of spinal complaints, stiff-joints, etc. He is not a Member of the College of Surgeons; but the plaintiff having heard of the reputation which the defendant had acquired as a shampooer, went to him as a last resort in December, 1857, and was under the defendant's treatment until the month of October following, during which period 176 visits were made, but the plaintiff, as the result, was "nothing the better, but rather the worse." The defendant sent in his bill, and not being paid, followed it up by a lawyer's letter; whereupon, the plaintiff consulted his attorney, and by his advice the present action was brought to recover damages for the unskilful treatment the plaintiff had sustained at the hands of the defendant. In answer to the action, it was contended on behalf of the defendant, that the question that the jury had to consider was, not whether the defendant (not being a Medical man) had treated the plaintiff unskilfully, but whether he had treated him according to the best of his skill and ability, and had done his utmost to promote the plaintiff's recovery; that if a man in the defendant's position did his best nothing more could be required of him; that as similar cases to the plaintiff's had been successfully treated by the defendant, he was justified in using the same remedies for the plaintiff's recovery; and that for an error of judgment the defendant could not be saddled with damages. In summing up the case, the judge (Mr. Justice Hill) said, the question which the special jury would have to decide was, did the defendant exhibit the ordinary care and skill pointed out by the law in the discharge of the duty which the plaintiff had voluntarily undertaken? that the case was an important one; and although it was not his custom, he would recapitulate the whole of the evidence to the jury, and concluded:—Now, gentlemen, if you find the defendant did not use ordinary care, skill, and attention, you will find a verdict for the plaintiff; if, on the other hand, you believe he did, you will find for the defendant. The jury then retired, and after half-an-hour's deliberation, returned a verdict for the plaintiff, with £300 damages. In support of these damages, it had been shown that the plaintiff had been at great expense while at Brighton, where it cost him and his family £7 or £8 a-week; that after his return home he was in a very wretched and emaciated state, his leg contracted, and an abscess formed on the shin, and that his profits as a horse-dealer had greatly diminished. It was also shown that the defendant had upwards of twenty patients a-day, and that his charge against the plaintiff, provided he made a cure, would be £2 for three visits. This verdict will, we trust, teach unqualified Practitioners that if they will treat and prescribe for their fellow-subjects they must command an ordinary amount of skill and knowledge for the task; that if they fail of success, and their patients "become rather the worse," they must answer in damages. Patients will also learn that a special contract—"no cure no pay"—is likely to prove anything but a gain. The plaintiff's verdict of £300 damages is but a poor set-off against the expense of his residence at Brighton, and the sufferings he stated he had endured. £116 13s. 4d. is rather a heavy bill for a farmer realising £400 a-year by his horse practice to pay, while £300 damages is not much to pay out of a business which commands twenty patients a-day, paying "£2 for three visits." There will, besides, be lawyers' bills to follow, so that the damages will only form one item in the account on each side. Truly it would have been better for the farmer had he never heard of the shampooer, and for the latter had he never seen the farmer. The lawyers will, however, have reaped a rich harvest out of the case.

A death under chloroform has lately occurred at a Liverpool workhouse, under very singular circumstances. An old woman was placed in the lunatic ward of this workhouse by order of the Surgeon, Dr. Nevins. Mr. Lupton, "student to Dr. Nevins," administered chloroform to her on the 17th inst. as she was very violent. Two days afterwards she was "very violent" again, and Dr. Nevins not being in the house, the Governor was called so see her. The following account we take from the evidence of the "task-mistress" at the inquest:—

"There were several persons present, and an attempt was

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made to get her to bed, which was successful, and she was there held down. The Governor then left the room with the nurse, and went to the surgery, returning in a few minutes. He had a bottle containing chloroform, and some lint. He applied some chloroform to the lint, but witness did not see him administer it to the deceased, her attention being drawn off to the other patient. In about eight or ten minutes after there was a change in the deceased, when the master tailor, who was in the room, said 'She is gone.' Soon afterwards, the tailor clapped the Governor on the shoulder and said, 'She is gone, sir.' The Governor placed his ear to her heart to see if it beat, and then sent for the Doctor. Dr. Wilson was in immediate attendance, and pronounced her to be dead. The Governor had never previously administered chloroform to the deceased or any of the other patients. The person who looks after the lunatics is Jane Kelshaw. Don't know that she had any previous experience of lunatics. The Medical Officer visited the ward every day, and the pupils several times a-day. The Governor was frequently called when patients were violent, but never knew him to administer chloroform before. The deceased had been in the lunatic ward about a week, and was very violent. Was not a lunatic when she came to the house, and had worked about three weeks in the scullery, having previously been in the sick ward. The Governor had been in the house many years, and had great experience. What he did was done to the best of his ability, and with the best intentions. There was no Medical man within a reasonable distance."

An inmate of the workhouse said that she and others—

"Assisted in holding the deceased down on the bed when the chloroform was administered by the Governor on Thursday. She saw the Governor apply the chloroform, and deceased struggled very much, and knocked the lint out of his hand, but he put it to her a second time. The second time the lint was held to the nose of the deceased for about a minute, after which she became insensible, and in ten minutes she appeared to be dead. Dr. Nevins was then sent for. The pupil, Mr. Lupton, was about twenty-two years old. The other pupil, Mr. Bradley, was about the same age. They administered chloroform on the Tuesday to the deceased. Mr. Gough also applied it to Elizabeth Wilkinson. The first time deceased had chloroform she was better next morning. The chloroform also did good to Wilkinson."

Dr. Wilson said he had never authorised a non-Medical man to administer chloroform, nor to judge when it should be administered. The proper administration of it was a question requiring considerable discretion and judgment, and he though he would not have used it to a person dying of maniacal exhaustion. He was present at the post-mortem examination, and was of opinion that chloroform had hastened the woman's death. He did not think that a person suffering from maniacal exhaustion was fit to be placed under the influence of chloroform, but as the deceased had derived benefit from it before he would have had no hesitation in administering it again.

Mr. Nevins, Medical Officer of the Workhouse, deposed that when he ordered the deceased into the lunatic ward he desired chloroform to be given to her in his absence both by his pupil Mr. Lupton and by Mr. Gough, as she was very violent. The administration of chloroform was followed by great relief: in fact, it was the only thing did relieve her. He was present at her post-mortem examination, and was of opinion that chloroform had hastened her death perhaps an hour or two. Mr. Gough had rendered him valuable assistance in many operations, administration of chloroform, etc., during the last seven years, and he considered him a competent person to administer chloroform in this case. Witness had deputed persons to administer it to his private patients when supposed to be near death.

Dr. Ayrton, Surgeon, who made the post-mortem examination, described the appearance of the body both externally and internally, stating that the immediate cause of death was congestion of the lungs, which might have arisen from the administration of a narcotic, from strangulation, or from drowning. Having heard the evidence of the previous witnesses, he had come to the conclusion that the death of the deceased was caused by chloroform. He could not say that the body presented any appearances that would enable him to state that if chloroform had not been administered death would have ensued in an hour or two.

This case is certainly most disgraceful to the Liverpool Guardians. The "Governor" is no doubt a very excellent Governor, but he certainly ought not to have been called upon to perform the duty of a Medical Officer. Proper Medical attendance ought to have been provided for the paupers and lunatics. This miserable parsimony on the part of the Guardians has led to its natural result; and we trust that the terrible lesson may not be lost upon them, but that they will act upon the advice of the Jury, who returned a verdict of "Misadventure," coupled with an expression of opinion that no blame attached to Mr. Gough, he having acted under orders; and recommended that there should be some Resident Medical Officer in the workhouse.

Dr. McWilliam has issued a Report on the Health of the Waterside Officers. As these men constantly imbibe draughts of breezes from the muddy Thames, the state of their health should give an indication of the influence of the river's emanations on the body human. The results of his inquiries lead to the conclusion, that fluvial exhalations, such as those which all of us in London became so well acquainted with during the summers of 1858 and 1859, however noisome and offensive to the senses, do not necessarily produce those forms of disease usually ascribed to malarious origin. "Diarrhœa and cholera," he says, "were much apprehended in 1858, but the former disease was less prevalent than usual, and the latter fortunately never made its appearance;" that is to say, although cholera was imported into the Thames by at least three vessels in the course of the summer, the disease never spread. "This filthy river, therefore, in these two summers, seemed neither capable of generating cholera, nor of forming a soil fit for the germination of the seeds of that disorder when introduced into it." This is certainly satisfactory so far as it goes, but, we suppose, will reconcile no one to the endurance of the aforesaid abominable odours; nor does it prove that stenches of this kind are not injurious to the human body. That they themselves do not produce malarious diseases is readily comprehensible. We only too well know that the subtle agencies which excite the most fatal diseases with which Medical skill has to cope, are utterly unappreciable by any of our senses, aided or unaided. What is the cholera agent, the plague agent, the ague agent? and, in fact, what knowledge have we of the essential nature of a single one of all this class of disease-exciters? We know no more of them than we do of the nature of electricity, of gravity, caloric, etc. We need surely, then, not be surprised that the glaring quality of a stench should fail to produce diseases; for the stench surely may exist—*minus* the virulent subtile essence.

Our readers may recollect that we some weeks ago alluded to a house at Birmingham where (as it would seem) a system of producing abortion was regularly carried on. We find that something of the same kind appears to be going on at Dudley. We read in a journal:—

"According to the statement furnished to us by a correspondent, several young women residing at that place, whose names are Newell, Wheeler, Hunt, and Bond, daughters of respectable parents, finding themselves in a pregnant condition, combined together to procure the means of abortion—a step which has been, it is said, attended with nearly fatal consequences to themselves. They are now seriously ill, and under the care of Dr. Ballenden, of Sedgley. The disclosures made by Sarah Hunt are said to have been of a most shocking description; and she herself is, it is feared, almost beyond recovery. Certain measures are being resorted to in order to neutralise the baneful effects of the irritant taken by the unhappy girls—viz. tincture of the sesquichloride of iron. It appears that, previous to taking this drug, they consulted together, and agreed to employ the same means in each case

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to destroy the results of illicit intercourse. The mixture taken by them is described as being generally known as 'steel drops,' and is said to have been obtained from a chemist of an adjoining place. Miss Hunt is hardly more than seventeen years of age, and, as well as the others, had, up to the fearful discovery, borne a respectable character. She miscarried on Saturday, and the same result is anticipated in the case of the others. Two Surgeons are in attendance, and the girls will be taken into custody as soon as their health permits. There are many disgusting details in connexion with this extraordinary affair which do not admit of publication. The disclosures already made have produced a deep sensation in Sedgley and its neighbourhood."

It would be interesting to know exactly how much iron was taken, as we some months ago published a paper on the danger of giving iron in the early months of pregnancy.

The Epidemiological Society, in a memorial to the President of the Board of Health, complains that small-pox is largely imported into England by immigrants from Ireland, who form a nidus for the spread of disease in the large towns, and likewise disseminate it throughout the country. A recent writer, Dr. P. W. Long, of Kingstown, gives an explanation of the alleged fact—an explanation which will surprise many of our readers, we doubt not. The Memorialists say:—

"Out of one thousand deaths from all causes, there are in England and Wales twenty-one deaths from small-pox, and in some parts of Ireland upwards of fifty; in Sweden, Bohemia, and some of the Italian states, there are not more than two." "The deaths, then, from small-pox in Ireland," says Dr. Long, "are only reduced by somewhat less than the one-half of what they were when the practice of inoculation by small-pox was the custom, and before vaccination was at all in general use, being only just discovered by Jenner."

How comes this excessive mortality from small-pox to pass? Dr. Long attributes the fact to the mode of operation of the Dublin Cow-pock Institution, which was established in 1804, and now receives £400 a-year from Parliament. The grant is a comparatively recent gift; but the charge for lymph is now the same as it was before the Institution received any gift. The Institution "charges two shillings and sixpence for two ivory points of lymph." Here is its public advertisement:—

"Cow-pock Institution, Upper Sackville-street.—Packets of infection, which may be transmitted by post, half-a-crown each. Practitioners and Dispensaries supplied for half-a-guinea per annum, and Union Workhouses, on the application of the respective clerks, supplied for one guinea per annum each. Surgeons of the Army supplied on application to the Army Medical Office, Dublin. Applications for lymph, and communications, prepaid, are to be addressed to the Secretary, Upper Sackville-street, Dublin."

The restricted nature of the operations of the Institution may be gathered from the fact stated by Dr. Long, viz. that—

"In 1858 the National Vaccine Establishment of London issued 43,993 charges of lymph more than the Dublin Cow-pock Institution since its commencement, fifty-six years ago!!"

All we can remark upon these facts is this: that if the case is laid down correctly by Dr. Long, the Medical Profession in Ireland has been excessively lax in not having demanded the reform of so manifestly an ill-managed Institution as this one in Dublin seems to be. The matter is one which interests and affects us personally, in consequence of the asserted large importation of small-pox patients from Ireland. Marylebone, for instance, is a very Irish quarter; and small-pox has notoriously been for some time past remarkably prevalent in Marylebone. Has this defective vaccination in Ireland anything to do with the prevalence? We think, however, that in a case of this kind justice to Ireland should spring from Ireland itself, and might be had without Imperial aid.

"Let me ask my readers," says Dr. Long, "Is not vaccination in Ireland, as at present administered, a perfect mockery?"

The Commissioners of Lunacy, in their Fourteenth Report, just published, inform us that the Government has yet taken no steps to arrest the abominable practice of turning out lunatic soldiers loose in Chatham, in order to get rid of them from the army, and make them chargeable to the parish. One of the men so treated had been twenty-one years in the service! The Commissioners say:—

"In transmitting to the Secretary of State for War the report upon the subject by the Visiting Commissioners, we expressed a strong opinion that the practice of treating soldiers afflicted with insanity merely as paupers was highly objectionable in many respects, and stated our feelings as to the impropriety and hardship, to the unfortunate objects of the experiment, of turning loose insane soldiers in order to try the question of their chargeability as wandering lunatics. We also again urged upon the Secretary of State the expediency of establishing a Military Lunatic Asylum, similar to that provided for the Navy at Haslar Hospital."

At the meeting of the Metropolitan Counties Branch of the British Association held last week, it was unanimously resolved to invite the Association to hold its meeting of 1862 in London. This will be the year of the next great International Exhibition, and no doubt large numbers of Practitioners from the country will visit London on the occasion. This, therefore, would be a most favourable opportunity for holding a meeting here, and no doubt the members of the Association resident in London and its vicinity would gladly seize the occasion—as Dr. Quain stated in proposing the resolution—of showing their appreciation of the exertions of their provincial brethren to entertain them at the various meetings which they have attended throughout the country. We trust this proposal will be favourably considered next week at Torquay.

We have good authority for stating that several eminent counsel, including the Attorney-General, Mr. Bovill, Mr. Roundell Palmer, Mr. Wilcox, and Mr. Cleasby, have given opinions decidedly adverse to the legality of the proposed scheme of the College of Physicians with regard to a new Class of Licentiates. It is thought unadvisable to proceed further in the matter without first obtaining the authority of Parliament.

MARRIAGE IN PARIS.—From a list of 1000 marriages in Paris, taken from the registers of the Etat-Civil, it appears that in 32 of them the bride was between 15 and 16; in 100, from 16 to 17; 219, from 18 to 19; 233, 20 to 21; 165, 22 to 23; 103, 24 to 25; 60, 26 to 27; 45, 28 to 29; 18, 30 to 31; 14, 32 to 33; 8, 34 to 35; 2, 36 to 37; and 1, from 38 to 39.

"IF you examine," says M. Pouchet, "the bodies of animals, who live in our towns, and in our houses, you will be astonished at the enormous quantity of starch contained in their respiratory organs. In birds you will find it even in the middle of their bones. Particles of soot, filaments of the different kinds of textures of which our clothes are made, are also found there in great abundance. But the further the animal lives from a town, the more scarce become these bodies. In animals and birds living in the midst of forests, you will scarcely find any at all of them; in their case the respiratory apparatus is, on the contrary, filled with a large quantity of vegetable *débris*, chlorophylle, etc. I have found in the lungs of man the same atmospheric corpuscles as in animals. I found in two persons who died in one of our Hospitals—a man and a woman—and whose lungs I injected, a notable quantity of fecula, normal, or after panification, particles of silica, and fragments of glass; fragments of painted wood of a beautiful red colour; *débris* of clothes, and a larva of a microscopic arachnis still alive."

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SPECIAL HOSPITALS.

We, the undersigned, are of opinion that much detriment to the public and to the Medical Profession arises from the modern practice of opening small Institutions, under the name of Hospitals, for particular forms of disease, in the treatment of which no other management, appliance or attention is required, than is already supplied in the existing General Hospitals.

The practice is injurious, First, because in the maintenance of numerous small establishments the funds designed for the direct relief of the sick poor, are wasted in the useless multiplication of expensive buildings, salaries, and Hospital appliances, and in the custom of constantly advertising to attract public attention.

Secondly, because the public is led to believe that particular classes of disease can be more successfully treated in the small special institutions than in the General Hospitals, an assumption directly contrary to evidence; the fact being that the resources of the General Hospitals are in every respect superior to those of the special Institutions alluded to.

Thirdly, because it is essential for the interests of the public, with a view to the efficient education of students preparing themselves for the practice of the Medical Profession, that all forms of disease should, as far as possible, be collected in the General Hospitals to which Medical Schools are attached.

As an example that the evil referred to is increasing, we regret to observe that an attempt is being made to set on foot a Special Hospital for the Treatment of Stone and Diseases of the Urinary Organs. We desire to express our opinion that such an Institution is especially unnecessary; the existing General Hospitals provide ample accommodation for the treatment of all these maladies; *no case is ever refused admission into them;* there are no diseases which receive more care, attention, and skilful management; and there are no men in this or any other country who have greater experience in treating them than the Surgeons of our General Hospitals.

Signed by

Sir Benjamin C. Brodie, Bart.,
President of the Royal Society.
Joseph H. Green, F.R.S.,
President of the Medical Council.
Thos. Mayo, M.D., F.R.S.,
President of the Royal College of Physicians.
J. F. South,
President of the Royal College of Surgeons.
James Moncrieff Arnott, F.R.S.,
Late President of the Royal College of Surgeons.
Sir Charles Locock, Bart.,
Physician Accoucheur to the Queen.
P. M. Latham, M.D.,
Physician Extraordinary to the Queen.
Thomas Watson, M.D., F.R.S.,
Physician Extraordinary to the Queen.
W. Gibson, M.D., C.B.,
Director General of the Army Medical Department.
Sir John Liddell, C.B., F.R.S., M.D.,
Director General of the Navy Medical Department.
Sir J. Ranald Martin, C.B., F.R.S.,
Physician to the Council of India.
B. G. Babington, M.D., F.R.S.,
President of the Epidemiological Society.
Sir Charles Hastings, M.D.,
President of the British Medical Association.
J. H. James, Esq., F.R.C.S.,
Consulting Surgeon to the Devon and Exeter Hospital.
J. A. Symonds, M.D.,
Consulting Physician to the Bristol General Hospital,
and many others.

The following Letter accompanied Sir Benjamin Brodie's Signature.

Broome-park, Betchworth, Surrey, July 16.

Dear Sirs,—Agreeing in the views expressed in the paper which you have sent me, I am happy to add my signature to it.

An exception, indeed, may be made, on grounds which meet with the general concurrence of the Profession and the public, in regard to Ophthalmic Infirmaries. Otherwise it seems to me that there are very great objections to the establishment of Special Hospitals for the treatment of particular diseases.

First.—Diseases are generally so connected with each other, and a knowledge of one is so necessary to the right understanding of another, that no one who limits his attention to any given disease, can be so competent to investigate its nature, and to improve the method of treating it, as those who have a wider field of observation, and who are better acquainted with general pathology.

Secondly.—The effect of establishing Special Hospitals and Infirmaries is to abstract particular classes of disease from the general Hospitals, and thus to prevent the students of those Hospitals from having the opportunity of studying certain branches of their profession, an acquaintance with which is necessary to make them useful Practitioners afterwards.

Thirdly.—The system of establishing Special Hospitals, which now prevails, is a source of much unnecessary expense to the public; each one of these, however humble it may be, requiring a separate house, and a separate establishment of matron, nurses, and servants. At least two-thirds of the expense thus incurred would be saved, if the patients who are there admitted were sent to the existing General Hospitals instead; and it cannot be said that in these last there is no room for their reception, there being several which are languishing for want of funds, with their wards empty because the means of supporting them have been drawn away to other Institutions.

I am, dear Sirs, yours truly,
Benjamin C. Brodie.

To the Members of the Deputation appointed by the Representatives of the Medical Staffs of General Hospitals.

QUESTIONS FOR EXAMINATION OF ASSISTANT-SURGEONS IN THE ARMY.

The new Rules for the Examination of Assistant-Surgeons in the Army previous to promotion are now in operation, and the following are the questions given to several of the Senior Assistant-Surgeons on the 10th inst.

A. July, 1860.

1. What part do you assign to temperature among the causes of disease? What are the chief diseases usually ascribed to—

a. Excessive heat.
b. Extreme cold.
c. Great and sudden changes

from heat to cold, and the reverse? How would you treat those several diseases?

2. State what opinions your own observations have led you to form with respect to the effects of diet on the health of soldiers. Discuss particularly the questions of the influence of alcohol when taken in large and in moderate quantities.

3. What are the chief diseases of the heart you have had to treat since you entered the army? What were the symptoms of those diseases, how did you treat them, and what was the result? Enter minutely into the causes of those diseases in the men under your care. What share had the military duties in their production? State precisely any means of prevention that you could recommend.

4. Describe concisely the symptoms, *post-mortem* appearances, causes, treatment, and complications of dysentery.

5. What do writers mean by the term "Typhus of armies?" Discuss fully the questions of diagnosis and etiology connected with this term.

6. An attack of cholera occurs in a large town close to the barracks where you are stationed. The Commanding Officer requests you to frame such precautionary measures as can be adopted without quitting the barracks. What would be your list of recommendations?

7. You are applied to by the Engineer Department to state how much water will be required for an Hospital of 500 men; it being understood that the supply must be sufficient for cooking, washing, bathing, and cleansing sewers. At the same time, a bottle of water is submitted for your opinion as to its quality. What would you reply to the first question, and how would you judge of the second point?

8. You are required to organise a Field Hospital for 300

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men, tents only are allowed, but these you can have in any number, no sewers can be made. How would you arrange, ventilate, and furnish the tents? How would you organise your kitchen and dispensary? And what would be your arrangements for the removal of excrementitious matters?

B. July, 1860.

1. Describe the operation of resection of the elbow-joint; and briefly the chief cases of injury and disease for which it is appropriate.

2. What regulations have you seen enforced for the prevention or diminution of venereal disease among soldiers? If they have been unsatisfactory, how would you improve them?

3. What are the most frequent complications that arise during an acute gonorrhœa? Name not less than five: describe them, and state the best means for their prevention and cure.

4. For what injuries in the lower extremity produced by musket-balls, and for what consequences of such injuries, would you amputate, supposing the patients to be previously healthy soldiers?

5. In cases of punctured wounds of limbs, from which blood is no longer flowing, what would lead you to believe that a principal artery is wounded? In such belief what would you do?

6. Write the articles, and quantities of each, contained in the "low diet," "half diet," and "entire diet" of the Hospital Regulations.

7. State the best means for detecting the deceptions of those who pretend either blindness of one or both eyes, or deafness of one or both ears, or stiffness of a joint (say the elbow), or paralysis of an arm or leg.

8. A man is found insensible, How would you ascertain whether the insensibility be due to injury of the head, drunkenness, apoplexy, poisoning with opium, or exhaustion through want of food?

9. Describe the characters and tests of the following deposits in urine: lithic acid, triple phosphate, oxalate of lime, mucus, pus.

C. July, 1860.

1. Describe in their proper order, as displayed in dissection, the parts situated on the anterior aspect of the fore-arm, including the bend of the elbow.

2. Describe the parts concerned in femoral hernia, and the anatomical conditions distinctive of that form of rupture.

3. Describe the minute anatomy and the functions of the kidney, noticing the sources whence the principal elements contained in its secretion are derived.

4. Describe the membranous portion of the male urethra, its form, relations and structure.

5. From what parts of what kinds of plants is quinine procured? Describe, in general terms, the method of extracting the alkaloid; mention the plants that afford the best substitutes for quinine.

6. Enumerate the principal entozoa which infest the human subject, and state what you know of their habits.

7. Which is most nutritious: rice-flour, or pea-flour? Upon what do their relative qualities as articles of diet depend?

8. Enumerate the principal animal and vegetable oils; state the sources whence they proceed; and distinguish the volatile, fixed, and irritant.

It is always an agreeable duty for the Medical Journalist to record any expression of gratitude on the part of patients to their Medical attendants. We have much pleasure in stating that Dr. King, for many years in practice in Hackney-road, has just received a legacy of £100 and a valuable ring from a lady who had been a long time his patient. The family has since added to the bequest, by the presentation of a microscope of the value of 100 guineas.

Queen's University in Ireland.—At a meeting held on Saturday the 21st inst. the following gentlemen were elected Examiners for the ensuing year in the subjects connected with Medicine:—Chemistry, William Barker, M.D.; Anatomy and Physiology, Professor Croker King; Zoology and Botany, Professor Dickie; Medicine, Samuel Gordon, M.B.; Surgery, William Colles, M.B.; Materia Medica, and Medical Jurisprudence, Rawdon MacNamara. F.R.C.S.I.; Midwifery and Diseases of Women and Children, Professor Churchill.

PROCEEDINGS OF THE SANITARY SECTION OF THE INTERNATIONAL STATISTICAL CONGRESS.

The great week of this Congress deserves a fuller record than we have already given of its proceedings. We therefore furnish such an abstract of the papers read in the Sanitary Section, and of the discussions to which they gave rise, as may at one view record the contributions to Sanitary Science which have been given by its members, whether home or foreign. The papers announced in the programme at the opening of this Fourth Session were, On General Sanitary Statistics, by Dr. Farr; On a Uniform Scheme of Sanitary Statistics, by Dr. Sutherland; and On the Statistics of Hospitals, by Miss Nightingale. Additional topics were announced: by Dr. Jarvis, On a Uniform System of Reports in Lunatic Asylums; by Dr. Milroy, On Simultaneous and International Registration of Epidemics; by Mrs. M. A. Baines, On the Statistics of Wet-nursing; by Sir David Brewster, On Colour-Blindness.

Taking these subjects in the order in which they were entertained in the Section, we notice first the paper of Miss Florence Nightingale, "On the Method of Reporting Hospital Statistics," read on Tuesday, the 17th inst., and to which we briefly referred last week. In this paper it was proposed that each Hospital should tabulate its annual work according to "diseases," "ages," "sexes;" and that under each disease should be shown,—1. The numbers remaining at the beginning of each year. 2. The numbers admitted during the year. 3. The numbers cured. 4. The numbers discharged incurable, unrelieved, or at their own request. 5. The deaths. 6. The duration of cases. 7. The numbers remaining at the end of each year. The forms prepared for collecting this information, and submitted to the Congress, had been already tried in several Hospitals, and the results were considered sufficient to show how large a field for statistical analysis and inquiry would be opened by their general adoption. They were considered sufficient to ascertain the relative mortality in different Hospitals, as well as of different diseases and injuries at the same and at different ages, the relative frequency of different diseases and injuries among the classes which enter Hospitals in different countries, and in different districts of the same country. They would enable us to ascertain how much of each year of life is wasted by illness,—what diseases and ages press most heavily on the resources of particular Hospitals. For example, it was found that a very large proportion of the limited finances of one Hospital was swallowed up by one preventible disease,—rheumatism,—to the exclusion of many important cases or other diseases from the benefits of the Hospital treatment. It had been shown that most of the cases admitted to the Hospitals, where the forms have been tried, belong to the productive ages of life, and not to the ages at the two extremes of existence. The paper stated that the relation of the duration of cases to the general utility of an Hospital has never yet been shown, although it must be obvious that if, by any sanitary means or improved treatment, the duration of cases could be reduced to one-half, the utility of the Hospital would be doubled, so far as its funds are concerned. The proposed forms would enable the mortality in Hospitals, and also the mortality from particular diseases, injuries, and operations to be ascertained with accuracy; and these facts, together with the duration of cases, would enable the value of particular methods of treatment and of special operations to be brought to statistical proof. The sanitary state of the Hospital itself could likewise be ascertained. The statistics of rare diseases and operations are still very imperfect; but by abstracting the results of such diseases and operations from the tables after a long term of years, trustworthy data could be obtained to guide future experience. The proposed Hospital forms were all alike, differing only in the headings, which it is proposed shall be those given above. The nomenclature is the one agreed to at the Paris meeting of the Congress, and the classification is essentially the same as that used by the Registrars-General of the United Kingdom, with a few modifications to include rare diseases, tumours, etc.

This paper was submitted to discussion, and became the subject of an animated and interesting debate. Dr. Berg, of Stockholm, pointed out the additional desideratum of distin-

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guishing between the number of diseases and the number of diseased persons. In his Hospital he had registered in a given period 1925 diseases, occurring among 1729 diseased persons, and while the period of duration for disease was only thirty-one days, that for the individual patients averaged thirty-four days. Dr. NEUMANN observed that this important distinction mainly resolved itself into a distinction between those persons who were admitted ill, and those who fell ill during their stay in the Hospital. Statistics so prepared would have the advantage of distinguishing between healthy and unhealthy Hospitals. It was further suggested that the diagnosis first made on the admission of a patient into the Hospital was frequently changed, and it was thought that special reference needed to be made to the propriety of inserting this changed diagnosis into the table. One speaker gave a very important caution as to the necessity of remembering that the Medical statistics of an Hospital are made by Physicians and Surgeons, and that, in order to interest them in the work, the tables must be constructed with reference to their Medical and scientific value, no less than to the vital and economic results. Thus, the period of duration of disease would have little scientific interest if it were counted from the day of the patient's reception into the Hospital; but in order to afford interesting results, the date of the commencement of the disease itself must be taken as a starting-point. Lord SHAFTESBURY, Dr. SANDERSON, and other speakers, insisted on the propriety of adding a column for entering the locality in which the patient had resided, as this might be an important means of directing attention to particularly unhealthy spots, and, as it were, publicly gibbeting them. Again, it was suggested that the times of year should be noted in each case. Dr. VARRENTRAPP, though acknowledging the necessity of making a distinction between diseases and diseased persons, did not approve of making two statistics, which would be an unnecessary and useless labour. He said, "Out of one hundred cases of typhus fever there may be fourteen who will have a different disease; you must see what the second disease is, or you will not have any particular result." He thought it important to give the day of entrance into the Hospital. He agreed with Dr. Neumann as to the importance of giving the result of typhus, that on such a day came the crisis, on such a day you bled for the last time, and that on a certain day the patient left the Hospital cured. He thought that transferring from one part of the Hospital to another should be avoided unless one disease had been cured and another had commenced. He said, speaking of his own Hospital, "If a patient goes in with a broken leg, I dismiss him after a lapse of a certain time with regard to that, and enter him the same time in another part of the Hospital for the itch or whatever his other complaint may be." He thought the diagnosis was often published prematurely, observing, that "you may think that in the beginning you have a case of typhus fever, which, after a few days turns out to be a different disease." It is not always the case that in those months in which the greatest number of cases occur that there are the greatest number of deaths, but there are months in which the disease occurs more seldom and the deaths are more numerous. He would therefore wish the ages and the months to be marked. From observations made in about 1800 cases of pneumonia, he was disposed to think that it was more frequent in January, during the severe cold, among the old, and in March, when the rough winds were prevalent, among the young. Mr. ERNEST HART called the attention of the Section to the fact, that while in-patients supplied only a small minority of the diseases treated at Hospitals, the diseases of out-patients had been statistically neglected. Dr. SANDERSON confirmed the account of an experiment successfully made to test the possibility of registering out-patients. Dr. ILIFF asked that meteorological statements should accompany the tables, and that the local conditions of the Hospitals should also be noted. Dr. TRIPE referred to the doubts which might arise as to the registration of the actual cause of death where more than one disease existed, and where consecutive diseases occurred. Dr. GREENHILL suggested the propriety of collecting, at the same time, the economic statistics of each Hospital. The PRESIDENT remarked on the interesting character of the discussion, and requested that the gentlemen who had submitted distinct propositions to the Section should prepare resolutions on each subject, which should be collated by the Secretaries, and put to the vote the following day. After much discussion on various collateral subjects, the paper of Miss Nightingale was adopted by the Section, and it was resolved to make its recommendations known to the different Governments.

The proposals for a Uniform System of Sanitary Statistics were embodied by Dr. SUTHERLAND in fifteen propositions, referring to the influence of age, sex, occupation, locality, climate, and general sanitary condition or mortality, the proportions to be embodied in tabular forms. These forms would include the conditions under which the populations of any particular town or district may be placed as to local climate, soil, drainage, paving, area occupied by the population, with the facilities for external ventilation afforded by the structure or position of the town. The length of streets with the breadth in relation to the height of houses, and their internal condition as regards repair, cleanliness, light, ventilation, and cubic space for the inmates; also water supply, its nature, quantity, and amount. The statistics of food, drink, and their consumption; the classification of trades and occupations influencing health, and the statistics of interments. These proposals were adopted, subject to certain additions as to the sanitary statistics of Hospitals, schools, drained and undrained houses, common lodging-houses, and sleeping-rooms.

On the subject of Dwellings Provided for the Labouring Classes, and adapted to their requirements by Societies, etc. Dr. GREENHILL proposed a series of inquiries relating to the influence they exert on sanitary interests, and also their cost and value as investments. These inquiries were to embrace the occupation of the inmates, including the mothers, and the number of children attending school. Dr. BALLARD suggested that the inquiries should refer also to class, and the proportion of Irish occupants. These recommendations were also adopted.

On the fourteenth proposition, for a classification of trades, etc. it was doubted whether the proposition referred to the influence which trades exert over the sanitary condition of a neighbourhood, or on the persons engaged in them. Dr. SUTHERLAND was not prepared to propose a scheme on the latter point. Dr. BALLARD suggested a method, which he handed in, and which was referred to a Committee, who adopted it on the next day, with a few modifications, leaving it as follows: —That any scheme for the classification of occupations, trades, businesses, and manufactures, having regard to their influence upon the persons engaged in them, should be based upon their character as respects the following points:—1. Whether they involve severe or moderate bodily exertion, or the reverse. 2. Whether they are carried on in the open air, or in shops, warehouses, offices, or other confined places. 3. Whether they involve exposure to vapours or miasmata of any kind, or to any kind of dust (including all those usually deemed unhealthy from these causes). 4. Whether they involve the maintenance of a constrained posture or any local pressure. 5. Whether they involve an unusual amount of exposure to the weather, to heat or cold, or sudded alternations of heat and cold. That in respect of trades, etc., the distinctions of Master and Employed should be recognised. That the following should be the primary divisions of the classification:—I. Persons of rank or property, including manufacturing and trading capitalists. II. Persons in learned professions, or persons practising superior arts. III. Persons actually engaged in the defence of the country, specifying rank and particular occupation. IV. Persons engaged in the mercantile marine, or otherwise on the sea, rivers, or canals. V. Individuals personally engaged in occupations, trades, businesses, and manufactures, or other employments not embraced in former sections. (1.) Involving severe bodily exercise. (2.) Involving moderate bodily exercise. (3.) Not involving bodily exercise.

Dr. FARR's paper "On General Sanitary Statistics" embraced a plan for determining the sanitary condition of the population of all civilised states. Its ten propositions included:— 1. The sanitary condition of each nation, and of each circumscription, such as, district in England—*arrondissement* in France, should be distinctly exhibited. The rate of mortality per 1000, over a series of years, should be determined. 2. The mortality, the mean lifetime (*vie moyenne*), and the fatal diseases of each population should be determined for the whole people, and for (*a*) the healthiest districts; (*b*) the unhealthiest districts; and (*c*) all the considerable cities. For this purpose, life tables should be constructed. 3. At the

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census the numbers suffering from the chief infirmities, and diseases which disable people from following their ordinary occupations, should be ascertained. The numbers sick in Hospitals, their mortality, and the duration of their illnesses, should be investigated; and, wherever it is practicable, the investigation should be extended to other classes of the population, and notably to the members of all Friendly Societies. 4. The stature, the weight, the strength, the working power, and the intelligence of the people, are indications of health, which should be explored in groups of the population at each age, wherever that is practicable. 5. Among the causes which are found to have the greatest effect on the health of the people, are the soil and climate, the air breathed, and its various impurities, crowding of persons and buildings, food and drink, the action of mind and muscular effort, or exercise and labour. In investigating the causes, the effect of varieties of habitation, density, proximity, elevation, latrines, income of the population, should be therefore especially investigated. 6. Occupations have a marked influence on the health of the people; and it is found that by practicable modifications trades most injurious to health can be made comparatively innoxious. The Section, therefore, recommends a special inquiry in every State into the effect of the principal occupations of its people on health. To secure uniformity, the forms of which examples are given, as applied to the miners of England, are recommended for adoption, with such others as circumstances may suggest. 7. The Section strongly urges upon the Congress the expediency of appointing Health Officers, and adopting the most effectual measures to secure the publication of their periodical reports among the people of each locality, showing the state and progress of their sanitary condition. 8. They suggest that in every State quarterly returns should be published of the marriages, births, deaths, and prevailing epidemics of every district, and as far as possible of each class, as well as annual returns of the deaths and fatal diseases at each quinquennial period of life. The tables should in all cases be accompanied by popular and scientific reports. 9. In large cities, weekly tables, such as those of London, should be published. 10. In this manner the sanitary condition of each part of the population will become known; and measures which may be discovered to be efficacious in one country may be applied in all others; so the health of the human race will be improved, and each nation will get its full share of the benefit. The Section cordially adopted Dr. Farr's recommendations, with one or two slight modifications involving the more frequent publication of certain reports than was recommended in Dr. Farr's paper. Mr. Hart proposed, as an important addition, that returns of sickness should be furnished in a manner similar to the returns of mortality. He called attention to the very valuable returns of sickness which for some time were published by the General Board of Health, having been prepared by the Metropolitan Medical Officers of Health, at considerable expense to themselves, and regretted that financial considerations should have induced the Government to discontinue their publication. Dr. Ballard observed that the importance of such a publication could not be over-estimated; and the withdrawal of the Government aid in this matter had been a source of great discouragement to the Health Officers of the Metropolis. Returns of mortality by no means furnished an accurate means of estimating the relative prevalence of diseases, as their fatality varied, not only *inter se*, but at different seasons. These views were supported by Dr. Tripe and other members of the Section, and it was determined that a recommendation to this effect should be made to the British and Foreign Governments.

The paper by Mrs. M. A. Baines, "On Wet-nursing," read by Dr. McWilliam, opened with the statement that out of 100 children in Paris suckled by their mothers the deaths are 18, while of those wet-nursed they are 29 per annum. Besides the mortality among children of mothers belonging to the middle and upper classes, it may be fairly assumed that the children of wet-nurses form a very large proportion of those who die prematurely from this custom, whether those deaths are recorded as caused by "want of breast-milk," or classed under "convulsions," or any of the numerous disorders arising out of ignorant management or wilful, *i. e.* culpable neglect. It is not an uncommon occurrence for the name of one child to be on the books of two, three, and even four Burial Societies; where this is the case, suspicion must naturally be attached to the motive of the parent, parents, or nurse; and when death occurs under such circumstances, investigation should take place as to the cause, and a *reliable* Medical certificate be obtained. It would be interesting and important to know—in connexion with the present subject—how many of the mothers of "still-born" children follow the occupation of wet-nursing, *i. e.* how many had decided upon taking up that vocation before the birth of the "still-born." For the consideration of the Sanitary Section of the Congress, a few practical suggestions were offered relating to some simple means by which very valuable, if not complete, information might be attainable:—1. Members of the Medical Profession in Obstetrical practice might be recommended or required to keep notes with reference to the number of their patients who employ wet-nurses, the fate of the infant so reared, and that of the woman's child: this information should embrace the first twelve months after birth, supposing the children to survive so long. 2. The Medical Officers of Health in each district might undertake the duty of collecting the information desired, so that they might furnish to the Registrar-General the necessary figures and facts. 3. The Registrars in the various districts and provincial towns might be instructed to obtain the number of children who die under one year old; such children having been consigned to a wet-nurse, or discarded by its mother to enable her to do duty as a wet-nurse. It is a fact to which the Secretaries of Burial Clubs can testify, that many of the infants entered on their books, and who die prematurely, are the children of wet-nurses put out to "dry-nurse," and are thus made use of as the victims and innocent agents of a profitable speculation by their ostensible but inhuman "guardians." Dr. Ballard called attention to the fact that England is almost the only country in which still-births are not registered. He complained that the Health Officers were not officially entitled to communicate with the Coroner on the subject of suspicious deaths, and that this important duty was left wholly to the discretion of an ignorant beadle. Three deaths of infants were registered from one house in his district within a fortnight as occurring from hydrocephalus,—a disease of such rarity that no Medical man could credit the record. He strongly suspected that these deaths were caused by opium in some of the forms employed by the lower classes for quieting children.

Dr. Milroy's paper "On the International Registration of Epidemics," proposed an inquiry which has not yet been attempted—the notation and record from year to year of some of the principal epidemics in the different countries of both hemispheres. The researches of inquirers having to the present time been necessarily confined to their own country, and often only to one division of it, it is obvious that unless like researches are being carried out simultaneously in other countries, contiguous and more remote, some most interesting problems of epidemiology—such as the migratory course of certain epidemics, their recurrence at irregular intervals, their subsidence at one time, and their re-appearance at another—can never be hoped to be elucidated. It is worthy of note that the last sixteen or eighteen years have afforded some most remarkable illustrations of the kind. What has been done of recent years with so much advantage by the synchronous observation and record in different regions of the phenomena of meteorology, magnetism, and other branches of the physical sciences, might probably be undertaken with similar benefit by the registration on the same plan of epidemic statistics. From the aid which the Earl of Shaftesbury gave to the Committee, a large amount of valuable data respecting recent epidemics in most parts of the world have been received through the Foreign and Colonial Offices, and from the Medical Departments of the Army and Navy. The institution from this time of a systematic annual record of certain epidemics occurring in the various countries represented at this Congress would be the means of obtaining such diversified information as when collated at the next meeting of the Congress might serve to throw much light on the natural history of that class of diseases, and lead to results useful alike to science and humanity. Epidemic storms may yet be traced and indicated in much the same way, and with like beneficial results, as ordinary meteoric storms have been of recent years by Sir W. Read and other good observers. The diseases to which attention is called are typhus and typhoid

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fever, intermittent and remittent fever, yellow fever, cholera, dysentery, influenza, small-pox, and perhaps also scarlatina and diphtheria, with other forms of malignant sore-throat. The points in their history specially deserving to be noticed are—1st. The period of their commencement; 2nd. The total number of deaths and, as far as possible, of attacks; 3rd. The general sanitary topography of the towns and districts; 4th. The precursory state of the public health for one or two months; 5th. The rate of the last epidemic, and also the extent and fatality of that invasion, with the present one, so that a comparison might be made between them. Dr. McWilliam stated that yellow fever had of late years shown itself at altitudes and in latitudes never before invaded, and observed that it was not impossible that England may some day be visited with this scourge. He recommended that some responsible person should in all ports note the first occurrence of this disease and of cholera, recording the first case and the conditions under which it appears. Dr. Delany, a coloured gentleman from Canada, made some important observations on the spread of cholera. Dr. Neumann referred to leprosy or of spedalskhed, by which term it is well known in Sweden and the northern countries of Europe. He stated that Dr. Virchow, of Berlin, was engaged in making inquiries on this subject, and suggested that the disease may also occur in the northern parts of Scotland and the Scottish islands, and begged that inquiries might be made on this point.

Sir David Brewster, in a note to Dr. Farr, suggested that returns regarding Colour-Blindness, and certain diseases of the eye, such as conical and cylindrical cornea, etc., should be obtained by the Section. He had intended to submit a paper On the Influence of Light as a Curative Agent, and On the Development of Animal Life, which he was unable to complete in time. His wish was to call attention to the method of throwing light into the windows of houses in narrow streets and lanes, where hundreds of human beings in the principal cities of Europe carry on their occupations, in what seems, to a stranger, almost total darkness.

Professor Simonds brought before the Section the importance of ascertaining the extent and fatality of epizoötic and other diseases among the animals that are ordinarily used as food, which could be easily carried into effect by the appointment of Veterinary Surgeons or other officers in the various countries represented in the Congress.

Dr. Jarvis, of the United States, recommended that the superintending officers of Lunatic Asylums, in all countries, should publish their Reports on a uniform plan.

Dr. Neumann, of Berlin, read a paper "On the Prevalence of Cholera in Prussia, from 1831 to 1855," which was illustrated by the exhibition of three maps specially designed to show the origin and progress of the disease in that country, and which were very highly appreciated by the Section.

Dr. McWilliam proposed, and it was recommended by the Section, that the various Governments represented by delegates should adopt a uniform method of obtaining statistical information as to the Health of Seamen engaged in the Mercantile Marine.

The business of the Section then concluded.

The Lecturers of St. Mary's Hospital Medical School, a few weeks ago, presented to their late Honorary Dean, Mr. Spencer Smith, a handsome inkstand, as a token of their gratitude to that gentleman, for his unwearied exertions in the cause of the School, from its first opening to the present time. On Saturday last, Mr. S. Smith received another gratifying token of good will from the students of the School, past and present, in the shape of a very beautiful piece of silver plate.

Extensive Poisoning by Mussels at Tralee.—It appears that on Friday, the 20th instant, the ship-canal having been emptied, a woman belonging to the town picked up some mussels which she found at the bottom of the basin. She distributed them among her neighbours, and during the night twenty-one persons who had eaten of them were attacked with symptoms of having been poisoned. Three children have died, and, by the latest accounts, six individuals still continued in imminent peril. The rest were considered to be out of danger. Eight of the twenty-one persons attacked were adults. They were all of the labouring class.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON DIPHTHERITIC PARALYSIS.

By Professor TROUSSEAU.

The following are some of the observations made by M. Trousseau during a clinical lecture delivered at the Hôtel-Dieu.

The subject of the lecture was a woman who, having been recently confined, contracted diphtheria from a patient in a neighbouring bed. Alum insufflations, and applications of hydrochloric acid, were resorted to, with the effect of removing all diphtheritic exudation. Already on the 10th day, however, she spoke markedly through the nose, and deglutition was very difficult, and was accompanied by nasal regurgitation. A notable proportion of albumen was also found in the urine, indicating the rapid degeneration of the local into a general affection. The paralytic lesion of the pharynx kept increasing, so that by the 25th or 30th day the woman could no longer swallow, and was like to have died while trying to take some solids. About the 40th day some improvement in this respect took place, but now numbness of the hands and feet was observed, as well as defective pronunciation from imperfect movement of the tongue. By the 50th day progression had become uncertain, and general nervous symptoms, chiefly consisting in delirium and convulsions, set in. The worst apprehensions were now entertained; but musk having been administered some improvement took place. So considerable, however, was the paralysis, that the patient could not raise herself without the assistance of two nurses. The bladder was also affected during two or three days, but not so the rectum. With this paralytic condition complete anæsthesia coexisted, the patient remaining absolutely insensible to pricking with needles. At the present time (150th day) the symptoms have so ameliorated under the use of syrup of sulphate of strychnia, that the patient can now get in and out of bed easily, can knit a little, and is able to distinguish between wool and cotton by the touch. No disturbance of visual powers has taken place, although during six weeks enormous quantities of albumen have been found in the urine. One circumstance worthy of note is the remarkable alternations which were observed,—sometimes one limb, and sometimes another, being affected to-day and well to-morrow, to again become suddenly bad again, and so on; and as this is of common occurrence in diphtheritic paralysis, we may justly conclude that the lesion of the nervous centres is not of a very grave character.

Is diphtheritic paralysis a new disease? Those of my hearers who commenced their studies some years ago, must have become struck with the sudden predominance of new pathological conditions. During the last thirty years we have seen several of these so-called new diseases, such as Bell's disease, or facial paralysis; Bright's disease, or albuminuria; leucocythemia, or Virchow and Bennett's disease; endocarditis, or Bouilland's disease; affections of the suprarenal capsules, or Addison's disease, etc. etc. Since the period when Calmeil published his admirable work on epilepsy, how common has this terrible neurosis become, while forty or fifty years ago it was comparatively a rare affection. Thirty years since the cholera was unknown in English and French India. The plague still so common in certain regions, tends to completely disappear in others. Variola, pertussis, and scarlatina, which at a very remote epoch prevailed in great intensity, and later had almost disappeared, have been in their turns as new diseases. M. Broca, while *interne* to Blandin at the Hôtel-Dieu, never failed, when examining the bodies of those who died of purulent infection, to detect suppuration of the veins. He states, however, that at the present time he finds such phlebitis quite an exceptional occurrence. At the beginning of 1859, M. Delpech observed an epidemic of puerperal fever at the Maternité, in which suppurative fever was the marked characteristic, pus being deposited in the veins and as metastatic abscesses, while there was scarcely any pain in the hypogastrium. In another epidemic, at the end of the year, on the contrary, it was puerperal peritonitis which carried off

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the patients. In Medicine as well as in Surgery there are peculiar physiognomies of diseases; one revolution, the intimate essence of which escapes us, brings them on, another dissipates them, and a third re-establishes them.

As to diphtheritic paralysis it is probable that it has never been so prevalent as within the last two or three years. M. Trousseau has performed the operation of tracheotomy successfully on 60 children (out of 250 operations), and in only 2 of this number have general phenomena, analogous to those in question, been observed. Diphtheria itself, indeed, has of late years taken on an altered physiognomy, for in place of invading the pharynx, and proceeding slowly towards the larynx, it now becomes generalised with a terrible facility, prostrating the patients, and delivering them up to the mercy of nervous accidents of the highest intensity. "I never witnessed such cases with Bretonneau, although my master subsequently signalised these manifestations of a novel malignity."

In answer to the question whether a simple angina may not sometimes lead to a paralysis, M. Trousseau adduces some cases in which paralysis of the velum seems to have followed it; but when the paralysis has become more generalised, he suspects that it may be due to diphtheritic influence, although this may not have been accompanied by its usual local manifestations—just as is the case with instances of scarlatina, accompanied by little or no eruption.

In 1771 Samuel Bard described a case of aphonia following diphtheria, and Bretonneau reporting this fact in 1826 stated that he then had met with nothing analogous to it; but in 1843 he witnessed the production of paralysis of the extremities following diphtheria in the person of M. Herpin, a Surgeon of Tours, who had contracted the disease in consequence of some of the false membranes from the throat of a patient which he was syringing gaining access to his nostril. Since that time, M. Trousseau has paid much attention to this complication; but believing at first that the paralysis of the velum might be due to muscular inflammation, it was not until 1853 or 1854 that he definitively drew the attention of Practitioners to the fact that the paralysis really depends upon a more general condition, and that it is in fact one of the effects of the poisoning of the entire economy by the diphtheria. M. Maingault has especially of late done most towards the elucidation of this disease, which has not only multiplied itself at the Children's and St. Eugenie Hospitals, but has become so common in private practice that perhaps there is not a single Practitioner in Paris who has not seen one or more cases.

Although in general the very varied paralytic symptoms in diphtheria may cease, even without the intervention of medicine at the end of two, three, four, or six months, there are other cases in which death may be the result, or the paraplegia may become more enduring. Examples of this are adduced by M. Trousseau from his own practice. In some cases death has resulted from the mere difficulty in swallowing.

As to the nature of this paralysis, it is evident that it is not dependant upon a material lesion of the brain, as this would be inconsistent with the versatility of symptoms observed, and with its frequent curability. It is presumable that there is something analogous to what is observed in certain cachexias. In Bright's disease paralytic phenomena are also observed, and the amaurosis in that affection has been well made out and described by M. Laudonzy and others. One very remarkable circumstance in diphtheritic paralysis, is the temporary extinction of venereal desires, which occurs at a very early period, even in those possessed of considerable genital ardour. In various other serious pathological conditions, especially phthisis, the patients long preserve their copulative aptitudes. M. Trousseau referred to other instances of paralysis, analogous to those now in question, occasionally observed after feeding on certain poisonous fish, after typhoid or variola, after asphyxia from charcoal vapours, and after the manipulation of sulphuret of carbon in the vulcanized caoutchouc factories (where also both men and women experience venereal frigidity).

In the treatment of paralysis consecutive to diphtheria, while combating the local condition, we must especially endeavour to restore the patient's strength. Bark in all its forms, iron (especially the syrup of the ammoniacal citrate or the perchloride,) bitters, animalized and nutritious diet, exposure to the fresh air, dry frictions along the spine, aromatic and stimulant lotions, and sulphureous baths, comprise our most precious resources. Preparations of nux vomica, and especially the syrup of the sulphate of strychnia, act as general stimuli, arousing the muscular contractility, and may, on occasions, render good service. In spite of these and all other means, it must always be borne in mind that diphtheritic paralysis is an affection of considerable duration. —*Gazette des Hôp.*, 1860, Nos. 1 and 5.

ON THE TREATMENT OF ALCOHOLISM.

By Dr. SMIRNOFF.

Dr. Smirnoff states that he has become convinced by repeated trials that the *asarum Europæum* well deserves the reputation it has obtained in Russia of being an excellent remedy for the effects of drinking. The influence of a continuous abuse of alcoholic drinks is first exerted locally, but afterwards dyspepsia is produced; and the nutrition and functions of the entire economy, especially of the central portions of the nervous system, becoming interfered with, the blood itself being loaded with an injurious foreign material, the *dyscrasia potatorum* is at last completely established. The asarum fulfils various indications, acting beneficially on the alimentary canal in those cases in which the digestive powers are so much at fault. Its aromatic principle confers upon it a stomachic power, and regulates the condition of the intestinal discharges, producing vomiting and purging when given in large doses. Its most beneficial action, however, is manifested on the defective appetite, and by its counteracting the invincible longing for alcohol. The horrible sensations with which the drinker awakes in the morning, and which impel him to seek temporary and delusive relief from renewed libations, are much blunted and mitigated by means of a glass of strong infusion of asarum and some other nervine—*e.g.* valerian. Its immediate effect is often to produce vomiting, and sometimes purging; but the painful sensations at the epigastrium undergo relief, and the appetite becomes invigorated. Persons who have been long habituated to alcoholic drinks cannot, however, have these suddenly suppressed with impunity; and in such cases the author gives the asarum in brandy, applying at the same time a blister or an issue to the pit of the stomach. By this means the normal activity of the stomach becomes excited and the longing for alcohol diminished. The author, however, cannot agree with those who would still allow a small quantity of spirits to habitual drinkers, even when the morbid desire for it has become appeased. The continuous use of a decoction of asarum, even when it does not succeed in extinguishing the desire for alcohol, always supports the powers of the patient; and it is remarkable in some cases, in which the individuals have been long accustomed to periodical intervals of drunkenness, ending in delirium tremens, how much longer these intervals will become, and how much less likely delirium tremens is to recur. The patients themselves are sometimes surprised at the comparative impunity with which they can continue their drinking. The author prescribes three or four glasses a-day of an infusion made with ʒiij. of asarum root, ʒj. of valerian root, and ʒ½ of orange-peel, but he does not state the quantity of water employed. In cases of drunkenness another formula is composed of decoction of asarum (made by boiling from ʒ½ to ʒj. of the root) ʒvj., tinct. of valerian ʒij. to ʒiij., Sydenham's laudanum gtt. xij., syrup of orangepeel ʒ½. A tablespoonful of this is taken every two hours. He finds from two to five grains of bismuth taken four times a-day a valuable adjunct. He has also found the following popular Russian remedy of service in cases of drunkenness:—℞. Ammon. carb., ʒ½; aceti vini, lbj.; oxymel scill., ʒ½. Two tablespoonfuls every two hours.—*Med. Zeit. Russland*, 1859, No. 8.

ASSISTANT-SURGEONS OF H.M. ARMY IN INDIA.—The following is an extract from a private letter from India, dated May 20, 1860:—"We ought, and shall, be better paid for running risks from disease, which has killed more of us than the sword. Shameful to say, we are in the Queen's country, and yet her noble Warrant is not recognised. It would give us the rank of lieutenant, and just enough to live upon comfortably. In England an Assistant-Surgeon draws £16 10s. for thirty days—here, £25 10s. a-month; but I assure you I found it far easier to live upon the English pay than I do upon the Indian, and you know that I am prudent."

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GENERAL CORRESPONDENCE.

EXTRA-UTERINE FŒTATION.

Letter from Dr. Ramsbotham.

[To the Editor of the Medical Times and Gazette.]

Sir,—Mr. Jonathan Hutchinson, in a note to his paper on Extra-Uterine Fœtation, published in the last number of your journal, says:—"Dr. Ramsbotham states (1851) that he has known personally thirteen cases of extra-uterine pregnancy." Since that date three others have come under my observation—in all sixteen. The following are the results:—In 4 death occurred from rupture of the cyst and internal hæmorrhage (three were tubal, one parietal, or as it is generally called, interstitial); in 6 cases, death occurred during the suppurative process (five abdominal, one parietal); 5 have recovered. In two of these the bones passed per anum; in two the fœtus was removed by abdominal incision. One woman has carried the fœtus in her abdomen more than thirty years. I believe she is still living, and know she was so a very few years ago. In the remaining case of the sixteen I felt the head of the child most distinctly through the posterior wall of the vagina. There could be no doubt about it, as I made out the anterior fontanelle with the finger quite plainly. The woman was unmarried, and applied at the London Hospital as an out-patient. I told her she had better come into the house, and she promised to return to be admitted, but she never appeared again. I sent a pupil to the address which she gave, but that turned out to be false. I have never heard of her since, and do not know what became of her.

In regard to the statistics of the operation for the removal of an extra-uterine fœtus by abdominal incision, some time after its death, they are certainly favourable to its performance as far as the mother is concerned. The two patients of mine in whom it was undertaken both recovered well. Hutchinson gives 14 recoveries and 10 deaths out of 26 cases, the result in two not being mentioned. Campbell, giving the authorities, states that, out of 42 cases, 38 women recovered; but, on the other hand, that nine patients who underwent the operation while the child was living, all died, and that only two of these children were saved.

I am, &c.

Francis H. Ramsbotham.

8, Portman-square, July 23.

FŒTAL AUSCULTATION.

Letter from Mr. Druitt.

[To the Editor of the Medical Times and Gazette.]

Sir,—If you will give me permission to reply in the shortest possible space, to the letter of Dr. Adams on Fœtal Auscultation, in your Journal of July 21, I will say that there is really no difficulty whatever in counting a high number of sounds per minute, even if they are similar and occur at equal intervals. It is easy to tap 240 times per minute on a table with a point of a finger, or the point of a pencil, and to count each successive tap. But if sounds be divided into sets, each set consisting of dissimilar sounds, occurring in rhythmical order, it is easy to count a very much higher number. There is no difficulty in counting from 160 to 180 respirations per minute, as I have often done in the case of children dying of lung disease; neither does any complication arise from the fact that each respiratory act is double. If each heart-sound were composed of more than two portions, it still would be easy to count 140 or 160 of them per minute. So much for the possibility of the counting rapid successions of sounds, whether simple or composite.

But surely Dr. Adams must feel, as I do, that argument may go on for ever. We want experiment. Let a pregnant woman be selected; let her be examined separately by four competent observers, and let each make a separate minute of the place, rapidity, and character of the sounds ascribed to the fœtal heart. I should be perfectly willing to go in to any such ordeal; and, confident as to the result,

I am, &c.

London, July 23. R. Druitt.

Letter from Dr. Halford.

[To the Editor of the Medical Times and Gazette.]

Sir,—Dr. Adams, of Banchory, is quite mystified as regards the heart's action and sounds. He refers to my Essay, and then talks of "valvular contraction" as the cause of the sounds. Valvular *tension* is what I ascribe the sounds to, and probably what Dr. Adams means; but he should, when attempting to instruct his fellows, be more accurate in thought and word. For instance, what does he mean by "heart-beat?" Does he refer to the systole or to the sounds? He says that the fœtal heart has "180 double beats, or 360 single beats, necessarily implying the accompaniment of 720 single sounds." Now, this is absolute folly; there is no such thing as a "double heart-beat;" the heart in and out of the uterus has but one beat in the rhythm corresponding to the ventricular contraction; this is accompanied by one sound, and immediately followed by another. We say, in common language, the heart beats 72 times per minute, accompanied by 72 first-sounds, and directly followed by 72 second-sounds, making the sounds double as many as the beats or contractions of the ventricles. So with the fœtal heart: these are from 140 to 180 beats, or ventricular contractions, per minute, with sounds varying from 280 to 360 (first and second included) per minute.

With the exception of Dr. Druitt using the word "heart-beat," as synonymous with heart-sound, I quite agree with his admirable letter of January 21. I am, &c.

17, Victoria-square, S.W. G. Britton Halford.

POOR-LAW MEDICAL REFORM.

Letter from Mr. Griffin.

[To the Editor of the Medical Times and Gazette.]

Sir,—I must again ask the favour of your allowing me through the medium of your pages to address the Poor-law Medical Officers. Since my last communications I have received a letter from Mr. Pigott, who states he has met with difficulty in getting the Bill drawn, as he did not wish to incur an expense of £20. I was obliged to fix a limit to the amount for which I should render myself liable; the Poor-law Medical officers must therefore blame themselves for the loss of the Bill this Session, for had they enabled me to give a *carte blanche* to Mr. Pigott, the Bill would have been speedily drawn; but the only subscriptions I have received this month have been 10s. 6d. from a Poor-law Medical Officer, and 10s. from a Medical gentleman unconnected with the Poor-law, and the previous month I received less than £3. Mr. Pigott concludes his letter by saying, "I fear I must follow the advice generally given me by my friends here (House of Commons), namely, to lay a good Bill on the table this Session, and then work it through next. I like the principle of the Bill," etc. etc. I regret the apathy of the Poor-law Medical Officers as a body, though I quite understand the motives that influence many of them. I have ascertained each Poor-law Medical Officer's salary under the present *régime*, and calculated what it would be under the proposed plan. I have also ascertained the number of patients attended by each Medical Officer, and when I narrate that there are 360 Medical officers who attend less than fifty patients each annually, and as many of these officers have as much or more than twenty shillings for each case they attend, it will not be surprising that they are either indifferent or adverse to the proposed change. Again, there are 94 Medical men who have more than 1500 patients annually under their charge, some of these attend from 2000 to 5000 each, and one has upwards of 10,000 patients; some of these gentlemen object to the proposed limit of 1500 patients, and one has written to me that many of the London men will oppose the Bill unless this clause be withdrawn. The old adage, "Every man for himself," is here verified; to please all is impossible. The variations between these extremes may be interesting to your readers:—525 Medical men attend between 50 and 100 patients each annually; 744 between 100 and 200 patients; 510 between 200 and 300 patients; 548 between 300 and 500 patients; 442 between 500 and 1000 patients; and 176 between 1000 and 1500 patients. On a future occasion I will lay before your readers a continuation of my calculations, if you will kindly allow me to do so, though you perhaps, like

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my colleagues, may be tired of the subject; if so, I must succumb to the fate which many wiser men than myself have before experienced. I am, &c.

RICHARD GRIFFIN.

12, Royal-terrace, Weymouth, July 21.

BRAN BREAD IN DIABETES.

LETTER FROM DR. CAMPLIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—The account of a case of diabetes, under the care of Dr. Peacock, in St. Thomas's Hospital, contained in the *Medical Times and Gazette* for June 23, 1860, induces me to offer a few remarks, as my name is mentioned in connexion with the bran biscuits; besides which, a cursory view of the case as related, would lead to the opinion that the gluten bread is preferable. In the second edition of my work on Diabetes (recently published by Mr. Churchill), page 7, the comparative merits of the bran cake and gluten bread as articles of diabetic diet are discussed; and it will be sufficient here to observe, that the bran cake, if properly prepared, contains scarcely a trace of starch, while the best gluten bread contains 26 per cent. Those who have experienced the importance of excluding starch will be prepared to expect very different results in the treatment of the disease.

My friend Dr. Peacock has stated that the patient was directed to use "bran bread, cakes, or biscuits, prepared by Mr. Smith, of Gower-street North, according to the formula of Dr. Camplin;" and very properly adds, that "they contain much larger particles of bran than the cakes or biscuits prepared by Dr. Camplin himself."

I regret that this is the case, as patients with irritable bowels need a preparation made with more care than Mr. Smith can be expected to bestow on an article he sells so cheaply. This and every other difficulty as to the bran cake may, however, be overcome, if proper pains are taken, and the mode of preparation I have laid down is duly observed.

My experience leads me to the belief that if this case had occurred in private practice, and bran of proper firmness been prepared or purchased, and made into cakes, as directed (not biscuits), and taken in less quantity, the patient's recovery would have been much more satisfactory, as, besides doing away with the starch, the state of bowels not needing opium to that extent, other remedies might have been administered.

I am quite willing to allow that the gluten bread may sometimes be useful (as will be seen in the work to which reference has already been made); but it is only in slight cases, or as a change to convalescents.

July 18. I am, &c. JOHN M. CAMPLIN.

LEPROSY.

LETTERS FROM PROFESSOR VIRCHOW AND DR. NEUMANN.

[To the Editor of the Medical Times and Gazette.]

SIR,—You would greatly oblige Professor Virchow and myself if you could kindly find room for the accompanying Appeal in your valuable Journal. Professor Virchow wishes to draw the attention of the Medical Profession in England and her colonies to the subject of Leprosy; and how can this be accomplished more effectually than by the appearance of his appeal in the *Medical Times and Gazette*?

I am, &c. S. NEUMANN, M.D., of Berlin.

8, Alfred-street, Bedford-square, July 23.

APPEAL ON BEHALF OF THE HISTORY OF LEPROSY, BY PROFESSOR VIRCHOW, OF BERLIN.

(*International Statistical Congress, London, July*, 1860. *Presented by Dr. S. Neumann, on behalf of Professor Virchow.*)

It is now several months since I appealed to Physicians, historians, and travellers, to assist me in composing a history of leprosy (Lepra Arabum, Elephantiasis Græcorum), and I must gratefully acknowledge having received very abundant contributions from many quarters. I have already published a portion of those observations which have especial reference to leprosy in Germany, in the 18th volume of my Archives for Pathological Anatomy and Physiology, and for Clinical Medicine; other communications are in the press, and will appear in the 19th volume of the Archives. Many other facts which relate to foreign countries, and to questions specially of medical, geographical, linguistic or civilizational interest, I must put aside for the present, on account of their too great bulk.

Meanwhile, however, I cannot dispense with the continual assistance of other investigators, and since a personal correspondence cannot be carried on with unknown friends, I once more choose the way of publicity. If there is still any occasion to refer to the great importance of the subject, a glance at the excellent monograph, which Dr. A. Hirsch has published concerning leprosy in the second part, which has just appeared, of his "Manual of Historico-geographical Pathology," will speedily bring conviction to the mind of everybody. A malady, which once pervaded the whole world, which even now attacks thousands in every quarter of the globe, and to the ravages of which the most ancient historical records bear witness, is certainly worthy of the most zealous study.

I will now, first of all, beg leave to repeat the questions which I haave already published:—

A. Lazarettos (Leper-Hospitals).

1. Do you know where there are any lazarettos still to be found? How old are they? How many patients do they receive? What are the regulations with respect to admission, and what is the plan followed in the administration of these establishments?

2. What places formerly possessed lazarettos? When were they founded? How large were they? What were their statutes? When were they turned to some other purpose, or suppressed?

B. Leprosy.

1. Where does leprosy (Lepra Arabum, Elephantiasis Græcorum, Spedalskhed) occur?

2. Where did leprosy prevail? and when was it first, and when last, mentioned?

3. What forms of leprosy have been observed? (Lepra tuberculosa, anæsthetica, mutilans, articulorum? Morphæa?) Are any definite relations known to exist between Morphæa and the other forms of lepra?

4. Does the disease occur endemically or sporadically? Is an increase or a decrease in the number of cases observed?

5. To what causes is the disease attributed?
   (a) Inheritance?
   (b) Contagion?
   (c) Climate? (humidity of atmosphere and soil?)
   (d) Food? (fat? fish? salted, or what kind of fish?)

6. Is there any known treatment for leprosy?

7. Are there any peculiar laws affecting lepers? Solitary confinement? Prohibition of marriage?

8. Are there any literary, private, or official reports concerning the disease?

In continuation, I would remark that there still remain several large gaps in the history of leprosy in Germany, that from Austria in particular scarcely any details have as yet been obtained with regard to the state of the lazarettos, and that with respect to what occurs in Westphalia, Hesse, Hanover, Oldenburg, Holstein, and Eastern Pussia next to nothing is at present known. Is it not allowable to expect that in these countries also sufficient interest will be taken in a matter, which can only be settled by the co-operation of many, to enable us to obtain at least an approximate idea of the real state of things?

The foundation of lazarettos (leper-hospitals) was essentially an ecclesiastical affair. It rested also in a great measure with the clergy whether lepers were admitted into these establishments and separated from the rest of the community. But to what extent this was their exclusive right, and especially what was the case in Germany, is still involved in great obscurity. For most authors have, by an illogical juxtaposition of what was separated by centuries and many countries, thrown the whole matter into confusion. With regard to Germany in particular it would be desirable that it should be accurately ascertained, whether the same ceremonial and the same religious ideas which obtained in France, for example, prevailed also amongst us. This might perhaps be determined in places, where there was a great concentration of ecclesiastical authority, as for example in Mayence, Cologne, and Trèves, if the archives, rituals, etc. were consulted. Questions are connected herewith which are of great importance in a civilizational point of view.

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Out of Germany, it is especially with regard to the Selavonic countries that nearly all historical information is wanting. When, for example, Richter in his History of Medicine in Russia, vol. i. p. 245, relates that leprosy first appeared in Russia in 1426, *i. e.*, at a time when it was already beginning to disappear elsewhere, this is in itself extremely improbable, but at the same time, if true, extremely valuable as regards the history of the disease. Everything, therefore, which is known with regard to Poland, Russia, Galicia, etc., offers twofold interest, because it at the same time involves one of the capital questions concerning the nature of the disease.

Finally, with regard to the geographical distribution of leprosy at the present time, Hirsch and Mühry have already collected a large number of facts, yet even in this quarter there is still a great deal to be done. With respect to the interior of the continents, and especially Asia and Africa, we have scarcely any information, and even concerning China, where the disease is said to be so general, our knowledge is most superficial. From America too there is extreme difficulty in obtaining even official documents. In all these instances much might be done, not only by the agency of travellers, but also by means of diplomatic and commercial agents, of merchants and physicians. I only hope that every one will rest assured that any contributions, however small, will prove acceptable.

Berlin, April 19.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26, 1860.

F. C. SKEY, Esq., President, in the Chair.

A paper, by Dr. WILLIAM JENNER, was read, on

CONGESTION OF THE HEART AND ITS LOCAL CONSEQUENCES.

The author stated that the objects of this paper were to call attention to the occurrence of congestion of the muscular tissue of the heart, to the most common and direct consequences of that congestion—viz. induration and toughening of the walls of the heart,—and to the influence which those changes of texture exercise on the development of dilatation of that organ, by rendering permament every increase in capacity from over-distension, which would be temporary in a heart whose walls were normal. Impediment to the passage of the blood, Dr. Jenner said, through the right side of the heart, whatever its cause, must be attended by over-distension of the veins of the heart; and as very gradually developed, long-continued, intermitting congestion of any organ, the functions of which are over-actively performed, notwithstanding its congestion, is followed by induration, toughening, and hypertrophy, so the walls of the heart will, under the conditions specified, become harder, tougher, and thicker than natural; and as these changes in the texture of the walls of any hollow viscus are the conditions which determine the occurrence of permanent dilatation of that viscus, when pressure on the inner surface of its walls is sufficient to over-distend them, so when these changes affect the walls of the heart, and there is great impediment to the escape of blood from its cavities, they lead to its permanent dilatation. After describing the general and microscopical characters of hearts, the walls of which are indurated, toughened, and thickened from long-continued congestion, the author detailed several cases, for the purpose of illustrating the general positions maintained in the paper.

A paper, by Mr. JOSEPH TOYNBEE, was read, on a case of

ACUTE CARIES OF THE WALLS OF THE TYMPANIC CAVITY, PRODUCING ULCERATION OF THE INTERNAL CAROTID ARTERY.

Cases of ulceration of the internal carotid artery, arising from caries of the walls of the tympanum, being so extremely rare that the author had found but one on record, he had been induced to lay the following case before the Royal Medical and Chirurgical Society:—W. C., aged 46, a jobbing builder, was admitted, under Mr. Toynbee's care, at St. Mary's Hospital as an out-patient on August 18, 1859. He was sallow and thin, and evidently out of health. Two years previously he had received a violent blow on the head above the left ear. Three months before his admission at the Hospital, during a violent fit of coughing, he was seized with intense pain in the left ear, which became constant; this pain was followed by discharge, which was also constant. In spite of all treatment, the pain and discharge continued, and on January 16 blood of a bright-red colour came from the ear, and continued to do so at intervals until January 27, when the patient died. Upon a post-mortem inspection, the upper and anterior osseous walls of the tympanum were found to be carious, and there was a large aperture communicating with the cavity of the canalis caroticus. A small ulcerated opening was found in the internal carotid artery, through which the hæmorrhage had taken place.

Dr. OGLE communicated a paper, by Mr. A. T. H. WATERS, entitled

OBSERVATIONS ON THE MORBID ANATOMY, PATHOLOGY, AND DETERMINING CAUSE OF EMPHYSEMA OF THE LUNGS.

Although much has been written on the subject of pulmonary emphysema, there are yet many points in connexion with it which require investigation. There is perhaps no disease the symptoms and physical signs of which are so readily explicable, from a knowledge of the structural changes by which it is accompanied, as this particular affection, and hence an acquaintance with the minute anatomy of the healthy lung-tissue becomes of the utmost importance, in order fully to appreciate the morbid changes which take place. (Here follows a brief description of the arrangement of the "ultimate pulmonary tissue.") Pulmonary emphysema is of two kinds—1. Interlobular emphysema. 2. Vesicular emphysema. The second, or vesicular, is by far the most important, and will be alone considered. It exists in three forms, differing only in the extent to which they involve the lung. 1. *Partial Lobular Emphysema*, involving a few air-sacs, or at most only a single lobulette. This is not often seen as an independent affection, but in lungs which are the seat of the second form it occasionally exists in small patches along the margins of the lobes. These patches resemble small vesicles, and when numerous have somewhat the appearance of a row of beads. 2. *Lobular Emphysema.*—This is the form most frequently met with. It involves one or more lobules in different parts of the lung, and is especially found along the margins of the base, the anterior border, and at the apex. It frequently exists in connexion with phthisis, and occasionally with pneumonia. In this form it is easy to trace the divisions of the lung; the boundary walls of the lobules have not usually given way, and generally no interlobular emphysema exists. The air-sacs of a lobule are not necessarily all equally dilated, those at the circumference being most so. The emphysematous lobules may be seen projecting above the level of the lung, and in some instances they become developed into "appendages." 3. *Lobar Emphysema.*—This form involves the whole of a lobe, or an entire lung, or very frequently both lungs. It constitutes a very formidable affection, and often destroys life at an early period. The lung is much increased in size. The outlines of the lobules frequently cannot be distinctly seen, in consequence of the rupture of their boundary walls, and the production of interlobular emphysema. In investigating the morbid anatomy of emphysematous lungs, the same methods of preparation were used by the author as had been previously employed in the examination of the healthy organ—viz. injection, inflation, and desiccation. With regard to the structural changes which take place in the disease, we recognise, in the early stages, a simple dilatation of the air-sacs, and a diminution in the height of the alveolar partitions. A further dilatation takes place, with more or less complete obliteration of the alveolar septa. This distension produces a divergence of the elastic fibres of the air-sacs, and is soon followed by a perforation of the walls themselves, so as to give in the advanced stage a perfectly cribriform appearance to the membrane of which the walls are formed. This is followed

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by rupture of the elastic fibres, a further distension of the air-sacs, with a general breaking down of their walls, so that in the most advanced stages of the disease large cavities are found, traversed in all directions by membranous shreds or fibrous cords. The inner surface of the emphysematous lung-tissue presents the same microscopic appearances as that of the healthy tissue. In some lungs in which lobular emphysema existed, the air-sacs were found much distended, but no perforations existed; while in others, and especially where the disease was of the lobar kind, extensive perforations were found, with not more, and in some instances less, dilatation than in the former. This would seem to indicate some degeneration of tissue in the one case, which might be absent in the other. The condition of the bloodvessels explains the anæmic appearance of the emphysematous lung. In the earlier stages the capillaries of the pulmonary plexus are wider apart than in health; and as the walls of the air-sacs are perforated, and the latter more distended, the capillaries become ruptured and absorbed. The vascularity of the lung, in a condition of advanced emphysema, is very slight. The bronchial tubes are usually dilated in old-standing cases of emphysema, their mucous membrane is pale, and there is increased development of the circular muscular fibres. An important question in connexion with the emphysema is, whether the disease is preceded by, or attended with, any degeneration of tissue. With regard to the existence of fatty matter in the emphysematous lung, a considerable number of specimens were examined with great care; and although in one or two instances indications of its presence were found, as a rule it was entirely absent. Dr. Jenner has stated that a fibrous degeneration frequently exists. A number of specimens were examined to ascertain whether any alteration of this kind could be observed in the elastic fibres as compared with those of the healthy lung. The results arrived at on this point were imperfect, and the question is left for future investigation. Some kind of degeneration is believed in many cases to exist. With reference to the determining cause of pulmonary emphysema, the view that the disease is produced by expiratory efforts appears to the author the most tenable. Serious objections seem to present themselves to the theory advocated by Dr. Gairdner, that the disease results from increased distension, during inspiration, of one part of the lung, in order to fill the space previously occupied by a collapsed portion. During inspiration, the chest expands to make room for the dilating lung; air is drawn equally to all parts of the lung, and is not driven by any external force to one part more than to another. It is difficult, therefore, to understand how an excessive quantity of air should find its way to any particular portion. If the chest must reach a certain expansion, it would rather appear that the entire lung would be everywhere slightly dilated, except where collapsed: or else that those parts nearest the collapsed portions would be most distended. Such parts, however, are not the most frequent seats of emphysema. Further, the lungs can undergo very considerable distension without suffering any injury. Although the lungs undergo equable pressure during ordinary expiration, this by no means proves that such is the case during acts of coughing; in fact, the contrary is true, as has been shown by Dr. Jenner. The conformation of the walls of the chest, and of the lungs, seems to render it necessary that the latter should undergo unequal compression during violent expiratory efforts with a partially closed glottis, and that air should be driven first to those parts of the lungs where the walls are least resisting, and secondly to those portions which contain the least volume of air. The least resisting part of the thoracic walls is that which covers the apex of the lung; it consists of a membranous expansion, and plays no active part in the expiratory process. As a fact, we find, in coughing, that the lung bulges into the lower part of the neck. The parts of the lung which contain the least volume of air are the margins. These are out of the direct line of pressure which the lung undergoes in violent expiratory efforts, which are chiefly effected by the abdominal muscles, especially the recti. The contraction of these latter muscles, forcing upwards the abdominal viscera and the diaphragm, produces the greatest amount of compression at the base of each lung; the air is driven upwards in a strong current, which overcomes the current from the other portions, and these, instead of becoming emptied, remain forcibly distended. The phenomena witnessed in M. Groux, probably seen by many of the Fellows present, may be adduced in support of the view that during coughing the lungs become distended in any part where the walls of the chest offer but little resistance. Lastly, the cases recorded in a paper written by M. Guillot—in which what he describes as sub-pleural emphysema was found after death, preceded by long-continued and violent spasmodic cough—may be cited in favour of the expiratory theory of the production of the disease, a theory to which anatomical arrangement and physiological phenomena seem to point.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary Examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners on the 20th inst., viz. :—

Atkinson, William, Wallingford, Berkshire
Beamon, Edward Henry, Upholland, near Wigan, Lancashire
Byers, Robert, Pateley-bridge, Yorkshire
Cruise, Francis Richard, Dublin
Deyns, Frederick, M.D. New York, North Walsham, Norfolk
Grigg, Nathaniel Batt, Salisbury
Harper, Henry Lewis, St. Luke's Hospital, Old-street
I'Anson, Thomas, Newcastle-on-Tyne
Kingdon, Alfred Sinclair, M.D. Edin., Bideford, Devon
Major, Edward William, Exeter, Devon
Shaw, Bartholomew, L.S.A., Cambridge-road, Bethnal-green
Wilson, James Lodge, Nottingham

LIST of Assistant-Surgeons who have successfully passed into the Army of India at the Examination held at the India House in July, 1860 :—

C. T. Schmits
E. T. Hoskins
J. C. Shaw
John Cameron
Frederick Duckworth
Gopal Chunder Dutt
J. W. Johnston
Simon Mackertich
Alexander Neil
Jessie G. Pilcher
J. G. French
A. H. Lewis
R. P. Lyons
F. R. O'Kearney
Peter Turnbull

APOTHECARIES' HALL.—Names of gentlemen who passed the Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, July 19 :—

Burrell, Lionel, Westley, Bury St. Edmunds
Earle, James Neale, Brunswick-street, Dover-road
Edye, Stonard, Exeter
Hall, Frederick, Bangor, North Wales
Kough, James O'Brien, Shrewsbury
Lakeland, John, Manchester
Morris, Isaac, The Cliffe, Lewes, Sussex
Park, William, Ulverstone, Lancashire
Ullathorne, John, Heighington, Durham

The following gentlemen also on the same day passed their First Examination :—

Dobson, Thomas, Charing Cross Hospital
Humphreys, Matthew Hale, Charing Cross Hospital
Jones, Morris, Aberystwith
O'Kell, George, King's College
Richards, Caleb Carey, King's College
Savage, Thomas, The General Hospital, Birmingham
Watson, William, University College

DEATHS.

BARTLIFF.—July 14, at New Malton, Yorkshire, George Bartliff, L.R.C.P. Edin., M.R.C.S. Eng., L.S.A. Lond., aged 51.

BELL.—July 14, at Great Malvern, Frederic Bell, of Aldborough, Suffolk M.R.C.S. Eng., L.S.A. Lond.

BOOTH.—May 25, at Dinapore, of cholera, Edward Booth, Surgeon of H.M.'s 73rd Regiment of Foot.

GLADSTONE.—Recently, William Gladstone, Deputy Inspector-General of Hospitals and Fleets (Retired).

HICKMAN.—July 12, at Duke-street, St. James's, William Hickman M.R.C.S. Eng., L.S.A. Lond., aged 28.

HILL.—July 22, at Wotton-under-Edge, Gloucestershire, William James Hill, M.R.C.S. Eng., L.S.A. Lond., aged 41.

HINGSTON.—July 13, at his residence, Liskeard, Cornwall, Richard Hingston, Surgeon (in practice prior to 1815), aged 81. He was one of the oldest inhabitants of the town, and practised his Profession there for upwards of half-a-century.

MOLINE.—June 17, at Cawnpore, James Prichard Moline, Staff Surgeon, aged 44.

MOUSLEY.—July 18, Thomas Mousley, of Ellesmere, Shropshire, L.S.A. Lond., aged 52

O'BRIEN.—May 10, at Calcutta, Thomas O'Brien, L.R.C.S. Ireland.

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SILVER.—July 24, at Duncan-terrace, Islington, John Bye Silver, Surgeon, late of the Bombay Army.

SOLE.—June 27, of dysentery, on board the Peninsular and Oriental Company's steamer *Benares*, John Sole, Surgeon, Royal Navy, late of the *Retribution* steam frigate.

WENDELL.—July 11, at his residence, 31, Pierrepoint-street, Brooklyn, New York, Matthew Wendell, M.D., aged 81.

PARLIAMENT.—The Medical Act Amendment Bill has been read a third time and passed. The Criminal Lunatic Asylum Bill has been read a third time.

THE GERMAN ASSOCIATION OF NATURALISTS AND MEDICAL PRACTITIONERS.—The thirty-fifth meeting of this body, the original of the now numerous peripatetic Philosophical Societies, will be held this year at Königsberg, from September 16 to 22. Letters to be addressed to Professors Rathke and Wittich, the managers.

THE MEDICAL DIRECTORIES.—We hear, with much satisfaction, that it is the intention of the Publisher of these important works to incorporate them in one volume. Hitherto subscribers to the three Directories, for England, Scotland, and Ireland, have had to pay 16s. 6d., henceforth they will get them in one handsome volume for 8s. 6d. It is calculated that the greatly increased subscription list will repay the publisher for his enterprise, and we trust that our readers will not allow him to be disappointed. Every well-wisher to the Profession must see the importance of supporting so valuable a work of reference as the "Medical Directory."

SUGGESTIONS FOR SANITARY INFORMATION.—The following important remarks are from a letter of Miss Nightingale to Lord Shaftesbury:—"It is stated to be a fact demonstrated by statistics, that in improved dwellings the mortality has fallen, in certain cases from 25 and 24 to 14 per 1000; and that in 'common lodging-houses,' which have been hot-beds of epidemics, such diseases have almost disappeared as heads of statistics, through the adoption of sanitary measures. It is also stated that in the British army large bodies of men living under certain improved sanitary conditions, have presented a death-rate about one third only of what the army has suffered in past years. Would not your Lordship consider it of great importance that the statistics of these and similar cases should be carefully collected and presented for comparison with the statistics of ordinary mortality? Again, it is stated that in our Colonial schools for aborigines, we have in many instances exposed the children to the risk of scrofula and consumption while Christianizing and civilizing them. Might not this be avoided by sanitary arrangements? . . . . . If facts already existing regarding the points I have mentioned above were carefully abstracted and made accessible to the public through the medium of the Congress, there cannot be a doubt of the great benefits which would accrue to science and humanity. And if, as it is the cost which frightens communities from executing the works necessary to carry out sanitary improvements, it could be shown that the cost of crime, disease, and excess of mortality is actually greater, it would remove one of the most legitimate objections in the minds of Governments and nations against such measures."

IN reference to the mysterious murder near Frome, some wiseacre proposes that a plan adopted some few years ago in America should be tried for the discovery of the murderer. This is the tale from Yankee Land:—"It is alleged that the last image formed on the retina of the eye of a dying person remains impressed upon it, as on a daguerreotype plate. Thus, if the last object seen by a murdered person was his murderer, the portrait drawn upon the eye would remain a fearful witness in death to detect the guilty. A series of experiments have recently been made by Dr. Pollock, of Chicago, to test the correctness of this statement. In each experiment that Dr. Pollock has made he has found that an examination of the retina of the eye with a microscope reveals a wonderful as well as a beautiful sight, and that in almost every instance there was a clear, distinct and marked impression. The recent examination of the eye of J. H. Beardsley, who was murdered in Auburn, conducted by Dr. Sandford, corresponds with those made elsewhere. The following is the published account of the examination:—At first we suggested the saturation of the eye in a weak solution of atropine, which evidently produced an enlarged state of the pupil. On observing this, we touched the end of the optic nerve with the extract, when the eye instantly became protuberant. We now applied a very powerful lens, and discovered in the pupil the worn away figure of a man with a light coat, beside whom was a round stone standing or suspended in the air with a small handle, stuck, as it were, in the earth. The remainder was *débris*, evidently lost from the destruction of the optic and its separation from the mother-brain. Had we performed this operation when the eye was entire in the socket, with all its powerful connexion with the brain, there is not the least doubt we should have detected the last idea and impression made on the mind and eye of the unfortunate man. We should have had the contour, or better still, the exact figure of the murderer. The last impression before death is always more terrible than any other."

THE BRANDY TREATMENT IN ACUTE DISEASES.—A London correspondent of the *Wiener Medicinische Wochenschrift*, No. 26, in treating of the prevalence of Dr. Todd's treatment of acute diseases in London, expresses his opinion that it might be introduced with great advantage in Germany, for although Practitioners are there beginning to learn not to enfeeble their patients by blood-letting, they do not administer support to the nervous power in acute disease—so that while they do not do so much harm as heretofore, they still do not do so much good as they might do. He admits, however, that Todd carried his stimulant treatment somewhat too far, especially at the commencement of acute affections, when there is no loss of power. At a later stage, however, no doubt can exist that the systematic administration of alcohol is attended with the best consequences; alcohol being, in Todd's view, not a medicinal agent but a nutritive aliment of the nervous system. In the convalescence stage of typhus, as well as in the second and third week of this disease, and in many cases of pneumonia, the systematic administration of brandy saves many a life. An anecdote, illustrative of this subject is told by Skoda. A peasant suffering from pneumonia was given over by his attendant as hopeless. A notary was summoned to make his will, and many of his friends attended. While waiting for the official, some strong schnapps was passed round to the guests, and the dying man with feeble voice implored a glass from the well-known bottle. A refusal to one doomed to death could not be given, but the patient finding himself so much better after the first glass speedily repeated so agreeable a medicine, which soon effected a recovery, in vain attempted by pill and potion. The correspondent adds that the Assistant-Physicians of the London Hospitals manifest a remarkable predilection for this brandy treatment, exhibiting it even when their seniors have expressly countermanded it. "I have known many cases in which one of the most distinguished Hospital Physicians, desirous of experimenting upon the treatment of typhus and pneumonia has positively forbad a drop to be administered. The patient becoming worse towards evening, the Assistant-Physician has been sent for, and finding the case urgent, after in vain trying camphor, musk, etc. gives the patient brandy at short intervals, preferring to save life to obeying the orders which have been left. The symptoms yield, the patient sleeps, and in the morning is 20 per cent. better. The Physician arrives at nine in the morning and proclaims the case to the pupils crowding around the bed as an example of the uselessness of the brandy treatment—not a single drop having been administered!"

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 28, 1860.

BIRTHS.

Births of Boys, 809; Girls, 827; Total, 1636.
Average of 10 corresponding weeks, 1850–59, 1529·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	532	443	975
Average of the ten years 1850–59	540 7	509·9	1050·6
Average corrected to increased population..	..	..	1156
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	35	23	58

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DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	..	11	10	..	7	2	3
North ..	490,396	7	12	6	2	4	8	4
Central ..	393,256	1	8	4	..	4	9	6
East	485,522	2	8	8	1	7	8	14
South ..	616,635	1	17	4	1	8	1	5
Total.. ..	2,362,236	11	51	32	4	30	28	32

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·682 in.
Mean temperature	59·0
Highest point of thermometer	70·5
Lowest point of thermometer	53·3
Mean dew-point temperature	54·3
General direction of wind	S.W.
Whole amount of rain in the week	0·83 in.

TO CORRESPONDENTS.

Dr. Goodfellow's second Lecture is in type and will appear next week.

Dr. Meadows's case shall appear.

Mr. Clayton should address his question to the Secretary of the College of Surgeons.

Thanks.—Application should be made to Dr. Day, St. Andrews.

M. A. B.—We know of nothing more likely to suit our Correspondent than one of the large Steam Packet Companies.

A Correspondent wishes to know where he can obtain a supply of fresh vaccine lymph from the Cow. Perhaps some of our readers can inform him.

D. C. M.—In all probability the money could be obtained through the County Court, but a solicitor should be consulted.

D. G—Many thanks; but marriages and births are not inserted in our columns.

Dr. Remak.—We have no recollection of having received the book.

HOMŒOPATHIC TREATMENT OF AGUE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It may seem a strange question to ask at this time of day, but nevertheless it is one which I should like much to see answered: How does the Homœoquack cure ague? That he can successfully superintend pneumonias and all other acute diseases that run their course, I can readily understand; but how does he manage his ague cases? Can he cut a fit of ague short with his infinitesimals? Does he cure ague?

I am, &c. ITA.

SPECIMENS OF ADVERTISEMENTS.

"Extraordinary discovery of an entirely new theory of curing disease by local self-treatment, and which is so simple that all can practise for themselves privately, successfully, and at the smallest cost, thus avoiding doctors' fees, and their mineral poisons.—Sent free on receipt of two stamps, by W. Hill, Esq., M.A., 27, Alfred-place, Bedford-square, London, W.C."

"Full of startling facts. Every man his own Doctor; or, the self-cure of spermatorrhœa, impotence, and all generative diseases. Sent post free for one stamp by Dr. Leslie, M.D., 10, Brook-street, Holborn, London."

"They grow in beauty, side by side!"

Such are the choice flowers which grow in the advertising columns of he daily and weekly press.

A CAUTION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you allow me through your columns to put Medical men on their guard against a person who presented himself lately to me for employment as a *Dispensing* Assistant, and absconded after a week with a number of instruments and a sum of money? He called himself Mr. Farrant, and gave as a reference the name of Mr. Holtham, Somerset-street, Gravesend. A letter was written to this address and an answer received in reply, giving him a highly satisfactory character. It was afterwards discovered that no such person as Mr. Holtham was known in Gravesend. Farrant is about 28 years of age, height about 5 feet 7 inches, of florid complexion, fair hair, and stout. He wore a brown single-breasted frock coat with velvet collar, a blue neck-scarf with gold pin, a ring with a green stone on the little finger of his left hand, and a hat with a very flat rim, and a band round it about an inch in width. His aprons were marked "Goodall."

I am, &c.

Canonbury, July 28. A. SIMPSON.

WHO IS A DOCTOR?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the leading article of your impression of June 9, you appear to approve generally of the opinions of "the author of the pamphlet," and direct particular attention to some conclusions of his. In the first place, he states "that the prefix 'Dr.' to a name is strictly synonymous with, and implies that the bearer is D.D., LL.D., M.D. or Mus.D. of an University." This is certainly incorrect, because he may be a Doctor of Physic, which title need not be granted by "an University," and can be granted by a College of Physicians; and (in his "Fifthly") he states, "if any Licentiate in Medicine have a right, without a degree, to assume the title of Dr., the same right must be conceded to Licentiates of the Apothecaries' Company." This is rather too absurd, and deserves a severe rebuke, inasmuch as the Apothecaries' Company have not any Charter or Act of Parliament, authorising them to grant such a title, whereas, the King and Queen's College of Physicians in Ireland have both. Let the College of Physicians of London apply for a supplemental Charter, giving the same powers as the Dublin College, and it will be very easily known then "Who is a Doctor."

I am, &c.

T. H. B., Doctor of Medicine and Doctor of Physic.

P.S.—The College of Physicians in Dublin was founded in 1660 by Dr. John Stearne, Fellow and Professor of Physic in Trinity College, Dublin, was incorporated by Royal Charter of King Charles II., A.D. 1667, and re-incorporated by their Majesties King William and Mary, A.D. 1692, under the title of "The King and Queen's College of Physicians in Ireland." The Charter of William and Mary, and the Act of the Irish Parliament, 1 George III., cap. xiv., made perpetual by the Act, 30 George III., cap. xlv., sec. ii., confers on the Fellows and Licentiates of the King and Queen's College of Physicians, the title of "Doctor of Physic."

"CROWNER'S QUEST LAW."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In reference to the above the following case, I think, will show how little protection is afforded to human life by the "law" (at least in the Chester Ward), in consequence, I believe, of the justices withholding the fees from our coroner. I am fully aware that this circumstance alone prevented Mr. Favell holding an inquest in the case for, from my personal knowledge of that gentleman, I have always found him most anxious to do his duty, and I can safely add that he has lost many a pound by doing that for which the County should pay. On Saturday last I was called to see a child, which I found in *articulo mortis*: on enquiry I found it had been ill for a week, without any Medical attendant. The mother at first denied she had given it anything but castor-oil; however, she afterwards admitted giving it some brooklime (*Veronica beccabunga*, Linn.) by the advice of a midwife; the child died in about half-an-hour after my visit, and the father came to me for a certificate, which of course I refused, and sent a note to the coroner stating the case: however, he declined to hold an inquest, giving as his reason that his fees would not be paid, and the child's death was registered without a certificate, and buried. I will now conclude by suggesting a few questions, viz. Who can prove that it was brooklime? (it having been collected by the father, an ignorant man.) Was it correct to give such to the child, it having been suffering (according to the mother's statement) from a violent purging? For what was I in common with the whole Profession taxed to register when midwives and all kinds of quacks are allowed to practise the same Profession?

I am, &c.

Pineapple-house, Whickham, July 19. T. E. D. BYRNE.

COMMUNICATIONS have been received from:—

M. CLAUDE BERNARD; Sir J. R. MARTIN; Dr. RAMSBOTHAM; Dr. CONOLLY; Dr. GOODFELLOW; Mr. ERICHSEN; Dr. BARKER; Dr. DRUITT; Dr. HALFORD; Dr. DOIG; Dr. CAMPLIN; Mr. GRIFFIN; Mr. HOLMES; Dr. FIGG; Dr. BAKER; Dr. MEADOWS; REGISTRAR-GENERAL; Dr. SIMPSON, Islington; Dr. BISHOP; Mr. WILLIAMS; Dr. THOMSON; Mr. SLAYTER; Mr. GROVE; and Mr. ADAMS.

APPOINTMENTS FOR THE WEEK.

July 28. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

30. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

31. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

August 1. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

2. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

3. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

Westminster Hospital.—The following Operations will be performed at this Hospital on Tuesday next:—

By Mr. Holthouse—For Radical Cure of Hernia (two cases).

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Wood—For Varicose Veins; Stricture of Urethra (two cases); Hare-lip; Nævus.

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(Knight of the Order of Leopold of Belgium)

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OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague.

"I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best Medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regard genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

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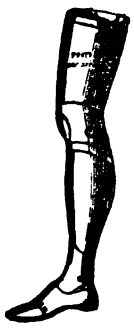

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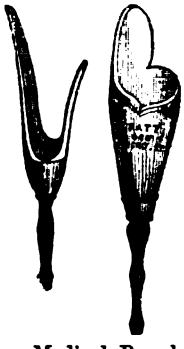

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IN SCALES, PERFECTLY SOLUBLE,

SYRUP OF HYPOPHOSPHITE OF QUININE AND IRON,

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LIQUOR NASTURTII (Fluid Extract of Watercress) of great therapeutic value in the various forms of scorbutic affections.

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Chemists to the Queen, 143, NEW BOND-STREET; 29, CHAPEL-STREET, BELGRAVE-SQUARE; and 220, REGENT-STREET, LONDON.

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H. SILVERLOCK'S stock of Labels for Dispensing purposes having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., at per book or dozen: a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d. Priced Catalogues of the above may be had, post free, on application. Printing of every Description at Moderate Prices.

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Iceland Moss Cocoa,

Manufactured by DUNN and HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen—or flesh-producing substance,—and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which is always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

TESTIMONIAL FROM A. H. HASSALL, Esq., M.D.—"I have carefully examined both microscopically and chemically the preparation of Iceland Moss and Cocoa made by Messrs. DUNN and HEWETT; I find it to be carefully manufactured with ingredients of the first quality."

"The Combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses moreover tonic properties."

(Signed) A. H. HASSALL, M.D.

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Solutions of purified Permanganate, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

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Chemical Works, Battersea, S.W.

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King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1, with an INTRODUCTORY LECTURE by Dr. JOHNSON, at Eight p.m.

Anatomy—Professor Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—Professor Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson.

KING'S COLLEGE HOSPITAL.

Physicians { George Budd, M.D., F.R.S. / George Johnson, M.D. / Lionel S. Beale, M.B., F.R.S. } With care of In-Patients.
Physicians { W. A. Guy, M.B., F.R.S. ..... } With care of Out-Patients.
Physician for Diseases of Women and Children—Arthur Farre, M.D.
Surgeons { W. Fergusson, F.R.S. / Richard Partridge, F.R.S. / William Bowman, F.R.S. } With care of In-Patients.
Surgeons { Henry Lee, F.R.C.S. ..... } With care of Out-Patients.

The Hospital is visited daily. Clinical Lectures are given every week by the Physicians and by the Surgeons. The Physicians' Assistants, Clinical Clerks, the House-Surgeons, and Dressers, are selected by examination from the Students of the Hospital.

WARNEFORD SCHOLARSHIPS.—Students who enter the Medical Department of King's College in October, 1860, will have the exclusive privilege of contending for the Scholarships founded by the late Dr. Warneford, for the encouragement of the previous education of Medical Students. There will be five, of £25 each, given this year—two to be held for three years, and three for two years.

The subjects of examination are the usual branches of school education —viz. Divinity, Classics, Mathematics, Modern History, and Foreign Languages; but any subject, except Divinity, may be omitted. The classical subjects are the same as those fixed for the Matriculation Examination at the University of London in July, 1860.

For full particulars, apply to J. W. Cunningham, Esq., King's College, London, W. C. R. W. JELF, D.D., Principal.

Operations.—Army, Navy, and India

EXAMINATIONS.—Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital (formerly House-Surgeon to King's College Hospital), is prepared to Superintend the Performance of the Operations on the Dead Body. Fee, including half a subject and the necessary instruments, Five Guineas; or with an entire subject, Eight Guineas.—Apply to Mr. Heath, at the Westminster Hospital.

The Queen's Hospital, Birmingham.—

The Appointments of PHYSICIAN to the Queen's Hospital, with the Chair of Physiology in Queen's College, and PHYSICIAN to the Queen's Hospital, with the Chair of Materia Medica in Queen's College, having become VACANT, gentlemen proposing to become Candidates are invited to send in their applications and testimonials on or before the 10th of August, 1860. WILLIAM SANDS COX, F.R.S.,

Queen's College, July 2, 1860. Dean to the Faculty.

Dispenser.—St. Mary's Hospital,

PADDINGTON.—Wanted, a DISPENSER for this Institution. He must be a Single Man. He will Board and Lodge in the Hospital, will take his meals at the Board-room table, and his Salary will be £50 per annum. His duties will be such as usually devolve upon that officer in Hospitals, but which may be known more fully by calling upon the Secretary. Candidates will be required to submit their proofs of scientific and practical knowledge of Pharmaceutical Chemistry to the Medical Committee. Applications, in their own handwriting, stating age and former engagements (if any), which they have held, together with testimonials to character and capability, must be sent in, addressed to the Secretary, at the Hospital, on or before Saturday, the 4th of August, and Candidates are to attend on the following Monday, at Half-past Four o'clock in the afternoon.

July 12, 1860. JOS. G. WILKINSON, Secretary.

Dover Union.—General Medical

ATTENDANCE, VACCINATION, &c.—The Board of Guardians of this Union will be ready on FRIDAY, the 3rd day of AUGUST next, to receive applications from legally-qualified MEDICAL PRACTITIONERS, to supply MEDICAL and SURGICAL ATTENDANCE upon the paupers of the 1st division of St. James's district, comprising the parishes of Charlton, Guston, St. James, and Whelfield, at a salary of £35 per annum. Also for the 1st division of the Hougham district, comprising the parishes of Alkham, Buckland, Caple, Ewell, Hougham, Poulton, and River, at a salary of £35 per annum. These salaries are exclusive of the fees set forth in article 177 of the General Consolidated Order of the Poor-law Board. 10s. 6d. will also be paid for each case of Midwifery, and 1s. 6d. for every case of successful vaccination if performed at or within two miles of the Medical Officer's residence, and 2s. 6d. if beyond two miles. The gentleman or gentlemen who may be appointed will be required to keep the several books specified in the Orders of the Poor-law Board, and generally to carry out their rules and regulations, as well as the directions of the Board of Guardians. By order of the Board,

WILLIAM CROSS, Clerk.

Dover Union Workhouse, Buckland, July 20, 1860.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, YORK PLACE, BAKER STREET, PORTMAN SQUARE, for the extraction of Mercury, and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Cambridgeshire, Isle of Ely, and

BOROUGH of CAMBRIDGE PAUPER LUNATIC ASYLUM.—RESIDENT MEDICAL SUPERINTENDENT.—The Committee of Visitors are desirous of ENGAGING a Gentleman qualified to act both as SURGEON and APOTHECARY (whether possessing a Degree or not) and fully capable of taking upon himself the responsible duties of Medical Superintendent of the above Asylum, distant about three miles from Cambridge.

The person appointed will be expected to devote the whole of his time and energies to the duties of the office; and he will be precluded from private practice. Preference will be given to a Gentleman who has been accustomed to the care and treatment of Lunatics. The salary will be £300 per annum, with a Furnished House and Coals, and an allowance of £140 per annum in lieu of rations.

In the event of the Medical Superintendent being married, the Committee may prefer that the duties of Matron be performed by his Wife; but do not pledge themselves to such a course. Should, however, this be the case, the Matron would receive a salary of £100 per annum, and £60 in lieu of rations.

The person appointed will have to supply his own plate, linen, china, and other household articles, except furniture, and to provide his own domestic servants.

Testimonials to be forwarded to "The Committee of Visitors," under cover to me, on or before Monday, the 30th day of July next.

CLEMENT FRANCIS, Clerk to the Visitors.

Cambridge, June 26.

N.B.—It is particularly desired that no application, either personally or by letter, be made to any member of the Committee, or their Clerk; and any such, if made, will not receive attention.

Pau, South of France.—An English

SCHOOL has been established for the last three years at this town, for the purpose of giving a classical, mathematical, and general education to the children of English resident in Pau, or of visitors.

The plan of the School includes Latin, Greek, Euclid, Algebra, German, French by a native, and a thorough course of English.

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(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine, &c. &c.

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Great Western Railway. — Annual MEETING of the BRITISH MEDICAL ASSOCIATION at TORQUAY, AUGUST 1st, 2nd, and 3rd.—Members of the Association and their friends, presenting their cards at any Station on the Great Western Railway at which through tickets are issued, on Tuesday, Wednesday, and Thursday, the 31st July, and 1st and 2nd August, can obtain 1st and 2nd Class RETURN TICKETS to Torquay, available for return on any day up to Monday the 6th August, inclusive, with permission to break the journey at Exeter, either going or returning.

Derbyshire General Infirmary.—PHYSICIAN WANTED.—Dr. Watson, one of the Physicians of this Institution, having resigned his appointment, CANDIDATES for the Office, properly qualified, are requested to send in their Applications and Diplomas to me, the undersigned, not later than Twelve o'clock on Monday, the 20th August next.

Infirmary, Derby, July 16. SAMUEL WHITAKER, Secretary.

Derbyshire General Infirmary.—HOUSE-SURGEON WANTED.—CANDIDATES are required to be Members of the Royal College of Surgeons of London, Dublin, Edinburgh or Glasgow, and must be single men and willing to engage themselves for three years. Salary £80 a-year for the first three years, and £100 a-year afterwards, with Board, Washing and Apartments. Applications for the office, together with diplomas and testimonials, to be sent to me the undersigned not later than Twelve o'clock on Monday, the 20th August next.

Derby, July 23, 1860. SAMUEL WHITAKER, Secretary.

Cumberland and Westmorland Lunatic ASYLUM.—WANTED, a MEDICAL SUPERINTENDENT for the NEW LUNATIC ASYLUM at GARLANDS, near Carlisle. Salary, £300 per annum, with coals, gas, washing, and unfurnished house, without any other perquisites. He will be required to come into residence early in November next, and no subordinate Medical Officer will be appointed. Applications, with testimonials, to be sent to T. H. Hodgson, Esq., Clerk to the Visitors, Carlisle, not later than the 8th of September next.

Carlisle, July 19, 1860.

Birmingham and Midland Eye INSTITUTION.—WANTED, for the above Institution, a HOUSE-SURGEON. He will be required to be a Member of one of the Colleges of Surgeons of Great Britain or Ireland, and a Licentiate of the Society of Apothecaries, London, or of one of the Colleges of Physicians of the United Kingdom, and to be registered in accordance with the Act of Parliament. Salary, £80 per annum, with an annual increase of £10 till it reaches £100, with apartments and attendance. Testimonials, addressed to the Medical Committee, to be sent on or before the 1st September next. Candidates are requested not to canvass.

Leeds House of Recovery. — The Office of RESIDENT APOTHECARY to this Institution being VACANT by the resignation of Mr. Richards, his Successor will be appointed on Wednesday, the 8th day of August. It is required that he should be a Licentiate of the Apothocaries' Company of London, not under twenty-five years of age, that he shall devote his entire time to the duties of his office, including those of Secretary. Salary £100 per annum, with board, lodging, and washing. The fullest satisfaction will be required by testimonials and otherwise, and no one will be appointed without a personal interview. Testimonials as to character, professional acquirements, &c., must be forwarded to the Institution on or before Saturday, the 4th day of August.

Leeds, July 17, 1860.

Chester General Infirmary.—Election of HOUSE-SURGEON, and (contigent thereon) an ASSISTANT HOUSE-SURGEON.—Notice is Hereby Given, That a Special General Board of the Governors will be held in the Board-room, on Monday, the 13th day of August, 1860, for the purpose of ELECTING a HOUSE-SURGEON in the room of Mr. Jephcott, resigned. The duties may be known on application at the Infirmary. As Mr. Rees, the present Assistant House-Surgeon, is a Candidate for the appointment, if he be elected to the office, the Board will then and there proceed to the Election of an Assistant House-Surgeon in place of Mr. Rees. Unexceptionable testimonials will be required of moral conduct, and the Candidates for either appointment must be Members of one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, and legally qualified as Apothecaries. Salary of House-Surgeon, £80 per annum, and of Assistant House-Surgeon, £60 per annum, with residence and maintenance in the House. Testimonials to be addressed to the Chairman of the Board on or before Saturday, the 4th August.

By Order,

Board-room, July 10, 1860. J. JONES, Secretary.

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Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, at the above Address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE Practice.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

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Wrexham Infirmary and Dispensary. WANTED, a legally-qualified HOUSE-SURGEON and DISPENSER to the above Institution (unmarried). Salary, for the first year £80, the second £90, and the third £100, with furnished apartments, coals, candles, washing, and attendance. All applications to be addressed to the Medical Committee, at the Infirmary, on or before Monday, the 13th day of August next. The Election will take place on Tuesday, the 21st day of August next, when applicants must appear personally. To enter on duties early in October next.

Wrexham Infirmary, July 25, 1860.

Wanted, a Surgeon for a Ship to Sail in a few days for San Francisco, California, and Victoria, British Columbia. Apply to F. Young, Export Druggist, 187, Minories, London.

Wanted, a Resident Dispensing and OCCASIONAL VISITING ASSISTANT, who has been accustomed to Midwifery. Salary, from £40 to £50, according to qualification. Apply, A. B., F. Southgate's, Esq., Solicitor, Gravesend.

The Practice of a Physician and SURGEON, just deceased, in Manchester, to be DISPOSED OF, Receipts £500 per annum, including Clubs, which may be transferred. Terms easy. An Assistant at present in charge. Apply, P. S., Kennedy and Watson's, Brown-street, Manchester.

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MEDICAL TIMES & GAZETTE

VOL. II. 1860. No. 527. LONDON, SATURDAY, AUGUST 4, 1860. SEVENPENCE. STAMPED EDITION, 8d.

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NOTICE.

The Medical Directories.

The ANNUAL CIRCULAR was posted to every Member of the Profession in the United Kingdom on Thursday, August 2.

The Editors will feel obliged by its being returned with as little delay as possible.

Should the Circular have in any case miscarried, immediate communication with the Office of the MEDICAL DIRECTORIES is requested.

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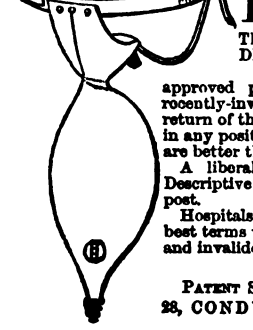

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Lecture II.
GENERAL CONDITION OF THE URINE.

Gentlemen,—The urine presents very different characters in these several affections, and also in different stages of the same affection. I shall therefore confine myself at present to the general characters of the urine as found in all these affections, reserving the description of their peculiar characteristic and diagnostic features as exhibited in the several affections until I come to speak of them individually. As in the case of the symptoms, so it will be my object when speaking of the conditions of the urine and the blood, to describe them in such a way that it may guide you in your observation of cases. I have already stated that in the more acute or sthenic affections the quantity of urine voided daily is considerably diminished, and sometimes the secretion is nearly or even altogether suppressed. In this case, if not speedily relieved, the patient soon falls into a state of coma, alternating with convulsions, and a fatal result may momentarily be expected. The urine in these forms may have a specific gravity equal to, if not above the healthy average; but yet in consequence of the small quantity passed, the amount of urea excreted from the system is much below that which is thrown off from the system in a state of health. Even the urine that is voided of this high specific gravity may not contain the normal proportion of urea, and some may be retained in the blood. One of the analyses of Simon, which you observe in the diagram, shows this very clearly. It was the case of a man, aged 20, who was suffering from what is usually called "Acute Anasarca," like that which occurs after scarlatina. The blood contained a considerable quantity of urea, the amount of urea in the urine was only one-half, or, according to some analyses of the urine in health, only one-fifth of the normal proportion, and yet the specific gravity was within the healthy range, being 1017. An analysis of the urine of the patient now in No. 4 bed in Founder Ward, kindly made for me by our Lecturer on Chemistry, Mr. Heisch, shows this very clearly. This man was passing urine of specific gravity varying from 1018 to 1020. The quantity passed in twenty-four hours, sent to Mr. Heisch, had a specific gravity of 1019. In 1000 grains of the urine there were 8 grains of urea. This proportion is very much below the average of health. But he passed only 19 ounces in the twenty-four hours, and consequently the whole of the urea excreted by the kidneys in twenty-four hours was only 105 grains; whereas Mr. Heisch has found from analyses of the whole of the urine passed in twenty-four hours by a healthy man, the quantity of urea varied from 230 to 280 grains. Lehmann found from his analyses that it nearly doubled this.

Now, with reference to the specific gravity, it is necessary for me to say that it depends in some measure upon the diet, the amount of exercise, the constitution, and sex of the individual. In females it is commonly lower than in males, lower in childhood and old age than during the middle periods of life, lower on a mixed diet than on a purely animal diet, and what *a priori* might not have been expected, lower than on a purely vegetable diet, as discovered by Lehmann. With regard to this last, however, it is probably owing to the diminution in the quantity of water in the urine under a purely vegetable diet, that this unexpected result was obtained. The result of Lehmann's very interesting and important experiments may be more clearly seen in the subjoined table:—

EFFECTS OF DIET UPON URINE—LEHMANN.

	Urine daily.	Mean Sp. Gr.	Solid Matter daily. Grs.	Solid Matter per 1000 of Urine. Grs.	Urea daily. Grs.	Percentage of Urea in Solid Matter.	Urea in 1000 of Urine.	Urea Acid daily. Grs.	Uric Acid in 1000 of Urine.	Percentage of Uric Acid in Solid Matter.	Extractive Matter daily.	Salts daily.	Lactic Acid daily. Free. Grs.	Lactic Acid daily. Combined. Grs.
ORDINARY MIXED DIET.—OCTOBER.	16,298 grs., or about 34 ozs.	1022	1044·452	65·794	500	46·23	29·33	18·3	1·089	1·62	161·865	34·931	22,561	17,931
EXCLUSIVELY ANIMAL DIET.—JUNE.	18,557 grs., or about 33.5 ozs.	1027·1	1350·374	75·48	820·6	61·297	47·4	22·8	1·29	1·42	39·783	23·055	33,441	(?)
VEGETABLE DIET.—AUGUST.	13,981 grs., or about 29 ozs.	1027·5	914·087	66·41	366·9	39·086	26·81	15·756	1·14	1·737	254·612	32·188	18,548	21,157
NON-NITROGENOUS DIET.—JUNE.	16,126 grs., or about 33.5 ozs.	..	643·205	..	236·8	..	..	11·265	..	..	182·85	..	Lactic acid and Lactates. 89,815 grs.	

It will thus be seen that, although the specific gravity of the urine actually passed after a vegetable diet was about the same as that from a purely animal diet, yet the solid constituents were much less, especially the urea and uric acid. During exercise, also, the specific gravity and the amount of urea, uric acid and other solid constituents are increased, in great part doubtless from the activity of the respiratory, but more especially of the cutaneous, function. It must to some extent, also, be ascribed to the great amount of urea from the waste of the muscular tissue. Seeing these differences, then, in the urine under these different circumstances, as to age, constitution, sex, diet, and exercise, it must seem clear to you that in drawing your conclusions from the specific gravity of different samples of urine, you ought to take these circumstances into calculation, and make some allowances for them. Some states of health, also, will make a considerable difference in respect of the specific gravity. In order to make some definite and useful conclusion from the specific gravity as to the amount of solid constituents in the urine, there are two ways of roughly, I may say clinically, arriving at an approximative result. One is the formula of Dr. Christison, the other owes its origin to Dr. Bird. I repeat that it is only an approximative result that you can arrive at by these formulæ; for you will see by the tables of Lehmann, which I have just quoted, that the quantity of solid constituents are not always in proportion to the sp. gr. The formula of Christison is this:—If D = the density or sp. gr. of urine, and Δ = difference between 1000, and its density, the quantity of solids in 1000 grains will = Δ × 2·33 = 23·30. Thus, *e. g.* supposing the sp. gr. be 1020, then 20 × 2·33 = 46·60, which is the amount of solids in 1000 grains of urine. The same formula has been used by Dr. Henry and by Becquerel; but Dr. Henry assumed that the quantity of solids in 1000 grains

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$\Delta \times 2{,}58$, which is too high, and Becquerel assumed it to be $\Delta \times 1{,}65$, which is too low. In addition to these I may mention Trapp's formula, the error of which, according to Vogel, cannot exceed $\frac{1}{10}$ in health, and $\frac{1}{4}$ in morbid urine If Δ represents the excess of the sp. gr. of urine above that of water (= 1000), the amount of the solid constituents of 1000 parts of that fluid will be represented by 2 Δ. Now, as this is the simplest means of arriving approximatively at the amount of solids for those who are engaged in studying kidney diseases at the bedside, and at the same time the most accurate, I will not stop here to describe that of Dr. G. Bird. The following table, however, calculated by Dr. G. Bird, according to Christison's formula, will show at a glance the number of grains of solids, and the weight of a fluid ounce of urine, of every density, from 1·010 to 1·040.

Specific Gravity.	Weight of 1 fluid oz.	Solids in 1 fluid oz. Grains.	Specific gravity.	Weight of 1 fluid oz.	Solids in 1 fluid oz. Grains.
1010	441·8	10,283	1025	448·4	26,119
1011	442·3	11,336	1026	448·8	27,188
1012	442·7	12,377	1027	449·3	28,265
1013	443·1	13,421	1028	449·7	29,338
1014	443·6	14,470	1029	450·1	30,413
1015	444·0	15,517	1030	450·6	31,496
1016	444·5	16,570	1031	451·0	32,575
1017	444·9	17,622	1032	451·5	33,663
1018	445·2	18,671	1033	451·9	35,746
1019	445·8	19,735	1034	452·3	36,831
1020	446·2	20,792	1035	452·8	37,925
1021	446·6	21,852	1036	453·2	38,014
1022	447·1	22,918	1037	453·6	39,104
1023	447·5	23,981	1038	454·1	40,206
1024	448·0	24,051	1039	454·5	41,300

I must repeat, that by formulæ of this kind we can only gain an approximation to the truth; for, as you will see by some of the diagrams as I proceed, the various elements of the urine may possess different densities, and these, again, may not always exist in the same proportion. Yet they are of great value in the investigation of disease at the bed-side, and I would recommend you to copy this table in your note-books, as well as Dr. Christison's formula, which will enable you in any case to form an independent judgment. Dr. Day has shown by his researches, that of the three formulæ that I have mentioned, Dr. Christison's is the most exact, and affords results generally sufficiently accurate for the guidance of the Practitioner.

In the chronic or asthenic forms of these diseases, especially in an advanced stage, instead of the urine being scanty in quantity, and having a tolerably high specific gravity, as in the acute and sthenic forms, the urine passed in twenty-four hours may amount to from thirty-five to fifty ounces or more, being equal to, and in some cases greater than the average in health. In this case, however, the specific gravity is nearly always below the healthy average, the urine is almost always pale, and in the most advanced cases, almost colourless. Occasionally it may be red, or reddish brown, or pale smoke brown —"smoky," as we call it in the wards. It also may present a peculiar lemon, or rather orange tint, which is said to disappear on the coagulation of the albumen. A slight muddiness, or opalescence may also at times be observed, which Dr. Christison is inclined to think is due to mucus of the bladder. It is generally slightly acid when recently voided, sometimes neutral, or even alkaline. Very often there is froth at the top, which continues for some time after the urine has been voided; it carries, as the spirit dealers say, a "good bead." Sometimes it presents a milky appearance, in which cases we shall always discover, on closer examination, evidence of fatty matters.

Such, then, shortly stated, are the physical properties as observed by the naked eye. We come now to consider the *Chemical Condition of the Urine*, which is of much greater importance to us; and with reference to this, it is much to be regretted that we have not had more satisfactory investigations and analyses of the urine and the blood in these diseases. With reference to the blood there is great difficulty. It is not in our power to get enough blood—that is to say, we cannot always, if ever, feel justified in drawing such an amount of blood from patients labouring under these diseases as will enable even an expert chemist to ascertain the exact quantity of urea present. But with regard to the urine, there is really no excuse. The analyses that have already been made are not so satisfactory as we could desire, but I think we may depend upon the results so far as they have been carried. I may state here that, to carry on examinations of the urine in these diseases, it is not sufficient to take a certain quantity of any one sample of urine that may have been recently voided; but, in every case, to collect the whole of the urine passed in twenty-four hours, the exact quantity of which should always be noted. Out of this a certain quantity may be taken for analysis, and the proportion of the constituents, natural and adventitious, as found by analysis, will show exactly the amount of these several constituents actually voided in twenty-four hours. In this way we can easily calculate what is passed in a week, or in any longer period, for, while the specific gravity and obvious physical properties remain about the same, the probability will be that the proportion of the different constituents will remain nearly, if not precisely, the same, and another analysis need not be nececsary until the specific gravity and colour of the urine, and amount of albumen, ascertained by heat and nitric acid, undergo some change. As an additional reason for this, if indeed any were wanted, I may state that it is well known that the urine undergoes very important alterations, both in its sensible and chemical qualities, when the stomach is empty, soon after taking food, and at the end of the digestive process. Dr. Bence Jones long ago pointed out that soon after taking food the urine becomes pretty nearly alkaline, and that it gradually becomes more and more acid until the time of taking the next meal. But the urine undergoes other and more important alterations in these conditions. The following extract from Bernard shows this very convincingly:—"About ten years ago he obtained a number of rabbits, and as it was for the purpose of discovering the modifications which the urine exhibited from the passage of certain substances injected into the blood, he felt it necessary to have them in every respect as nearly alike as possible. In fact, those which he obtained were of the same size, the same age, and the same colour. He commenced his experiments by examining their urine. He found that in one it was clear, acid, and contained a considerable quantity of urea; while in others it was troubled, alkaline, and contained a great quantity of the carbonates; and, lastly, in others, the urine was neutral, in some opaline, and in some clear. It was evident, then, that some physiological conditions, other than their close resemblance, were in operation, and these conditions were found to depend upon the differences in which they were placed with regard to alimentation. In the first the animals had been allowed to fast for some time; in the second, gastric digestion was going on actively, and in the others, digestion was nearly, if not completely over.

Whenever an opportunity occurs the blood should always be examined for urea, but, as I have just stated, very imperfect evidence of the presence of urea can be obtained from small quantities of blood. These analyses have, however, been made by some chemists, as you observe in the tables before you. These tables, as well as the results of other analyses, which I shall more particularly allude to by-and-by, render it a matter of no doubt, that the small amount of urea excreted by the kidneys is more or less an index of its presence in varying quantities in the blood, and the general conditions of these two fluids are so far satisfactorily established as to afford sufficient ground for the explanation of the proximate cause of the symptoms and the secondary affections, which I shall give in my next Lecture.

Chemical Condition of the Urine.—Before we enter upon the consideration of the *adventitious* constituents of the urine in these diseases, it is desirable to direct our attention to the proportions in which the *normal* constituents are found in the healthy state. Unfortunately, here, as in the case of diseased urine, the analyses have not in general been made in such a way as to show the *average* proportion of the several ingredients in twenty-four hours. As a praiseworthy exception to this, I place before you three analyses made by C. G. Lehmann. They were made with the collected urine of the past twenty-four hours of a young, well-fed man of the sanguine-bilious temperament, who took only a very moderate quantity of drink, and in whom the urine perhaps was somewhat more concentrated than usual. But even if the analyses were made so as to obtain the average of urea and other constituents in twenty-four hours, we ought to make due allowance for the natural and very great differences in the quantity of these voided by persons in health, of very different constitu-

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tion, and different habits, as to food, clothing, and exercise. Our analysis, therefore, in disease can only be approximatively correct; and if we find that the *mean* quantity of urea and other constituents thrown off from the system in twenty-four hours is only a half or two-thirds of that of the same constituents as found in health, we may conclude that the kidneys in these diseases are rendered incapable, to a certain extent, of separating the urea and other salts from the blood, and that therefore (as found to be the case on analysis of the blood) some urea and other salts (uric acid, *e. g.*) still remain in the blood. This remark, with regard to the analyses of the urine in these diseases, is equally applicable to those of the urine in all diseases; for, if you will refer to Simon's and Lehmann's works, as published by the Sydenham and Cavendish Societies, on the analysis of the urine in different diseases, you will find every proportion of the constituents in one and the same disease, and it will be impossible to come to any but an approximative conclusion.

LEHMANN'S ANALYSIS.

	1.	2	3.	
Water	937·682	934·002	932·019	
Solid residue	62·318	65 998	67·981	
Urea	31·450	32·914	32·909	
Uric Acid	1·021	1·073	1·098	
Lactic Acid	1·496	1·551	1·513	
Water-extract	0 642	0·591	0·632	
Spirit and Alcoholic extract	10 059	9·871	10·872	
Lactates	1·897	1·066	1·732	
Chlorids of Sodium and Ammonia	3 646	3·602	3·712	
Alkaline Sulphates	7·314	7·289	7·321	
Phosphate of Soda	3·765	3·666	3·989	
Do. Lime and Magnesia	1·132	1·187	1·108	
Mucus	0·113	0 101	0·110	
	15·857	15·744	16·130	

BECQUERREL'S ANALYSIS,

which agrees pretty closely with those of Simon, Marchand, and Day.

	Mean Composition of Urine in a Healthy Man.	Healthy Woman.	General Mean.
Specific gravity	1018·9	1015·12	1017·01
Water	968·815	975·052	971·935
Solid constituents	31·185	24·948	28·066
Urea	13·888	10·366	12·102
Uric Acid	0·391	0·406	0·398
Fixed Salts	7·695	6·143	6·919
Organic Matters	9·261	8·038	8·647

In looking at these tables we cannot but be struck with the very great difference in the proportion of the normal constituents of urine in healthy persons. In those of Lehmann they are doubtless above the average, as in those of Becquerel they are much below the average. But even here the difference is more apparent than real. You will perceive that the great difference is in the quantity of water, as is clearly shown in the following tables. The differences are exhibited in a much less striking manner, although to a certain extent they still exist.

	Berzelius.	Lehmann.		
Urea	45·10	49·68	48·39	49·10
Uric Acid	1·50	1·61	1·57	1·63
Extractive Matter, Ammonia-salts, and Chloride of Sodium	36·30	28 95	25·80	29·54
Alkaline Sulphates	10·30	11·58	10·71	10·92
Alkaline Phosphates	6 88	5·96	5·38	5·65
Phosphates of Lime and Magnesia	1·50	1·97	1·73	1·65

	Simon.					Marchand.		Day.
Urea	33·80	33·10	30·07	37·80	36·20	48·91	49·58	42·56
Uric Acid	1·40	1·60				15·9	1·68	1·56
Extractive Matter, Ammonia-salts, and Chloride of Sodium	42 60	46·00	50·90	47·90	47·37	32·49	31·74	
Alkaline Sulphates	8·14	8·80	10·01	11·00	12·00	10·18	10·15	
Alkaline Phosphates	6·50	5·70	6·75	6 25	6·80	4·57	4·90	
Phosphates of Lime and Magnesia	15·9	1·50	1·75	1·46	1·62	1·81	1·63	

Such, then, is the proportion in which these constituents of the urine are found in health. How are they affected in diseases which we are now considering? The following table will show this very clearly:—

ANALYSIS OF URINE IN DISEASE (BECQUERREL).

Specific gravity	1016·3	1010·0	1007·5	1008·4	1006·4	1012·6	1010·0
Amount of urine in 24 hours, in ounces	28·0	35 2	62·9	78·0	106·0	25·3	
Water	965·0	981·5	987·5	986·3	989·1	975·5	981·5
Solid constituents	35·0	18·5	12 5	13·7	10·9	24·5	18·5
Urea	11·6	6·3	6·3	1·8	3·8	7·5	5·9
Uric Acid	0·3	0 6	0·3	0·2	0·2	0·4	0 4
Albumen	11·9	2·5	0·1	3·4	2·6	5·9	
Fixed Salts	6·6	4·1	2·5	2·9	1·7	4·9	3·7
Extractive Matter	4·6	4·8	3·2	5·5	2·5	5·7	4·7

Thus we find by comparing the two sets of Tables—those of health, with those of disease,—that the proportion of urea ranges in health from 11 or 12 to between 32 to 33 parts in 1000 parts of urine, while in these affections of the kidney, it is only found in one of the cases noted in the tables as high as 11, and this was when the quantity of water was much below the average proportion, and at the outset of the disease. In nearly every other instance it was found varying in proportion from 7½ to below two parts in 1000. The uric acid seems to undergo a less notable difference. In health it runs from 0·391 to 1·098; in these diseases it varies from 0·6 down to 0·2. Another very important, but rather indefinite ingredient in the urine undergoes a great diminution in this disease—those substances called by chemists the "extractive matters." These are, however, important to us in connexion with these diseases. These matters are, I believe, universally considered by chemists to have their origin in the metamorphosis of the tissues, and in the effete matters which are no longer useful in the body, but ought to be excreted from it. These matters in healthy urine vary from 10 to 16 grains in 1000. In these diseases they are reduced to from 5 to 2 grains in 1000, being from ⅓ to ⅛ the usual proportion. The fixed salts also are diminished. In health they vary in amount from 11 parts in 1000, the lowest, to 16 parts or more, the highest; while in these diseases they vary from 11, the highest, down to 1·8 the lowest. There is also a great difference in the proportion of water. In health it varies from 981 the highest in any analysis, down to 932. In these diseases that we are now considering, it runs from 948 the lowest (and in this case it was in the earliest stage and the most acute form of these affections), up to 989. On the whole the contrast in the amount of solid residue in health and in these diseases is most striking. In Berzelius it is 67·00 in 1000 parts, and in Marchand's 30 in health. In these affections it varied from 36·0, the highest, down to 10·9, the lowest. And it should be noted, in connexion with this residue, that in Bright's Disease the amount is increased by the adventitious substances present,—albumen, casts of tubes, blood-corpuscles, etc., so that the nominal amount of solid residue in these affections is greater than the real or absolute amount.

So much, then, for the alteration in proportion in the natural constituents of the urine in these affections. What are the adventitious constituents? The first and most important is albumen. The quantity of this proximate principle is found, by the most approved analyses, to vary from 22·64 to 0·1 in 1000 parts. I need not here occupy your time in describing the manner in which albumen is detected in urine. Most of you are practically acquainted with it, and for those present who have not as yet been much in the wards, it is described in the "printed instructions" in the case-books. It would be well, however, in some cases to weigh 1000 grains of urine, and filter, to separate extraneous matters. Then coagulate the albumen by heat, wash and carefully dry it, and weigh. You will then discover for yourselves, what was first pointed out by Dr. Christison, namely, that although the proportion as estimated by its volume in the fluid is very abundant, its weight is insignificant. Ten parts by weight in 1000 parts of urine, will render it almost a thin uniform pulp when heated. Less than this is seldom met with in the early stage of the disease. The highest Dr. Christison has found has been 27 in 1000. Here, as in all similar instances, heat converted the urine into a gelatinous mass, from which no fluid issued on turning the test-tube upside down. With reference, however, to the presence of this principle in the urine, I ought to state that it has been found occasionally in the urine in persons apperently healthy. Christison found it temporarily in persons after eating plentifully of cheese, pastry, and other indigestible articles, which are known to have the effect of increasing the solid ingredients of the urine. He has found it also follow the application of a blister, when this happened to have given rise to renal irritation. When the system has been affected by mercury also. When I come to speak of the blood, you will find that not only is albumen occasionally present in the urine in apparent health, but that urea is present in the blood under the same healthy conditions.

Rayer has detected albumen in the urine in pregnancy, and this is the state most calculated to mislead as to its true cause, because in many cases there is more or less œdema of the feet and ankles. But, knowing as you do, the symptoms of these affections, and the way in which the anasarca makes it appearance, I apprehend that you will have very little difficulty in

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ascribing the presence of albumen to its true cause. Many have detected this principle in the urine in the crises of some fevers, in inflammations of the thoracic organs, in acute articular rheumatism, intermittent fevers, typhus, measles, and especially cholera. In gout also it may frequently be observed. But in all these cases its presence is not permanent.

Besides the albumen and other constituents of the serum of the blood (for I look upon it that its presence in the urine is principally owing to a simple transudation of the serum into the uriniferous tubes and malphigian capsules), we may have the blood-corpuscles and blood-casts, fibrinous filmy matters and casts of tubes, epithelium particles or epithelial and other kinds of casts, granular, fatty, wax, and so on, and occasionally (and especially in advanced stages) puriform mucus-globules from the urethra, bladder, ureters, and even pelvis. Now these casts and adventitious constituents, with the exception of albumen, are only to be seen by the microscope, and to recognise them with certainty is one of the most valuable accomplishments which you can attain; and I would emphatically recommend you never to lose an opportunity of making yourselves practically acquainted with these casts—measuring their diameter, and so on. Here are diagrams of all the different forms. But no diagrams will convey an idea of their appearance under the microscope like that which you will derive by examining the tube-casts themselves, as well as the other constituents, the different kinds of epithelium, the tesselated and columnar from the bladder, the columnar from the ureter, the smaller and fine tesselated from the pelvis, the globular and glandular from the convoluted tubes, and the same kind of epithelium but somewhat flatter and more resembling the scaly variety in the straight tubes. Of course, with this you may have both scaly and columnar epithelium from the urethra, and this last and the vagina. It is important also to be able to recognise the extraneous matters that are always found in the urine, such as cotton fibres, blanket, hair, etc. But a perfect acquaintance with the casts is essentially necessary, for it is by the character of these casts, when taken in conjunction with the history and symptoms, that you will be able to discriminate the several affections which we are now considering, and which I shall describe more at length in a future Lecture.

Condition of the Blood.—The blood undergoes some very important and interesting alterations in this disease. These conditions are of the greatest importance in explaining the symptoms and secondary affections in the several diseases coming under the general denomination of Bright's Disease. The blood in the acute or sthenic affections coagulates with a thick, firm, and cupped buffy coat. There seems to be an increase of the fibrine. An interesting fact has been discovered by Simon, of Berlin, as quoted by M. Claude Bernard ("Leçons sur les Propriétés Physiologiques et les Alterations Pathologiques des Liquides de l'Organisme") which in some measure may explain this. Normally we do not meet with fibrine in any secretion. And yet if we compare the blood which enters a secreting organ with that which issues from it by the vein, it is found that its passage through the organ has produced a diminution or even a total disappearance of the fibrine. Now this is pre-eminently the case in the kidney. On receiving the blood of the aorta and also that from the renal vein, and whipping each quantity of blood with twigs in the usual way, it was found that while that from the aorta yielded a certain definite quantity of fibrine, none whatever could be obtained from the renal vein. Now this is excessively interesting and important in reference to these diseases. When we recollect the sources of the urea, namely the protein compounds, and that the kidney is incapable in these affections of separating the urea, we may be able to account in some measure for this increase of fibrine in the blood. In ordinary circumstances the fibrine is converted to some extent into albumen in the kidney. That some very important changes take place from the separation of the urea and other normal constituents of the urine there can be no doubt. It is probable, almost certain, that in health the secretion is always going on in the kidney. Now Bernard states as the result of often-repeated experiments that in the kidney and all the glands that he has already tried, when the function is going on, the blood issuing from the vein has a bright sparkling red colour (*couleur rutilante*), but if the secretion is more or less diminished or altogether suppressed, not only is the blood issuing by the vein dark coloured, but the whole organ assumes a purplish tint more or less deep. This change in colour may be owing to non-separation of water during the suspension of the function of the kidney. The results of Nasse's very interesting inquiries into the effects of water and other substances on the blood-corpuscles, show (what I can confirm by my own experiments) that if blood be diluted with water it assumes a dark red colour; if the blood was previously dark-coloured, it becomes still darker on the addition of water; and if, in these cases, the blood-corpuscles be examined under the microscope they are found to be distended, and to have lost their discoid form, and to have become spherical. The blood collectively must therefore appear darker, since each individual corpuscle has become converted into a spherical mirror, from which the red rays are scattered and reflected. It is not unreasonable then to assume that the brightened colour of the blood of the renal veins, may, in part at least, be owing to the separation of water, urea and extractives in the kidney; and that when the separation of these substances is prevented or deficient, the blood becomes damaged and unfitted for its office. It is not too much to assume that if the function of the kidney be impaired, as it is assuredly in these diseases, that the blood should be found to undergo the alterations which I have described with regard to the fibrine. That the kidneys in Bright's Disease are incapable of producing certain changes which they have the power of doing in health, has been asserted by Bernard. It is well known that turpentine taken into the stomach, or inhaled by the lungs, gives rise to an odour of violets in the urine, and everyone knows the offensive odour given off from the urine after eating asparagus. Bernard asserts that in Bright's Disease these effects are not perceived. These changes in health are effected in the blood or by the kidney, and not in the stomach or in the lungs. If introduced into the cellular tissue the same odour is given off.

In these acute affections the serum is usually rather turbid, and when shaken with ether, yields a small quantity of solid fat. The decrease in the density of the serum in these acute or sthenic forms is very remarkable. While in healthy blood it is estimated at 1029-1031, it now sinks to 1020, or even 1019; and when this is the case the proportion of albumen in the urine is very considerable. The albumen in the urine, and the density of the serum of the blood, may to a great extent be considered as holding an inverse relation to each other. But the great and remarkable peculiarity is the presence of urea in the blood. Now it is necessary for me to state here, as I did with reference to albumen in the urine, that urea has been detected in the blood of healthy persons. In some other diseases also, as in gout and cholera (from suppression of urine), urea has been detected; but the character of permanency in Bright's Disease, and its transitoriness in the other affections, taken with the symptoms, will show the great difference.

As these affections proceed in their course, other changes are produced. 1. There is an excess of serum; the clot often constituting not more than one-fourth of the blood. 2. The density of the serum returns to its normal state, or even exceeds it; sometimes, however, it remains low, even in the advanced stages. 3. The urea disappears as the disease advances, but usually reappears towards the termination of the case, in even a larger amount than previously. 4. The fibrine, which is increased in the first stage, returns to its normal amount as the disease advances, and only becomes considerable again towards the close, or during an inflammatory complication, showing that in some of these affections the kidney partially, if not completely, recovers the function of changing the fibrin into albumen. 5. The most remarkable character of the blood in some of the acute or sthenic forms, and in the most advanced stages of the other forms, is the great decrease of the blood-corpuscles, which frequently amount to only one-third of the normal proportion. Now what causes this, in some cases rapid, and in other cases comparatively slow, diminution of the red globules, we are not exactly prepared to explain; but the fact is indisputable; and when we know the important *rôle* which these corpuscles play in the economy, as discovered by the researches of Majendie and Brown-Séquard, we must regard this alteration as of the highest interest and importance.

The tables which are before you will show these alterations very clearly.

In the next Lecture I shall endeavour to explain the

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manner in which the various symptoms and secondary affections of these diseases are produced, as derived principally from the conditions of the blood which I have now described.

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

PART I.—THE HANWELL ASYLUM.

No. VIII.

By JOHN CONOLLY, M.D.

THERE are no occurrences incidental to lunatic asylums, public or private, which create more anxiety than suicides, and cases of refusal of food; the latter being, however, too indiscriminately ascribed to the wish to destroy life. The opponents of non-restraint did not fail to prognosticate that the abolition of bodily coercion would increase the number of cases of suicide; and when, as a part of the non-restraint system, the violent methods of forcing food into a patient's mouth and stomach were abstained from, or at least discouraged, every case in which an aversion to food was evinced was represented as a case in which self-destruction was intended, and if the patient died, notice was sent to the coroner; the Coroner was met at the gate, and heard something against the new system; and every officer was admitted to the inquest except the Physician, who was considered to be on his trial for manslaughter. I confess that events of this kind, twenty years ago, caused me much affliction—but their natural remedy soon came. The instances of refusal of food were not found to be more frequent, and suicides by other means were most happily very few, and would have been fewer if the attendants, to whom the old restraints were dear, had always been mindful of the substitutes they were enjoined to employ.

Not wishing, however, to do anything rashly, and sometimes alarmed at the gloomy forebodings of the lovers of restraint and forcible measures, and sometimes, I regret to add, stung and tortured by the verdicts of "intelligent juries," composed of small tradesmen of small villages, summoned to decide pathological questions, whereupon a College of Physicians would have hesitated to pronounce, I looked carefully back on the journals of the Asylum, kept before my residence began, and when mechanical restraints were freely and constantly practised, and also when refusal of food was generally overcome, if at all, by the coarsest and most violent means. Thirteen cases of refusal of food were recorded as having occurred in the eight previous years; and of these, twelve, it seemed, had terminated fatally. Although the advocates of force were most industrious in representing deaths occurring after the supervention of this symptom under the new treatment as suicides, and insisting upon inquests, it did not appear that they had themselves used force except in a very small proportion of these cases. Their common sense had informed them that refusal of food, in the insane no less than in the sane, might only be one of the symptoms of decline and of death. In all these thirteen cases, the only one which did not terminate in death was one in which force was employed in vain, and the alarming symptom of refusing food yielded to persuasion. The record in the journal was:—"B. M. D. has not taken any food since she came until this morning; resisting even while the gags were employed. However, after some kind persuasion from Dr. Ellis, she took a cupful of beef-tea."

A short analysis of the above cases may be useful as a prevention of the unnecessary use of force in cases of this kind, and a protection to those who abstain from it. It must be remembered that they all occurred in the old restraint time.

1. P. L. T. Epileptic, dull, and does not speak. Worse since a recent fit. Two days afterwards he continued to get worse, and did not take his food. A week later, having been in the meantime forced to take food, he was reported as gradually sinking. He continued comatose for a fortnight longer, and then died.

2. A. N. In a very weak state. Will not take his food. Ten days afterwards he died. No force was employed. A little wine was now and then taken.

3. J. C. appears to be sinking very fast; it is with great difficulty that he can be persuaded to take his food. Five days afterwards he died. No force was used in these two cases. The causes of death assigned were debility and exhaustion.

4. W. T. O. For three months before death occasionally refused food. Great force was used, but quite in vain.

5. T. A. Admitted in a very maniacal state, and got no sleep at night. A month later he is reported as better, but becoming much thinner. Five months afterward he is reported as being in a state of debility. After continuing six months in a feeble state he is reported as obstinately refusing food, and as wishing to die. He lingered in a state of weakness five months longer, sometimes refusing food; became weaker and weaker, and much emaciated, and at last sunk from exhaustion.

6. W. D. C. is reported as having been low and weak for some days, and not taking his food well. Two glasses of wine were given to him daily, and meat, and any food he could take. A week afterward the entry is "Refused all food; and died in the night."

7. A. P. She refused all aliment; and died after twelve days.

8. A. M. Took nothing but a little milk for seven days before death.

9. E. W. Had been attempting to drown herself and also to strangle herself with the sheets. Three weeks afterward she would not take food "without great difficulty." Two days after this entry she expired; and the cause of death assigned was consumption.

10. E. M. Very weak, and complained of being so. Took little food. Two months later refused all food; and nine days afterward died.

11. M. D. Epileptic. Ulceration of the back, and several parts of the body. Twelve days after this entry she refused food, and five days later she died.

12. B. M. D. This case has been already alluded to, as the only one in which the patient did not die; and as one in which the gags failed although kind persuasion succeeded. This patient lived several years afterward.

13. H. B. admitted in a state of high excitement. Paralysed. Three weeks later continued in a state of great excitement, and becoming emaciated. A month later, "grinding her teeth; much emaciated;" had continued destructive and mischievous. Two days after this entry she had ulceration of the back, and was rapidly sinking. Attempts were made to support her by broth, brandy, etc., and within another week she died exhausted.

These cases, of which the subjects of more than half were female patients, occurred before Sir William Ellis resigned the office of Physician to the Asylum; and that experienced Physician seems to have treated nearly all of them as cases in which the refusal of food was a symptom of a disordered body, of impaired vital power, and of a tendency to death. In the only one of them in which it appeared to arise merely from maniacal perverseness, he abandoned force after trying it, and found persuasion more effectual. I had reason to think that this enlightened and humane treatment had somewhat fallen into disuse after his retirement; and in some cases closely resembling the one last mentioned (No. 13) the eventual death of the patients furnished occasions of very severe criticism on the non-restraint system; until consequences more immediately fatal, resulting from the rash use of the stomach-pump, put an end at once to that description of force and to the arguments used in its favour. It would not be just to deny that many patients obstinately refusing food have been kept alive for long periods by means of its instrumental administration in many asylums; but I am strongly impressed with the belief that in not a few of such cases the symptom of refusal of food was produced by remains of the old and harsh treatment of the insane, and by inattention even to the manner in which the food of the patients was prepared and offered to them. Such cases certainly do not appear to be of frequent occurrence in the present day. When refusal of food takes place, it is regarded, perhaps, more generally and more properly, as being occasioned by some bodily disturbance, which, receiving Medical attention, gives way, and the symptom along with it. Some

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patients refuse food on the approach of every paroxysm; some from fear of poison, some from dread of expense, and others from a belief that they have received an order to abstain from it; and in all these cases force can but increase the patient's distress, although persuasion and patience will often overcome the difficulty. Some patients will take food, or even ask for it if not invited to do so, and some will only take it when they think they are not observed. About a year before the use of restraints was discontinued at Hanwell, a melancholy patient, on the male side, had refused all food for four successive days. His management was confided by Sir William Ellis to Mr. Clift, at that time assistant-steward, a humane man, not at all fond of using the gags; and who addressed the patient kindly, saying, "George, I don't like to use these gags; but you know, if you don't take food, I shall be obliged. Try if you can't take a little." The patient did not speak; he had not, indeed, uttered a word for four years before; but he took the food which Mr. Clift offered to him. Not very long afterward he began to speak again, and in the course of the next year he was discharged well.

When refusal of food is obviously only an accompaniment of declining energy, or occurs in the chronic stage of phthisis, or other obvious disease, there can be no more propriety in insisting on its being taken by an insane patient than by a sane one. These are truths probably now generally admitted; but twenty years ago they were less prevalent. In my Third Hanwell Report (1841), I had occasion to refer to an instance very remarkably illustrative of the indiscriminate practice at that time not uncommon in asylums. The subject of the case was a patient who had been long epileptic and maniacal, and my reluctant consent was obtained to the employment of the stomach-pump, by which food in small quantities was administered for a few days, food having then only been wholly refused for two days. After its application, the patient took food voluntarily for five days, when death took place; not in consequence of this or of any other treatment, but from low fever supervening on a tuberculous and excavated state of the lungs, with large calcareous deposits in the mesentery, sub-inflammation of the intestinal mucous membrane of the intestines, and disease of the kidneys: there was also effusion of serum beneath the dura mater, and beneath the pia mater, and in the ventricles of the brain. Such complicated disease is not at all uncommon in old cases of lunacy—the whole system is diseased; but at the time I speak of the pathological knowledge prevalent in asylums led to an undue stress being paid to one symptom, the refusal of food, without regard to antecedent phenomena, or even to obvious indications of fatal disease. At the time I speak of, if the stomach-pump had not been employed, the death of the patient would have been ascribed to the neglect of its necessary application.

Still, the question of forcing an unwilling patient to take food, when his continued obstinacy in refusing it threatens life, is not one to be summarily disposed of. No Physician, whatever his impression may be as to the uselessness of attempting to prolong existence in such a case, can see death positively advancing without a strong impulse to try measures, in the absence of others, on which he has even small reliance. In the worst of these cases the circumstances required for forming an unerring judgment are incomplete until the physical condition of the patient is revealed after death; and for this contingency it would be more than error to wait. A very impressive case of this kind, which occurred at Hanwell, remains, I doubt not, in the memory of all who witnessed it. A young man (24 years of age), married, and of regular habits, was reported on admission to have been insane only one month, and to have taken no food of any kind for ten days previous to his arrival. Almost all our patients at Hanwell belonged to the humbler classes of life; and this young man's occupation was that of a barman. Some time before his mental malady declared itself he had become extremely scrupulous as to his religious exercises. His bar-room duties occupied him from six a. m. to one p. m. and from six p. m. to midnight. The afternoons from one to six, were allowed to him for rest and relaxation, and it became his habit to devote those hours, and also some of the hours after midnight, to reading the Scriptures, allotting only four hours to sleep. Constant headaches ensued, and manifest disorder of the brain followed. In his state of weakness and depression fatal delusions sprung up; and three weeks before admission to the asylum he had become so irritable that his employment came to an end. On going to his own house his insanity became conspicuous. He took very little food, wandered about the streets, preached to the people in St. James's-park, was taken up by the police, carried before a magistrate, and sent to the workhouse; where he remained fourteen days, taking very little nourishment, only tea and bread and butter for the first four; and, as has been mentioned, none whatever for the last ten.

From the hour of this patient's admission to that of his death his case excited the deepest interest in all the officers of the asylum. Anxious efforts were repeatedly made by the Medical Officers, by the chaplain, by the steward, by the housekeeper, and by the infirmary attendants, to persuade the unfortunate man to take some sustenance. Varied food of the most grateful kind, porter, wine, grapes and other fruits, wese offered to him from time to time, and the kindest words addressed to him. Now and then, his resolution seemed on the point of giving way, but his strong delusion, that to take food was forbidden to him by the express command of God, prevailed over human persuasion and mortal suffering, and he allowed no solid food and scarcely a drop of fluid to be swallowed for eight more languishing days.

Before his arrival at the asylum the effects of abstinence had begun to appear, and his condition had already become unfavourable to the administration of food by force. The tongue was loaded, and the fauces were foul. For a few days, therefore, no force was attempted. Medicine was given by enema. In some previous cases the action of croton oil, and a blister applied behind the neck, had removed every difficulty. In this case both these measures failed; and, although the tongue became cleaner, the pulse grew more feeble. The evacuations were dark, solid, and offensive. Recourse was then had to the use of the stomach-pump, and a little strong beef-tea was introduced into the stomach; but the resistance of the patient was followed by such alarming exhaustion as to deter the resident Medical Officers from persevering in or repeating the attempt. In the evening of the same day, however, a small quantity of beef-tea was introduced through the nostrils; but again alarming exhaustion ensued—even an appearance of dying—and this measure was not again resorted to. From that time enemata of beef-tea were administered, about four ounces every three hours, the patient being ignorant of the object of them, and making no opposition. For a few days it seemed as if some advantage was obtained by this means; after which the enemata were not retained, and the patient was evidently sinking.

All the subsequent decline was really affecting. The patient's voice became weaker, his countenance expressive of mortal languor, his hands blue and cold. Although he threw the bedclothes off his chest, and repeatedly asked for cold water to rinse his mouth with, he declared that he felt neither hunger nor thirst, and he did not swallow even one drop of the water. The bowels acted scantily, the kidneys now and then freely, and the urine was light-coloured. His mind was perfectly calm, and the patient from time to time, and with much feeling, expressed both his gratitude to those who were endeavouring to keep him alive and his perfect happiness in dying, as he believed, at the command of God. When urged by every argument that presented itself to take food and preserve that life, which was God's gift, his reply was ever, that if he took food God might instantly kill him; but if he refrained he should at once be raised to immortal life. Thus resignedly, and even cheerfully, he advanced day by day to death, speech and motion gradually becoming more difficult, the cheeks hollower, the eyes more filmy, the tongue redder, the bowels and kidneys nearly inactive, the extremities bluer, the pulse more variable—sometimes distinct, and the pulsations about 112, and sometimes scarcely to be felt. Now and then he slept, but not long at a time; and at length, after eighteen days of voluntary fasting, he calmly expired.

On reviewing this terrible case before the examination after death, which disclosed disease of the brain far advanced, it was difficult to feel satisfied that its fatal termination might not possibly have been prevented by an earlier recourse to the forcible administration of food. But there was every reason to believe that disease of the brain had slowly advanced beyond the possibility of remedy before the refusal of food began. Abstinence from food, or a very low and innutritious diet, has been found to produce, among other symptoms, those of disease of the brain—vertigo, delirium, and mania—and in such cases the brain has been found highly vascular, and fluid effused between the membranes and into the

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ventricles. Occurring, therefore, as a symptom, refusal of food may aggravate the symptoms, and even render the progress of disease of the brain more rapid. After the longest experience, and the most careful reflection, I fear that cases of refusal of food must always occasion great perplexity in cases of insanity, and that the distinction of cases in which food administered by force may preserve life, from those in which forcible means are both dangerous in the execution and hurtful in effect, can be but imperfectly aided by mere description. The length of time during which no food was taken in the above case was considerable. Esquirol (Vol. I., p. 411) mentions as the extremes of duration of this symptom thirteen or twenty days. In the same volume (p. 615) he gives a case, quoted from Hufeland's Journal, in which fasting was persevered in for eighteen days, as in the case at Hanwell; and in that case the unhappy patient felt regret when he found death approaching, but still retained the morbid wish to die, and kept a journal until he was too weak to continue it. The appearances after death are noted in two cases where there had been fatal refusal of food. (P. 652.) In both there was disease of the brain, complicated in one case with extensive disease of the mucous membrane of the colon, and in the other with alteration of the structure of the liver and spleen and displacement (obliquity) of the colon, a peculiarity observed in some cases of melancholia at Hanwell, and in some other instances mentioned by Esquirol, in which the character of the mental malady had been melancholia.

DELIVERY OF A LIVING CHILD WEIGHING UPWARDS OF EIGHTEEN POUNDS.

By A. MEADOWS, M.D.

Assistant-Physician Accoucheur to King's College Hospital; Physician-Accoucheur to St. George's and St. James's Dispensary.

I AM induced to record this case because, so far as I know, the child was the largest ever born, and certainly the largest ever born alive.

I was called on the 13th instant at 10 a.m. to Mrs. K., aged 35, who was in labour with her second child. She stated quite positively that she was at least a fortnight over time; and she fully expected to have twins, as she was such an enormous size, and had been greatly inconvenienced thereby for the last month. Fœtal movements had sometimes been so strong as to be quite painful.

The present labour began at 6 a.m., with pain which regularly increased up to the time of my visit. The membranes were still entire. On examination I found the parts soft; the os uteri dilated to about the size of a shilling, but I could not make out the presenting part, the child being still very high. By the abdomen I believed I detected the head at the fundus, with the back of the child looking forwards. Auscultation gave distinct evidence of fœtal life, for, notwithstanding Dr. Adams's disbelief in the use of the stethoscope in pregnancy, I am still disposed to have some faith in my own ears.

I left the patient, desiring to be sent for should any urgent symptoms arise. At 10 p.m. I made another examination, the labour having so far gone on steadily and well. The membranes were still entire. I now made out a breech presentation. The os was well dilated and soft, the patient in good condition, and the pains regular and strong. The breech descended but very slowly, and seemed, notwithstanding powerful uterine action, much jammed in the pelvis. However, at 4 a.m. on the 14th, it had so far descended as to enable me to get a purchase on it with the fingers hooked round the groin, and with strong efforts I succeeded, at 5.30, in bringing down the breech and lower extremities. The cord was pulsating. Great difficulty was now experienced in extracting the head, but after some little force, I had the satisfaction of bringing this down, and in a few minutes the child recovered and breathed comfortably.

All the lower part of the body and thighs were of a deep purple colour, as if violently bruised, but the child was otherwise well. The placenta was expelled in half an hour; and the mother subsequently did well.

I called five hours afterwards, and to my surprise found that the child had died suddenly about an hour before, while lying at its mother's side. No reason could be given for this, as a short time before it appeared quite well. No *post mortem* examination was permitted. On weighing the child it was found of the enormous weight of 18 lbs. 3 oz. Its extreme length was 32 inches; the circumference of the head, 17½ inches. These are *post mortem* measurements. It was most perfectly formed and beautifully developed. The placenta was of proportionate size, and weighed 3 lbs.

9, Cavendish-place, Cavendish-square.

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

REPORT ON THE TREATMENT OF CASES OF EXTRA-UTERINE FŒTATION EXTENDING BEYOND THE FULL PERIOD OF PREGNANCY.

(Continued from page 78.)

In order to save space it will be needful to compress as much as possible the statements of fact which yet remain to be made. I have, therefore, carefully collected into the subjoined Groups all the cases which I have been able to find on record either in Dr. Campbell's work or more recent publications. From those contained in Group A we learn that the maternal organism can in many instances tolerate the retention of a dead extra-uterine fœtus for long periods and without any detriment. Groups B, C, and D, however, display the reverse of the picture, and show that such is not by any means the most common course of events. Thus, while Group A gives us twenty-one instances of tolerance, the three following Groups give sixty-five in which either summary processes for the ejection of the fœtus were set up, or the patient sank under the irritation it caused. The contrast in numbers might, indeed, at first sight, appear to indicate conclusively the propriety of early Surgical interference. But the question as to the latter is not nearly so simple as it might appear. Like all other important Surgical problems, it is full of detail, and nothing could be less wise than to attempt to settle it by a rude application of so-called statistics. The reader is therefore requested to suspend his judgment for a while, until, after a fair classification of the facts before him, he is placed in a position of ability to eliminate the dissimilars, and to compare and count those cases only which are sufficiently similar to make comparison and numeration legitimate.

GROUP A.—*Cases in which the Fœtus was retained in a quiescent state in the Mother's Abdomen to the end of her Life.*

Case 1.—Duration of life subsequently, twenty-eight years.
,, 2.—Ditto, fourteen years—Had borne six living children subsequently.
,, 3.—Ditto, twenty-six years.
,, 4.—Ditto, twenty (?) years.
,, 5.—Ditto, several years.
,, 6.—Ditto, fifty-six years.
,, 7.—Ditto, thirty-five years.
,, 8.—Ditto, forty-eight years—Two living children born subsequently.
,, 9.—Ditto, fourteen years.
,, 10.—Ditto, fifty-two years.
,, 11.—Ditto, thirty-two years.
,, 12.—Ditto, nine years.
,, 13.—Ditto, twenty-two years.
,, 14.—Ditto, thirty-three years.
,, 15.—Ditto, four years.
,, 16.—Ditto, twenty-five years.
,, 17.—Ditto, six years—One living child born subsequently.
,, 18.—Ditto, thirty-five years.
,, 19.—Ditto, eight years—Tubal.
,, 20.—Ditto, ten years.
,, 21.—Ditto, fifty-five years.

A very much larger number of cases in which the remains

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of extra-uterine conceptions were retained for long periods without causing inconvenience are on record. In most of them, however, there is reason to believe that the fœtus was not nearly of full growth, and they have therefore been excluded. The above twenty-one are all that I can find in which there is good evidence as to the fœtus having attained its full growth prior to its death. In almost all of them the patient died from other causes, and an autopsy verified the opinion entertained during her life.

GROUP B.—*Cases in which the Patient Died without having been Relieved of the Fœtus either by Natural Processes or Surgical Operation.*

The following list is a very important one, since it contains those in which the natural processes were neither interfered with nor assisted, and in which they were found incompetent to the preservation of the patient's life. In not a few of them it is probable that Surgical assistance at the proper juncture would have saved the patient. In several it will be seen that the process of ulceration either through the abdominal wall or into the vagina or rectum had commenced, and that the patient's death took place in consequence of the constitutional irritation set up before the expulsion of the fœtal remains could be accomplished.

Case 1.—Death fifteen months after the death of the fœtus. An abscess had formed at the umbilicus, but the patient positively refused to allow of any interference.

Case 2.—Death occurred six months after the death of the fœtus. No suppuration had taken place, and at the autopsy the fœtus showed no signs of decomposition.

Case 3.—The woman died in extreme emaciation two years and seven months after the death of the child. Her abdomen had remained undiminished, there had been no suppuration, but the cyst contained about a pint of turbid fluid.

Case 4.—Death took place six months after the death of the fœtus. No abscess had formed.

Case 5.—Death eight months after the death of the fœtus Ulceration into the rectum had taken place a few days before death.

Case 6.—Death seven months after the death of the fœtus. No suppuration had occurred, but the fœtus and the placenta were in a state of decomposition.

Case 7.—Death four days after a natural labour. The autopsy proved that there had been conception of twins, one within and one external to the uterus (tubal).

Case 8.—Death took place eleven months after the last menstruation. The conception was found to have been tubal, and ulceration into the rectum was on the point of taking lace.

Case 9.—Death five days after the death of the fœtus at its full period.

Case 10.—Death three weeks after the death of the fœtus at its full period.

Case 11.—Death occurred during the symptoms of false labour at the end of the natural period of gestation. The exact date of the death of the fœtus was uncertain, but its state, as discovered at the autopsy, proved that it must have ceased to live some days previously.

Case 12.—Death three months after the death of the fœtus. No ulceration or abscess had taken place, but the sac containing the fœtus was acutely inflamed.

Case 13.—Death eleven months after the death of the fœtus. ulceration into the vagina had just taken place.

GROUP C.—*Cases in which Ulceration through the Abdominal Wall took place, followed by Escape of the Fœtus.*

Case 1.—Recovered—Secondary abdominal section.
,, 2.—Ditto ditto.
,, 3.—Ditto ditto.
,, 4.—Ditto ditto.
,, 5.—Ditto.
,, 6.—Died—The escape began twelve years after the death of the fœtus.
,, 7.—Recovered.
,, 8.—Ditto.
,, 9.—Doubtful—Interval (a) twenty-eight years.
,, 10.—Died ten days after secondary abdominal section.
Case 11.—Recovered—Secondary abdominal section.
,, 12.—Ditto ditto.
,, 13.—Ditto—Interval fourteen years.
,, 14.—Doubtful—Secondary abdominal section.
,, 15.—Recovered ditto.
,, 16.—Ditto—She died three years later of hernia, from rupture of the cicatrix.
,, 17.—Recovered.
,, 18.—Died.
,, 19.—Recovered—Secondary abdominal section.
,, 20.—Ditto.
,, 21.—Ditto—Interval seven years.
,, 22.—Died—Interval six years.
,, 23.—Recovered.
,, 24.—Interval two years—Secondary abdominal section—Recovered with a permanent fistula.
,, 25.—Recovered—Interval four years.
,, 26.—Recovered with ventral hernia—Secondary abdominal section.
,, 27.—Recovered ditto.
,, 28.—Ditto ditto.
,, 29.—Ditto ditto.

(a) By this expression it is meant, that the natural processes for the expulsion of the fœtus did not commence until twenty-eight years after its death.

GROUP D.—*Cases in which Expulsion of Fœtal Remains through the Rectum or Vagina took place.*

Case 1.—Expulsion by the rectum. Recovered.
Case 2.—Ditto ditto.
Case 3.—Expulsion by the rectum after an interval of six years, during the greater part of which time no symptoms had been present. The woman died six months later.
Case 4.—Expulsion by the rectum after an interval of ten years. Recovered.
Case 5.—Expulsion by the rectum after an interval of eighteen months. Recovery after a period of suffering protracted over a year and a-half.
Case 6.—Expulsion by the rectum. Recovery. The period occupied by the escape of the fœtal remains was rather more than a year.
Case 7.—Expulsion by the rectum. Recovery.
Case 8.—Ditto ditto.
Case 9.—After an interval of five years the process of expulsion, per vaginam, commenced. The cavities of the vagina and rectum were laid into one by ulcerations, and the patient sank under the exhaustion which ensued.
Case 10.—Expulsion per vaginam. Recovered with a fistula which communicated with the intestines, and through which fœcal matter ever afterwards escaped.
Case 11.—Expulsion by the rectum. Recovered.
Case 12.—Ditto. ditto.
Case 13.—Expulsion by the vagina. Recovered.
Case 14.—Partial expulsion by the rectum. Recovered.
Case 15.—Expulsion by the rectum. Recovery after twenty-one months' suffering.
Case 16.—Expulsion by the rectum. Recovery.
Case 17.—(Mr. Filliter's case given above.) Expulsion by the rectum. Recovery.
Case 18.—(Dr. Waller's case, see above.) Expulsion by the rectum. Recovery.
Case 19.—Expulsion by the rectum. Recovery.
Case 20.—Ulceration had occurred into the rectum, and the bones of both feet had been passed. Two weeks later, the whole of the remainder of the fœtus was extracted. The patient sunk under a "severe fever," eight days after removal.
Case 21.—Expulsion by the rectum. Recovery.
Case 22.—Ditto. ditto.
Case 23.—Ditto. ditto.

I have included in the above list no cases in which the fœtus did not ultimately cause inflammation of its sac, however long might have been the period during which it had remained quiescent before it did so. In the other lists, especially that in which the fœtus was ultimately removed by ulceration through the abdominal wall, will be found several cases in which the period during which it had caused no symptoms whatever had been prolonged over several years—in one even over twenty-eight. These latter go to prove that a woman with a retained fœtus, however well for a time, is never safe from the occurrence of a process which may involve her in great suffering and peril.

As I have previously remarked, it is probable that in a few of the cases given in this list, the fœtus had not nearly

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attained its mature growth. In the majority, however, there is sufficient evidence that it had arrived at an age of from eight to nine months prior to its death. A large number of the cases of expulsion of fœtal remains by the vagina or rectum are on record, in which the fœtus died at an early period. Of these I have taken no notice, as they do not bear directly on the subject in hand.

TABLE SHOWING THE TERMINATIONS OF 102 CASES OF EXTRA-UTERINE PREGNANCY IN WHICH THE FŒTUS ATTAINED ITS FULL GROWTH.

	Number of Cases.	Recovered.	Died.
Remained in a quiescent state in the mother's abdomen to the end of her life	21	21	..
Cases in which the mother died without having been relieved of the fœtus by either natural processes or Surgical operation ..	13	..	13
Evacuated by ulceration through the abdominal wall, without any assistance from the Surgeon ..	16	14	2
Removed by Surgical operation after an abdominal fistula had formed	13	10	2 (b)
Removed by primary abdominal section, no fistula having formed	16	7	9
Spontaneous expulsion of the fœtus by ulceration either into the vagina or rectum (in some instances with Surgical assistance in the removal of bones, etc.) ..	23	20	3
Totals	102	72	29

(To be concluded.)

ST. BARTHOLOMEW'S HOSPITAL.

COMPOUND DISLOCATION OF THE ANKLE-JOINT —REDUCTION—TETANUS ON THE FIFTH DAY —DEATH—AUTOPSY.

(Under the care of Mr. STANLEY.)
[Reported by Mr. ROGERS, House-Surgeon.]

WILLIAM M., aged 54, a man of quiet habits, and apparently of good constitution, was admitted on June 3, for compound dislocation of the ankle-joint, with fracture of the fibula. The accident was the result of a blow from the shaft of a cart, and occurred ten miles away in the country. The dislocation was reduced by a Surgeon, and the limb placed in splints. He was then sent to St. Bartholomew's Hospital. On examination at the Hospital the bones were found in good position. A back splint was applied with a footboard, and the whole secured by rollers. For some time he progressed most satisfactorily, but on the 6th a good deal of inflammatory swelling was noticed about the cellular tissue of the limb, and suppuration subsequently set in. On the 7th it was observed that there was a great deal of cellular inflammation on the outer aspect of the thigh, and the veins of the limb were hard, and tender to the touch. There was not, however, at this time any great constitutional disturbance. His tongue was clean; his pulse 84, and of moderate volume. His appetite, however, had failed somewhat. The propriety of amputation was now considered, but it was decided to attempt to relieve the patient by free incisions, which were made above the ankle. The parts were so gorged that a considerable quantity of blood flowed (about a pint). The result of the incisions was to produce great relief to the symptoms. The limb was slung as in a common fracture, and the wound was dressed by water dressing. Brandy was given, and an anodyne draught at bedtime. The inflammation of the cellular tissue abated, and the veins of the limb became somewhat smaller. He continued improving until the 8th, when in the evening, on going round, Mr. Rogers found that the patient complained of some stiffness about the jaws. There was some difficulty in opening the mouth, though the tongue could be protruded. The sterno-mastoid muscle on the right side was somewhat tense, that on the left was lax. There was no difficulty in swallowing, no spasms, and no tension of the abdominal walls. Aperients were given, and a larger dose of opium at bedtime. These symptoms, however, came on next day with great violence, assumed the characters of decided tetanus, and were attended with much distress. They increased in intensity, and on the 10th he died in a fit of spasm.

Autopsy.—The leg only was examined. There was a good deal of suppuration among the muscles. A large quantity of pus was found in the joint. The internal lateral ligament was lacerated. There was no fracture of the internal malleolus. The astragalus was uninjured, except that a small piece had been knocked off. The cartilaginous surface was unimpaired. The articulating surface of the tibia was also entire. The periosteum of the lower part of the shaft of the bone was in part detached, and was in other places readily peeled off. The fibula was fractured obliquely, about three inches above the malleolus. The periosteum was readily detached.

(b) In one case the result is not stated, the patient being still under treatment at the date of the report.

KING'S COLLEGE HOSPITAL.

PULSATING TUMOUR OF ORBIT—LIGATURE OF COMMON CAROTID—RECOVERY.

(Under the care of Mr. BOWMAN.)
[Reported by Mr. WICKHAM, House-Surgeon.]

Susan L., aged 41, married, and the mother of six children, was admitted on April 13, with a pulsating tumour of the right orbit.

History.—She stated that a few days after Christmas (then six months pregnant), while engaged in washing, pain suddenly came on in the right side of the head, accompanied by "a blowing noise," and in a few hours followed by protrusion of the eyeball, which symptoms never subsided. She was confined in March, and was admitted into the Hospital one month afterwards.

State on Admission.—The eye protruded about a quarter of an inch. It had a pulsation, easily felt by the fingers; and in connexion with this there was a decided sharp *bruit*. This *bruit* varied in intensity in different situations, being loudest over the right eye, less so over the left eye, fainter over the cheeks, and least of all over the forehead and temple; the sound being propagated most readily along the soft parts, and in the course of the vessels. The eye did not move freely, there being complete paralysis of the sixth nerve. The muscles supplied by the third and fourth nerves were perfect in their action. The sight was not impaired, nor was there any double vision. The conjunctiva was very vascular, and there was great fulness and engorgement of the veins of the upper lid. By the aid of the ophthalmoscope the choroid and retina were seen to be much congested. She had no headache, or other cerebral symptoms; nor was there any pain on applying pressure over the eyeball. By compressing the carotid artery, there was arrest of all the symptoms, except the prominence of the eye.

The Treatment first adopted by Mr. Hulke, in the absence of Mr. Bowman, was perfect rest in bed, and digital compression of the carotid artery, the pressure being kept up from ten to twenty minutes three or four times a-day. This was continued for about a fortnight, but without any improvement. Irrigation by cold water over the right eye and temple was next tried, but with only temporary relief. On June 11, there was increased vascularity of the eye, and congestion of parts around, with some giddiness and cerebral excitement. On the 17th the distension of the eye became very great; there was great serous chemosis, and the tissues below the eye became very bulging. The patient was also much excited, and was suffering a great deal of pain from the distension of the eye. By the afternoon of this day the aggravation of these symptoms had so increased, that Mr. Bowman determined at once to ligature the common carotid. The patient, therefore, being placed under the influence of chloroform, an incision about three inches in length was made over the inner margin of the sterno-mastoid muscle, and the structures down to the sheath of the vessels divided. The artery was then secured immediately above the tendon of

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the omohyoïd muscle. Two small vessels anterior to the sheath were ligatured, and the wound brought together by sutures. The pulsation in the eye ceased immediately upon the application of the ligature. Upon recovering from the influence of the chloroform, she described herself as being perfectly free from the noise and the throbbing in the eye, and was otherwise comfortable. She had three or four hours' good sleep during the night. On the following morning the eye was clear and less prominent, the chemosis had entirely disappeared, and the congestion around the orbit much diminished. The general appearance of the patient was also good. A slight *bruit* was audible, which continued up to the fourteenth day after the operation, when it disappeared for a time. A difference of temperature was perceptible on the two sides of the face, the right being two or three degrees lower than the left. On two or three occasions during the first fortnight after the operation, there was some oozing of blood from the wound. This was readily stopped by pressure. The ligature came away on the seventeenth day after the operation, without the slightest hæmorrhage, since which the wound has been healing rapidly. At the present time (July 23) the eye is still prominent, and the paralysis of the sixth nerve permanent. During the last week a very faint *bruit* has been occasionally heard, unaccompanied by any throbbing or uneasiness perceptible to the patient, and there is arrest of all the other local symptoms. The patient's general health is very good, and she is much stronger than before the operation was performed.

CITY OF LONDON HOSPITAL (VICTORIA-PARK) FOR DISEASES OF THE CHEST.

The two following cases illustrate what might be termed the local or mechanical treatment of phthisis. In both it will be seen that the patient obtained very material benefit as the result apparently of local alterations in the condition of the diseased structure. Although phthisis is emphatically a constitutional disease, yet it is easy to understand that local conditions may much hasten its course. Thus the profuse secretion from a large cavity which is unable to collapse or contract may be exhausting the patient's strength much more rapidly than it would otherwise. Now and then the accidents of disease furnish us with curious experiments of a kind which we could not try for ourselves. Among these is the effect of fluid compression of an excavated lung in producing collapse of the vomicæ and favouring the local process of healing. Such was the experiment tried by Nature in the two following cases, the means of compression being in the first serum, and in the second air.

PHTHISIS—IMPROVEMENT AFTER THE OCCURRENCE OF PLEURISY.

(Under the care of Dr. PEACOCK.)

Abstract of Case:—*Phthisis rapidly advancing and Deterioration of Patient's Health till a Cavity formed in the Lung, when remarkable Improvement occurred, this coinciding also with the occurrence of Pleurisy in the Diseased Part.*

J. J. M., aged 17, employed as a shopman in a large drapery business, was admitted into the Victoria-park Hospital, on September 24, 1859. He stated that he had been out of health for six weeks. His indisposition commenced with cough, attended by expectoration, and about a week after he spat a small quantity of blood. The cough and expectoration had continued up to the time of his admission; he was pale and thin, and weighed only 8st. 4½lbs., though his height was 5ft. 7in. His appetite was defective, the tongue coated in the centre, pulse 120 and feeble; the cough was especially troublesome at night, and prevented his getting proper rest. He complained also of night perspirations; there was but little expectoration, except in the morning. The bowels were regular. On examining the chest, it was found to be generally dull at the upper part of the left side, but without other marked evidences of disease. He was directed to have the cinchona and acid mixture with compound tincture of camphor. The cod-liver oil was also ordered, and a pill containing hyoscyamus and Dover's powder at night, with a generous diet.

He, however, lost flesh and strength, his appetite continued defective, and he occasionally vomited the food taken. The cough was more frequent and severe, and the expectoration became profuse. On November 18 he had lost four pounds in weight and was altogether worse. There was marked dulness on percussion at the left apex, and cavernous sounds, with cough, respiration, and voice, and some subcrepitation at the right apex. A day or two after, the symptoms of pleurisy of the affected side appeared, and the blistering fluid was applied, to be followed by poultices. On December 13 he had improved. His cough had become less and the expectoration had declined, and only troubled him in the morning. He had a better appetite and took food more freely. There was marked dulness on percussion at the left apex, with cavernous signs there, and dulness on percussion, also low down on the left side, with absence of respiration. On January 17 he had still further improved, and weighed nine pounds more than at the period of his admission into the Hospital. He took his food well, and it agreed with him. He had but little cough or expectoration, and that only in the morning. The left side of the chest was contracted and dull on percussion, and the signs of the cavity at the apex were very indistinct. From this time he continued to improve, notwithstanding having had a slight attack of hæmoptysis. He was discharged in March.

This case afforded a good example of what occasionally occurs in the progress of phthisis. The patient, though he came under treatment quite at the commencement of the disease, steadily declined till the abscess formed in the chest and the matter was expectorated, after which he began to improve, and steadily gained flesh and strength. The occurrence of pleurisy in the left side probably assisted, by compressing the lung, in arresting the diseased process in that organ.

PHTHISIS WITH EMPYEMA AND PNEUMOTHORAX.

(Under the care of Dr. PEACOCK.)

Abstract of Case:—*Phthisis in the Third Stage—Empyema of Left Side—Expectoration of Matter—Pneumothorax—Contraction of Side—Arrest of Disease and great Improvement in General Health.*

E. S., aged 21, a gold burnisher, was admitted into the Victoria-park Hospital on September 2, 1859. She stated that she had been out of health for two months, during which time she had suffered from cough and expectoration. She was pale and thin, and weighed only 6st. 3½lbs., her height being 5ft. ¾in. Her appetite was defective, tongue somewhat red, pulse very quick and feeble. The catamenia had been absent for three months. On examining the chest there was obscure tympanitic resonance over a large space at the left apex, and cavernous sounds with the respiration, cough, etc.; at the right apex the expiratory sound was somewhat prolonged. She was directed to have a generous diet, and to take the quinine and iron mixture. A fortnight after her admission the ol. morrhuæ was ordered.

Under this treatment she improved considerably, but on December 12 she was seized with symptoms of pleurisy in the left side, with dulness on percussion, and a distinct friction sound, and the signs advanced till there were evidences of extensive effusion in the left pleural sac, the side being entirely dull and enlarged, and the respiratory sounds inaudible. At the beginning of February she was suddenly attacked by a violent cough, ending in sickness, and vomited a large quantity of pure pus, without any admixture of air, and similar seizures continued to recur several mornings in succession. On the 10th the left side of the chest was very obviously enlarged, and did not move with the respiratory acts. A tympanitic sound was detected on percussion over a large portion of the anterior, lateral, and dorsal regions, and the levels of clearness and dulness changed their places with the changes in the position of the patient. The respiratory sound was inaudible over the whole side, except above the clavicle, where a slight crepitant sound was heard, and cavernous sounds with the cough. She had not expectorated the purulent matter for the last two days, and the sputum was of the ordinary semi-purulent character. She continued, however, to have occasional attacks of the sickness, vomiting, and expectoration, and brought up considerable quantities of pure pus every few days, and though greatly exhausted at the time, improved in the intervals. On March 20 the left

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side was found markedly contracted, and entirely dull on percussion, and respiration was inaudible over the lower parts; about the clavicle, however, there was some subcrepitation, and cavernous sounds heard with a full inspiration. From this time the expectoration ceased, and though the side remained contracted, and she complained of uneasiness in drawing a full respiration, and had some cough and expectoration, she improved till her discharge in June, when she weighed 1st. ½lb. above the weight at the time of her admission, and had improved proportionately in strength and appearance.

In the above case there was a cavity in the left lung at the time of the patient's admission. Pleurisy, terminating in empyema, then occurred on that side. The matter subsequently made its escape through the lung, and was expectorated, and air entered the cavity of the pleura. The side, however, contracted, the air disappeared, and at the time of the patient's discharge there was scarcely any evidence of the cavity in the lungs, and the increase in weight, and improvement in the general condition of the patient was very remarkable.

NORFOLK AND NORWICH HOSPITAL.

SYNOVIAL DISEASE OF THE KNEE-JOINT—RESECTION — SUBSEQUENT AMPUTATION — DEATH.

(Under the care of Mr. CADGE.)

[Reported by Mr. CHARLES WILLIAMS, House-Surgeon.]

WILLIAM B., aged 15, admitted March 13, 1858, suffering from symptoms of chronic disease of the right knee-joint. It had begun eight or nine months previously, as the result of a slight injury, which was succeeded by an attack of synovial inflammation.

He went into the Lowestoft Infirmary, and after having been there three or four months, was discharged somewhat relieved. From this time the knee gradually became worse, and on admission presented the form of a large oval tumour, and measured three and a-half inches more than the opposite one. It gave the feel of a semi-solid thickening, rather than of actual fluid. The form of the joint was completely lost, and he suffered severe pain in it. There was not any sinus, the knee was bent at a right angle, and the leg and thigh much shrunken.

The boy was thin, very pale, and of strumous aspect; had no cough, nor was there any complication in the shape of visceral disease. Iodine paint was ordered to be applied daily, and strengthening remedies were given, together with an abundant supply of nutritive aliment.

April 11.—During the last few days there has been more pain and swelling, starting at night, and a considerable amount of fever. The joint is hot and tender. The iodine paint has been discontinued for some time. The knee to be fomented frequently.

26th.—Pain very severe. Three leeches applied to the knee.

May 20.—Since the last report the swelling and pain have much increased. The knee has been subjected to repeated attacks of more or less acute inflammation, which have yielded to treatment. On the whole the joint is worse than it was last month, and his health is giving way.

As it seemed useless to make any further attempts to cure the limb, and in order to give the boy every chance, Mr. Cadge determined to excise the joint, more especially as the parents were strongly averse to amputation.

28th.—The patient was placed under the influence of chloroform, and the usual H incision made; the articular ends of the os femoris and tibia, which were denuded of cartilage, were sawn through. The patella was not diseased, and consequently not removed, and the head of the fibula remained untouched. There was a considerable quantity of pus in the joint. The chief disease was of the synovial membrane, which was in a state of pulpy degeneration; it had encroached upon and caused absorption of the cartilages. The structure of both bones was firm, and apparently healthy. A large portion of the diseased synovial membrane was removed; it was impossible to remove the whole of it, as it had extended beyond its proper limits.

The flaps were fastened by several sutures, wet lint, and a bandage from below upwards was applied, and the limb was carefully secured in a Macintyre's splint.

No improvement succeeded the operation; the knee slowly increased in size, the amount of discharge was profuse, and the pain he suffered severe; and as his strength was declining daily, there seemed to be only one chance, though a poor one, of saving his life—namely, by amputation of the limb, consent to which was at last reluctantly given by the parents.

September 24.—Was placed under the influence of chloroform, and flap amputation through the thigh performed.

The boy never completely rallied after this operation, but gradually sank, and died, ten days later, apparently of sheer exhaustion.

No autopsy was permitted by the relatives.

On examination of the limb after removal, there was found to be no attempt at union between the bones, which were not in a diseased condition. The synovial membrane was enormously thickened, pulpy, and presented a greyish appearance. There can be no doubt that the presence of the portions of morbid synovial membrane which were left had been the cause of the continuance of the suppuration and of the unfavourable progress.

ULCERATION OF THE CARTILAGES OF THE ELBOW-JOINT—EXCISION—RECOVERY.

(Under the care of Mr. CADGE.)

Eleanor T., aged 21, married, admitted March 14, 1858, with disease of the left elbow-joint. The patient states that the joint began to swell, and became painful about two years ago. Soon after an abscess formed and burst near the inner side of the olecranon, this got well in time, and the joint remained in a quiescent but stiff and semi-flexed state until last Christmas, when another abscess made its appearance over the outer condyle of the humerus, and the former wound also re-opened.

She became an out-patient in February, at which time the elbow was considerably swollen, and immoveably fixed in a nearly straight position; there were two fistulous openings which discharged a considerable amount of offensive matter. A probe passed through these orifices readily detected diseased bone. The limb was kept at rest on a splint, and simple dressing applied to the sores.

On her admission into the Hospital the elbow was still in the same condition,—if anything, it was worse; the report states that "the contour of the joint is entirely lost. She suffers a great deal of pain in the course of the arm; a fresh abscess has developed itself over the head of the radius; there is considerable swelling about the elbow, which presents a reddish blush, and, as the joint seems to be hopelessly diseased, excision has been proposed, and readily assented to by the patient. She has always enjoyed good health, and cannot account for the origin of the disease. She does not remember to have injured it at any period. At the present time she is thin, pale, and has been suckling an infant, which she has just weaned."

March 19.—The patient being placed under the influence of chloroform, Mr. Cadge proceeded to excise the joint, by making a single vertical incision, six inches long, over the back of the elbow, the integuments on either side were dissected back until the joint was fully exposed, the ulnar nerve was carefully hooked back and secured from injury, the fore-arm flexed, and the olecranon removed with bone-nippers, the end of the humerus was then sawn off, the head of the radius was next taken away, and finally the remaining portion of the articulating surface of the ulna. The operation was attended with very little hæmorrhage, the edges of the wound fell together very nicely, and were closed by two points of suture, a pledget of wet lint, and a bandage applied round the arm, which was bent at a right angle, and placed on a splint, completed the dressing. On examination of the removed ends of the bones, it was ascertained that they were almost entirely denuded of cartilage, the bones themselves were perfectly healthy, there was also a good deal of brown synovial degeneration. On the fourth day, the patient was up and walking about the ward, the wound was nearly healed, and she was discharged cured on April 20. She has called at the Hospital lately, and stated, with manifest satisfaction, that she could use her arm very dexterously, and was enabled to perform her ordinary household duties with ease and comfort. This was the first case of excision of the elbow-joint performed in Norwich.

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Medical Times and Gazette.

SATURDAY, AUGUST 4.

HOSPITAL REGISTRATION.

In our last Number our intention was intimated of commenting on the tables of Hospital Registration recently submitted by Miss Nightingale to the Statistical Congress. In resuming the subject it may not be amiss to state once more the high value we attach to her suggestion. It is singular, and much to be regretted, how little has been attempted in England towards combined action on the part of our many and rich Medical Institutions. Whether a centralising tendency is abhorent to English minds, or whether a vague sense of the great preliminary difficulties to be encountered in this particular task may have paralysed individual exertion it is difficult to say; but the fact is past denial that other countries in this direction are far ahead of us. Without entering minutely into the merits or faults of the Parisian Hospital system, it is at least recommended by the annual publication of a classified balance-sheet of expenditure and organisation. The purpose of this document is mainly economic, and the details which it tabulates indicate rather the stay in Hospital, the diet, cost, and attendance proper to each class of patients, than the higher problems involved in type and modification of disease. But these results alone have a certain considerable value, and the facility with which they are here obtained and manipulated shows clearly that the design is susceptible of extension and specific adaptation. In Germany, moreover, steps have recently been taken having a like end, and promising even greater success. For, in the first place, the movement has come from the Medical Profession itself; and, in the second, it has been adopted only after mature consideration of the objects to be aimed at and the results practicable of attainment. Both have in common a peculiarity which is easily stated, and which lies at the root of all further progress;—they do not attempt too much. In a complex science like that of Medicine, it is easy and alluring to lay out a grand scheme of operations, and to propose tabulation of details, which, if once efficiently worked, would give great and sudden impulse to human knowledge, would enlarge the basis of our studies, and would doubtless bring to light laws which we do not even suspect at present. But by soaring too near the sun we risk burning our pinions, and falling back, like Icarus, into the sea of error, weakened, disheartened, and ridiculous.

Therefore is it that we advocate a safer though less grandiose course; and we believe that a system of Hospital Registration to be successful must be simple—nay, even elementary. Its details should be of the very fewest, and those so carefully chosen as to elude differences of opinion and varieties of theory. It needs to be often enforced and clearly understood that the besetting danger of such statements lies in errors of observation committed in the earliest stage of the process towards tabulation. The very effort at classifying tends to give more or less bias to observed facts, that they may fit into their appointed places with the least trouble, with avoidance of prolixity, and with a general roundness of result—qualities which, however pretty æsthetically, are often essentially false and misleading. Nay, even before this stage in the process, the stiffness and want of versatility in language itself will often generate error. As this is a fallacy which lies deep in the very words we employ, it cannot be totally eliminated; and, much as it invalidates the exactness of all merely nominal returns, our efforts must be directed solely to the greatest possible elimination of its force and extent. M. Varrentrapp, during the Congress, made some valuable remarks illustrative of this point, and bringing into strong relief a second caution too often forgotten in such compilations, namely—that weak and unauthentic observations, beyond their intrinsic falsehood, have the additional defect of introducing error into the total result, and so drag down to their own feebleness the value of the whole: for the strength of a statistical table, like that of a mechanical resistance, is in no way greater than its weakest part. It is not so certain a matter that the practical corollary of this truth has as yet been sufficiently recognised, in the careful sifting of admitted facts, and the rigid exclusion of all doubtful or speculative material. We have, indeed, a Society—the Medical Society of Observation—which seems to have been instituted on some such assumption, and to have set before itself the distinct object of testing all matter previous to collation. Accidental circumstances, as well, perhaps, as a natural disposition towards over-elaborateness in a true direction, may have tended to take from this body the repute which it would otherwise have had among Medical men; but it is nothing more than justice to put prominently forward what we owe to it—namely, the authoritative assertion of a principle which has often since been systematically neglected. Strictly speaking, it is to be feared that very little ground for inductive reasoning of a satisfactory and reliable nature can be obtained in Medicine, except on the principle alluded to. Certainly a process of weeding not unlike it has always been gone through by writers of any originality who have at all used the numerical method. The cases given by Louis or Abercrombie are mostly typical instances selected by an exercise of judgment from a much larger mass which had passed under those authors' notice. If, in fact, pathological names as existing in a variable state of language can ever be made to give results of practical value, it will assuredly only be when each one individually is assigned with the greatest precision, and tabulated in such a manner as to issue in true and useful generalisations, giving a wide margin of allowance for minor inaccuracies.

Now the general scope and design of the tables proposed by Miss Nightingale is excellent. They are annual in plan, and commence with classified lists of the patients, male and female, in the institution on the first and last day of the reported year. Then follow the admissions during the intermediate period; recoveries, deaths, and discharges (explained to mean those leaving "unrelieved, for irregularities, or at their own request"). Each of these forms a distinct table: the average duration or time in Hospital concludes the series. At the Congress many additions were suggested, some of which fell under the general censure of unprofitable elaboration; others, again, would be susceptible of calculation from the data as involved in the forms previously furnished. Internally the tables are similar in construction,—perpendicularly presenting a classified list of diseases, and horizontally spaces for entering the number of cases, arranged into quinquennial periods of age from five years to ninety-five, into annual periods below five years, and into divisions of one, three, and six months, below one year. With the exception that decennial periods seem minute enough during the years from ten upwards, and would greatly lessen the cumbrousness

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of compilation, there is nothing to which objection can be made. Nor do we doubt that such a scheme could be easily and satisfactorily worked. But with regard to the special nosological arrangement we are bound to express a very different opinion. It is based generally on that lately adopted by the Registrar-General of Births and Deaths,—a scheme which has never been received with approbation by the Medical Profession at large. Indeed, in a recent number of a monthly contemporary, there appeared some remarks from the pen of the Registrar for Scotland with which we fully concur; and the object of which was to show strongly the incongruities and errors of that highly imaginative pathology. Some few emendations made by Miss Nightingale on the original plan are certainly improvements; but we regret to say that so much remains from which it is impossible not to dissent, as seriously to interfere with the estimation of the whole. Space will not permit our going into a detail which would abundantly justify so strong an opinion. It is almost a misnomer to call that a classification in which Apoplexy figures among diseases of the digestive organs; Orchitis is grouped with Uterine Disease; Paralysis is made to include at once Hemiplegia and Paraplegia; and where Ague, Boils, Rheumatism, Delirium Tremens, Syphilis, Scabies, and Worms unite harmoniously to form the transcendental Order of "Zymotic" affections. It may not be superfluous hereafter if we advert to the principles of a more easy, short, and flexible nosology. And while we fear that Miss Nightingale's proposition, in its present form, is likely to be totally inoperative, there is little doubt that it only needs condensation and other alterations comparatively trivial to commend it to the common-sense of all who are connected with Hospital administration.

THE WEEK.

Our readers know that a Bill is before Parliament which has passed through Committee of the House of Commons, repealing the 47th Section of the Medical Registration Act of 1858; which conferred the privilege on Licentiates of the Royal College of Physicians of Edinburgh of becoming Members of the London College of Physicians on payment of a fee of £2. Confidently believing that great numbers of gentlemen went to Edinburgh for a Diploma mainly induced by that clause in the Registration Act, a number of Medical men whose interests were affected by this measure applied to Lord Derby in the matter, and the clause has been struck out of the Medical Bill. The alteration was made at the third reading in the House of Commons. Their Chairman and Secretary add:—

"We are indebted to Lord Derby for our success; but Lords Chelmsford and Ebury most kindly intended to oppose it in the Lords.

"The only other provision in the Bill of any interest is to render the office of President of the London College annual. We received so many and such satisfactory replies to our former Circular that we have deemed it proper to form ourselves into a permanent Association, designated 'The Associated Licentiate Physicians.'"

These gentlemen are mistaken on one point. They might have seen a copy of the Bill in these columns before it was brought before Parliament.

Dr. Turck, Physician-in-Chief to the Vienna Hospital, claims priority over M. Czermak in reference to a work on the subject of Laryngoscopy. The instrument proposed by M. Czermak for inspecting the larynx resembles precisely in its principle an instrument invented about ten years ago by the late Mr. Avery. This instrument, as constructed by Mr. Avery, is still in the hands of Mr. Weiss, who, we have no doubt, will be happy to show it to any Member of the Profession.

Our Profession is often taunted with the mutability of opinion displayed by its Practitioners. And there are people, wise in their way, who think they are performing an act of sense in abstaining from Medicine and Medical advice because there is no certainty in the practice of the art. Those who think thus should never indulge in the expensive luxury of law. And it is at all events some gratification to find that other professions besides our own are not gifted with the spirit of infallibility. We have now to inform those of our readers who are interested in the creation or organization of another order of Practitioner—viz. a third class by the London College of Physicians—that the decision of the question is at last to come out of Chancery. It appears that the opinion of counsel, however eminent, is in this matter worth nothing, in so far that it decides nothing and satisfies nobody. The College, therefore, after going through the process of instructing learned jurisconsults, and obtaining words for hard cash, finds itself still in a position of negative uncertainty. To refresh the case, and take further advice from other counsel, would, it is presumed, probably only alter the position of things by converting the negative into an affirmative uncertainty. There is, therefore, nothing left for the College but to walk arm-in-arm with their opponent—Apothecaries'-hall—into the great Court of Chancery, establish a friendly suit, as it is called, and obtain a decisive opinion from my Lord Chancellor (if he be able to give one) after hearing the learned arguments which will be let loose out of those Pandora-box-like legal bags for his instruction. Getting out of Chancery is not usually a rapid process; but it is understood that friendly suits come off quicker than others. We, therefore, hope that we shall be able in about twelve months' time to inform our readers whether there will, or will not be, a third class of Physicians established by the London College. We trust, however, that the College has not reckoned too fast in this matter. Suppose my Lord Chancellor refuses a friendly suit on the terms as they now stand.

We have just received a copy of Sir James Outram's Minute on the Amalgamation of the Royal and Indian Services. This Minute is one of the most remarkable, as well as one of the ablest, State papers that have appeared relative to Military Organisation, and it is one destined to revolutionise the organisation of the Royal Army. But the parts to which we are anxious to draw attention are those relating to the Medical Service, namely paragraphs 67 to 70 of this Minute, and clauses 76 to 86 of Appendix B, which we publish in another column. The man who penned this Minute—and dared to avail himself of his high office to denounce the injustice the Medical Service has received, and to demand justice for that Service—deserves some strong manifestation of regard, respect, and gratitude on the part of the Profession generally. The "Bayard of India," as Sir Charles Napier happily called him in an inspired moment, ought to receive the thanks of every Professional Body in Britain. This is almost the only method of evincing its appreciation of such disinterested championship open to the Profession—and one we trust it will not be slow to adopt. At all events let it commence with this, and possibly we may afterwards get up in England an "Outram Medal" of gold, for annual distribution for the best Report on Hygiene or Tropical Disease furnished by Army Medical Officers. The Indian Medical Service will raise a testimonial of a still more substantial character; but it is naturally anxious that its benefactor's claims on the gratitude of the Profession should be recognised by the heads of the Profession in Britain.

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EXAMINATION FOR THE INDIAN SERVICE.

NATURAL HISTORY, &c.

Monday, July 9, 1860.—10 *to* 1 *o'clock.*

DR. HOOKER.

ANSWER five or more of the following questions:—

1. What are the Botanical characters and properties most prevalent in the Natural Orders *Laurinæ*, *Rosaceæ*, and *Cucurbitaceæ*? Give examples of the latter used in Medicine.

2. Enumerate the principal vegetable narcotics, the plants that produce them, and the countries they come from; and classify them according to their therapeutic action.

3. In what form are the following articles imported? and how would you distinguish good from bad samples of each?—ipecacuanha, rhubarb, sarsaparilla, borax, nitre, and antimony.

4. Describe the structure of a dicotyledonous seed, and indicate the relation of its several parts to the seed-vessel.

5. Describe the structure of the trunk of a monocotyledonous plant.

6. Define the terms hypogynous, perigynous, epigynous, thalamifloral, calycifloral, and corollifloral.

7. Of what parts does a grain of wheat consist? What is the minute structure of its contents? and what are its chemical constituents?

8. On what do the peculiar values of milk and eggs depend as articles of food?

9. Contrast the structure of the brain in the higher and lower mammals.

10. Describe the respiratory apparatus in birds, reptiles, and fish.

11. What parts of what animals produce silk, catgut, silkwormgut, whalebone, and isinglass?

12. Give accurately and tersely the meanings of the following words:—Biology, organism, type, diagram, axis, affinity, analogy, homology, ontology.

SURGERY.

Monday, July 9, 1860.—2 *to* 5 *o'clock.*

MR. PAGET.

1. Describe the usual characters, manners of formation, and treatment of perineal and scrotal urinary fistulæ.

2. What are the most frequent causes and consequences of menorrhagia? and how should it in each case be treated?

3. In what diseases is blood in the urine a prominent or important symptom? and what are the best signs for the diagnosis of each?

4. Describe the most frequent characters of scirrhous cancer of the female breast, and its diagnosis from the diseases that most resemble it.

5. Describe the processes of separation of dead bone; first, from the outer layers of the wall of a long bone; second, from the inner layers; third, from the cancellous tissue; and the processes of repair by which the separation may in each case be followed.

6. Describe the most frequent appearances of varicose veins in the leg, and of the diseases of the integuments with which they are most commonly complicated. State the best palliative and curative treatments of each.

7. Describe the principal morbid conditions of stumps after amputation, and the appropriate treatment of each.

ANATOMY AND PHYSIOLOGY.

Tuesday, July 10, 1860.—10 *to* 1 *o'clock.*

MR. BUSK.

1. Describe the structure, relations, and connexions of the medulla oblongata; and state what is known respecting the functions of its different parts.

2. The gastrocnemius and soleus having been removed, describe the dissection of the back of the leg from the upper margin of the popliteus to the heel,—describing the parts in the order in which they occur, and noticing particularly the relative position of the tendons, vessels, and nerves behind the ankle-joint.

3. Describe the form, structure, and relations of the thyroid gland.

4. Give an account of the cartilages of the larynx; their articulations with each other, and of the ligaments connecting them; and point out the differences of structure which exist among the different cartilages and ligaments.

5. Describe the process of ossification in a long bone and in the cranial bones; and describe the structure of fully formed bone.

6. Explain the mode in which the images of external objects are formed on the retina, and how real magnitudes and distances are estimated by the sense of sight.

MEDICINE.

Tuesday, July 10, 1860.—2 *to* 5 *o'clock.*

DR. PARKES.

1. Describe the physical signs in a case of phthisis, from the first deposition of tubercle to the formation of a cavity as large as the fist.

What should be the hygienic and medicinal treatment during each period of the disease?

2. Describe the anatomical characters of phthisical ulceration of the larynx. How would you treat a case of presumed chronic laryngitis without ulceration?

3. How would you diagnose a case of fatty heart without valvular disease? What is the treatment?

4. What are the symptoms of effusion of blood, sudden in occurrence and considerable in amount, in the following situations?—

a. In the right corpus striatum and optic thalamus.

b. In the left lateral ventricle.

c. In both lateral ventricles.

5. What diseases are usually attended with enlargement of the spleen? How would you recognise such enlargement?

6. Under what circumstances do copper and lead occasionally find their way into the body? What are the symptoms produced in each case; and what should be the treatment?

SIR J. OUTRAM'S MINUTE.

67. There is one class of officers in respect of whom I would fain make a special appeal on this score, as they are a class which, to our disgrace be it said, has been treated with singular harshness and illiberality, alike by their Military and Civil superiors. I allude to the Officers of the Medical Department,—a body of men who not only are unsurpassed by any other body in the Service for professional zeal and skill, gallantry, and devotion to their duties, but have especially distinguished themselves by the success with which they have cultivated general science, and the earnestness with which they have applied themselves to the promotion of education and other philanthropic objects. These men, especially those of the Bombay Establishment, have been treated by us with such unfairness, that a late Physician-General of that Presidency, a man whose name is held in honour both in and out of his Profession—I allude to Dr. MacLennan—felt himself authorised to assure the late Lord Frederick Fitzclarence, that had any officer treated his dog-boy in the manner in which the Court of Directors and Board of Control have treated the Medical Service, he would have been brought to a court-martial and cashiered for dishonourable breach of faith. The Physician-General's illustration was a strong one; but, after explanation, its justice was admitted by the Commander-in-Chief, who thenceforth felt as warmly on the subject as the head of the Medical Department.

68. In behalf of this noble and *ill-used* Service, Lord Dalhousie made a generous interposition; and though his Lordship's efforts were at the time unsuccessful, his appeal was so forcible, and his general views have been so earnestly and ably supported by Lord Canning, that justice cannot long be denied them if the Army of India be kept a local one. But to the Medical Service amalgamation would be ruinous.

69. Than Dr. Alexander, the Director-General of her Majesty's Medical Service, I am assured that no worthier or more honourable man exists. But he is only a man—of finite knowledge and human feelings. He knows the officers of his own Service—he knows that many of them are eminently deserving of that promotion which at present it is not in his power to bestow, but for which amalgamation would afford an opportunity. And, not knowing the men in

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the local Army, his partialities would needs be in favour of the men of his own Service, to an extent that would prove ruinous to the just claims of the Medical officers of the local Service. And even if he should deem it his duty, on the first opportunity, to promote to higher grades those Medical officers the seniority rules of whose service prevented their obtaining promotion for the same services as secured promotion for their more fortunate brethren of the Royal Army—the very number of promotions that have recently been made to the grade of Deputy Inspector in the Royal Service would, for a considerable length of time, prevent him doing justice to those of the local Service whose names had been honourably mentioned by the various Generals commanding in the field. And ere these arrears of promotion were disposed of, the claims of those, in whom as members of his own Service he naturally feels more interested, would have again accumulated and pressed for favourable notice.

70. Amalgamation, then, would prove injurious to the moral claims and legitimate expectations of the military and Medical officers of the local Service to an extent which only very urgent public necessities could justify; and I have endeavoured to prove not only that no necessity has arisen for destroying the local character of the Indian Service, but that its destruction would, in many ways, be productive of injury to India. But I would not be understood as claiming for the officers of the local army any exclusive right to Staff employ. And in Appendix B to this Minute will be found a scheme, the adoption of which would secure for the various Staff and departmental offices of the State an amount of general, professional, and special Ind an qualification of very high order. Throw these appointments open to expectant officers of the line equally with local officers, and this probably would tend, more than any other possible arrang ment, to make Indian service popular with line regiments. The fullest and purest competition of a practical—not a pedantic—nature would be introduced; and the best men would be preferred to the best appointments. The efficiency of the whole Indian Service—line and local—would be increased; no new burdens would be imposed on the people of India that did not bring commensurate advantages; and no injustice would be done to those six thousand gallant and honourable gentlemen who have long, and faithfully, and successfully toiled in this land of exile.

APPENDIX B.

76. Medical appointments to local service to be by competition, as at present.

77. Medical officers of the local forces to undergo the same course of instruction at the Military Clinical Schools, as Medical officers of the Royal Service.

78. Their period of service to reckon from the date on which they are gazetted as successful competitors for Medical appointments.

79. To receive a free passage out to India.

80. To be equally with military officers eligible for all the appointments enunciated in paragraph 74.

81. Surgeons and Assistant-Surgeons in Medical charge of political offices and residencies to be permitted, if so minded, to enter as probationers in the political department; and on passing a satisfactory examination to be eligible for permanent employment in that department.

82. When the exigencies of the Service permit, Medical officers having served two years in India—who have passed the Interpreter's examination in two Indian languages—who can produce testimonials from their military and professional superiors of undeviating good conduct, personal and professional—and who may believe themselves possessed of special aptitude for civil duties, to be permitted to attach themselves to a collector's or a magistrate's office for two years in the character of probationer on the regimental pay and allowances of a lieutenant; and on creditably passing the same examination as is prescribed for civilians, to be eligible for permanent employment in the civil service of the State.

83. Under the same conditions to be permanently attached to the Public Works Department.

84. All Medical officers who, after qualifying for employment in the Civil or Public Works Department, shall elect to be permanently attached to these Departments, and all Medical officers appointed to the offices enumerated in paragraph 74, to be placed on a separate "List of Medical Officers on permanent extra Professional Employ;" their promotion to the (honorary) ranks of Surgeons and Surgeons-major, to proceed as if they were still on the effective list; their retiring pensions as well as subscriptions to, and claims on, the Military Fund, to be regulated by their honorary rank; but their connexion with the Medical Retiring Fund to cease on removal to the non-effective list—the amount of the actual payments already made by them being refunded without interest.

85. So soon as the state of the public finances permits, the following appointments to be made, for which Medical officers shall be alone eligible:—

(1.) "Minister of Public Health" for each of the Presidencies, whose duty it shall be to exercise a surveillance over the sanitary (Civil) arrangements throughout the Presidency.

(2.) A "Sanitary Commissioner" for each Collectorate, whose duty it would be to devote his entire time to the sanitary welfare of the different towns and villages of the Collectorate (and to the performance of vaccination) under the control of the Minister of Public Health.

(3.) A "Sanitary Inspector" for each division of the army, whose duty it should be to devote his whole time and energies to the sanitary arrangements and requirements of the various cantonments, barracks, forts, etc., within the division, under the orders of the superintending Surgeon.

(4.) A "Commissioner of Lunacy" for the whole of India, under whose general control all the Indian Asylums should be placed, till by the multiplication of these institutions sufficient duty be found for a Commissioner of Lunacy for each Presidency.

(5.) A "Registrar-General" for each Presidency, whose duty it should be to collect, tabulate, and analyse the vital statistics of India.

86. All the advantages above offered to the military and Medical officers of the local force to be extended to the officers of the Royal Army so far as may be consistent with the Rules of the Royal Army.

REVIEWS.

Shakespeare's Medical Knowledge. By JOHN CHARLES BUCKNILL, M.D., etc. 8vo. London: 1860.

DR. BUCKNILL, in his work on the Medical Knowledge of Shakespeare, gives an interesting account of the state of Medical science—if so it may be dignified—in the fifteenth and sixteenth centuries. He was led into this research because he thought, and truly enough, that to judge fairly of Shakespeare's Medical knowledge, it was necessary to ascertain the condition of Medicine in his day. Dr. Bucknill was not able to find the sketch he sought for in any of our histories of Medicine; and he therefore had to dip into original authorities for information on this point. His narrative is both interesting and instructive.

His researches have led him to the fact that Shakespeare's ideas on Medicine, and even the trivialities and absurdities he alludes to, correspond to those prevailing in his time among its professors. If he says that the tooth-ache is owing to a humour or a worm, he has John of Gaddesden's authority for saying so. If he recommends "parmaceti for an inward bruise," a reference to Woodall's Surgeon's Chest shows that spermaceti was thought a good internal remedy.

Medical science was raw in Shakespeare's day, and its social foundations indifferently firm. Priests during the dark ages were Doctors; but as science dawned, and secular knowledge became necessary for a Doctor, the two businesses were divorced by order of a Pope, who objected to his clergy being in anywise laic. Fuller gives many examples how the "medicine for soul and body went hand-in-hand together" in those days. He tells of Dr. Attwell, "parson of St. Ive, well seen in the theoricks of physic;" and of Dr. Phreas, of London, who practised medicine in Italy, and whom the Pope made Bishop of Bath and Wells. John St. Giles was Physician to King Philip of France, and "in his old age famed for his divinity lectures at Oxford;" and according to Matthew Paris, Robert Grosthead, Bishop of Lincoln, "sent for this Mr. John Giles, learned in physic and divinity, that from him he might receive comfort both for body and soul."

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Papal anathemas against priestly Medical practice are regarded as the cause of divorce between Medicine and Surgery. Priests not wishing to lose the pay of the Profession, and yet not able to attend the sick sent their servants, or the barbers of their communities, to bleed and draw teeth, and so on. Doctors, however, afterwards returned the compliment. The College of Physicians excluded all persons in holy orders. In 1617, Dr. Leighton was summoned by the Censors to give an account of himself; and was at last denied the College licence, because he was in holy orders. The statutes of the College forbade anyone in orders to practise. Still, however, the Doctor persisted, and was arrested, censured in the Star Chamber, "*and lost his ears.*"

The Church, however, kept her fingers in the College. The Act of 3rd Henry VIII. provides that candidates shall be examined, approved, and admitted by the Bishop of London or the Dean of St. Paul's. At this time of day the practice of Medicine appears to have been in the hands of very primitive healers. In the 14th and 15th of Henry VIII. the Faculty of Physic became a corporate body, with large powers, which were afterwards extended in later reigns, and often rigorously put in execution. In this reign also, barbers and Surgeons were made one company; but the Act provides —"That no Barber in London shall use Surgery, and no Surgeon exercise shaving." Apothecaries, also, were in existence in those days, but they got no charter of incorporation until the time of James I.

Physicians' College, however, was paramount in power; and appears to have been continually in hot water with the Surgeons, the Apothecaries, and irregular Practitioners. Dr. Caius successfully defended the rights of the College against Surgeons who had the presumption to prescribe "inward remedies in the scrofula, French pox, and any kind of ulcer or wound."

Both Physicians and Apothecaries, notwithstanding their constant quarrels, appear to have been consistent in one thing, viz. in not sparing their patients' pockets. The Apothecary's bill, Dr. Gideon Harvey says, often ran up to £20 and £30 in a fortnight, and even £50, "when the ingredients of the whole course could not be computed to stand him in 40s. But that which sounds worse than all is that not long since an Apothecary of our suburbs brought in bills for less than three-quarters of a year's physic to nine patients, amounting to £1500;" and all this "for little diseases,—a sweating bolus, or a potion of mithridate, for a pain in your head and limbs; coughs, stuffing in the head, etc., the farthest point the Apothecary can safely steer." The irregulars were also very troublesome; one George Butler, in 1663, charged 30s. a-piece for twenty-five pills—£37 10s. for a box of them! They were doubtless of efficacy, for three of them given to Mrs. Styles for a sore leg killed her the night she took them. One Dr. Tenant, who also required prosecution by the College, "charged one pill at £6."

We may, however, infer from these facts, that the Physicians did not forget, themselves, to charge a satisfactory fee; and, indeed, physic in those days, seems to have been right well rewarded. We hear nothing of gratuitous Medical services; that piece of special wisdom was reserved for later days. Physicians then rode in coaches, like noblemen, dressed in velvet, and assumed a highly intellectual position; in fact this high esteem of the public seems to have been granted to them rather for their learning and classical abilities, than for their knowledge of physic. Their fee was a guinea then, as now; but as the guinea represented a much greater amount of commodities in those days, it was much greater than the fee of the present day. Linacre and Caius represented the Profession, and even aristocracy itself, in the shape of the Marquis of Dorchester, "esteemed the Fellowship of the College an honour second only to that of the peerage;" and he presented his library, of the value of £4000, to the College.

They held their own, too, bravely did the Fellows of the College. The great Walsingham, Elizabeth's statesman, could not beat them. He had an admiration of empirics, and was wroth with the College for restraining one Margaret Kennix from curing and ministering to diseases and wounds by her simples, in the applying of which, said Walsingham, "it seemeth God hath given her an especial knowledge." And he orders the College, in the name of Her Majesty to leave her in the quiet exercise "of her small talent," adding a threat if he was disobeyed. The College, however, braved him, and his threats, and refused, pleading "conscience and oth." Five years later, Walsingham again pleaded in favour of Not, who had been his own Doctor, and whom the College had sent to prison; but in vain. The College's powers in those days were something beyond a name, and the fact of its bearding Walsingham, shows the high social position of its Fellows. Probably in the scientific treatment of disease they were really little more advanced than the empirics and Apothecaries and Surgeons, whom they prosecuted; but of the high intellectual standing, and learning, and wealth of the Physicians in the times of Shakespeare, no doubt can exist.

Shakespeare's eldest daughter married a provincial Doctor of renown, Dr. Hall; and Dr. Bucknill suspects that from him the poet may have picked up much Medical information. Surgeons in those days had no powers like the Doctors; they were merely incorporated. Physicians could practise Surgery; but Surgeons were forbidden to touch Medicine. The Surgeon, however, has had his revenge, for, as Dr. Bucknill observes, "Surgeons now frequently practise Physic to a greater extent than their own art." The Surgeon was, in fact, merely the instrument or hand of the Physician. The absurdity was, however, too glaring, and proofs enough remain to show that Surgeons did treat some constitutional diseases.

Such is, in short, a general account of the condition of Medicine in the days when Shakespeare lived and sung; and the Profession is, we consider, much indebted to Dr. Bucknill for his interesting details on the subject. We are sure that the readers of his interesting volume will therein find their profit and account. We shall not venture to criticise the proofs, as extracted from the works of Shakespeare, given by Dr. Bucknill, of his Medical knowledge. Perhaps in all great works of great minds numerous references to the healing art, in the way of illustration or otherwise, will be found. Shakespeare, doubtless, had that excelling gift of a good memory; and as he passed through life and mingled with the world, must necessarily have had numerous opportunities of hearing the sayings and watching the doings of Doctors, and everything he once saw was engraven on the tablet of his memory. We have, however, found great pleasure and satisfaction in following Dr. Bucknill through his ingenious developments of Shakespeare's Medical Knowledge, and are sure that not the Profession only will have to thank the author for many a pleasant hour's recreation spent in Shakespeare's company under this newly-developed phase of his great knowledge.

Essai Théorique et Pratique sur la Cure des Raisins. Par Dr. H. Curchod. Vevey: 1860.

Little villages and towns in all parts of the Continent have been, of late, very busy in recommending themselves to the notice of the stranger, as the possessors of useful streams of dietetic waters. The over-wrought minds and over-fed bodies of luxurious citizens out of sorts, are invited by them to come and find sweet repose and a gentle cure for their afflictions, hydropathically. Their voice has indeed found expression in a journal purposely established to publish to the world these miraculous or simply healing gifts. The choice is abundant indeed. We trust our own countrymen will begin to look the subject up, and develope the wonderful powers of our mineral sources, which we suspect would be found equally as efficacious as many of the springs we refer to, if they were only properly advertised and healthily situated.

There are, however, some fashionable quarters, whither strangers resort, which possess no attractions in the mineral way, in fact nothing beyond pure air and beautiful scenery. The deficiency, however, appears likely to be compensated, thanks to the ingenuity of our Professional brethren. Interlacken has invented a whey-cure, and Vevey can now boast of a special treatise on the grape-cure. Dr. Curchod has collected all the facts on the subject of grape-cure in a well-written essay, which will, we have no doubt, if it becomes popular, add to the number of visitors and pecuniary resources of the charming Vevey.

In this essay the Doctor gives us a scientific account of the grape—its history as a very old method of cure, its composition, its different species, analysis of the juice, its physiological action, and its therapeutical. But what concerns us most nearly, the real use of the thing in disease, is not yet made out. In his Preface, the Doctor sums up the subject under this

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head very honestly. We do not, he says, as yet possess a sufficient number of exact observations of the action of grapes, *apart from that of the hygienic and dietetic adjuvants of the cure.* The chemical history and clinical observation of its effects have not yet been sufficiently studied, and he admits that his pages are only an essay to provoke further investigations. We could wish that all authors who thus speak of special cures and specialities of particular healing localities would be equally candid. We recommend Dr. Curchod's candid admissions to the consideration of those of our countrymen who advertise water cures and the wonderful efficacy of particular kinds of treatment, and who treat of the water cure or the mineral virtues of their favourite fountains, without any reference to the agency as a curative agent of the concomitant hygienic rules simultaneously adapted. Those who are fond of grapes should go to Vevey. There, under the auspices of Medical authority, the individual may indulge in grapes to the weight of three to six pounds a-day—the ordinary allowance; some patients, however, raise the dose to eight, ten, and even twelve pounds per diem. Our author gives one excellent piece of advice, which may be of service to dyspeptics who cannot get as far as Vevey:—"The best way to facilitate their (the grapes') digestion and absorption is to take plenty of exercise, and to live as much as possible in the open air; and in order for the success of the cure, I cannot too strongly recommend walking exercise."

Skin Diseases and their Remedies. By ROBERT J. JORDAN, M.D. 8vo. Pp. 284. London: 1860.

DR. JORDAN has prefaced his work with a brief but interesting account of the early history of skin diseases in Europe, instituting a comparison between modern and mediæval outbreaks of skin affections. From this comparison Dr. Jordan derives several conclusions on the etiology of this class of affections of considerable practical importance, and he terminates his introductory remarks with a lucid sketch of the general causation of skin diseases. This portion of Dr. Jordan's work is novel and highly suggestive, opening out anew a tract of inquiry which as yet has been but very imperfectly followed. For the rest, Dr. Jordan's descriptions of skin diseases are clear and terse, his details of treatment sound and well-conceived, though deficient in practical detail. His book is, as he has aimed to make it, "thoroughly useful and practical;" and it may be looked upon as a good handy-book on the subject to which it is devoted.

The Power of Individuals to prevent Melancholy in Themselves A Lecture delivered at the Literary and Scientific Institution, Pimlico, by C. J. B. ALDIS, M.D., etc. etc.

A POPULAR Lecture is often useful; and in this Lecture Dr. Aldis attempts to make known the fact that persons disposed to melancholy may reap great benefit from systematic self-control and occupation. "I feel certain," he says, "that not only many young, but also elderly persons in easy circumstances, who pass their time in doing nothing, might draw off melancholy with one hand, and peevishness or childishness on the other, by calling their mental powers into proper exercise."

A CIRCUMSTANCE highly honourable to the poor and to their Medical attendant, has recently occurred at Barnsley, a parish in the Cirencester Union, Gloucestershire. Mr. Iles, Surgeon, having resigned his appointment, the inhabitants of Barnsley whose respect he had won by his skilful and assiduous attentions to them when sick, presented him with a proof of their gratitude in the form of a handsome ormolu clock, with the following inscription:—"To Albert Iles, Esq., M.R.C.S., from the parishioners of Barnsley, Gloucestershire, in grateful acknowledgment of his unceasing attention, kindness, and liberality to the poor, as Medical Officer of the Cirencester Union. June, 1860."

THE NEW SPECIES OF MAN.—M. Payle denies that the Niams-Niams, inhabitants of Soudan, have any prolongation of the coccyx. They are, therefore, improperly called tailed men. These people attach an animal's tail to the place where a tail would be fixed; and this is all their clothing. This it is which has led travellers into mistakes on the matter.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON EPIDEMIC DYSENTERY.

By Professor TROUSSEAU.

THE year 1859 was remarkable in France for the prevalence of a terrible epidemic of dysentery. While in former years the affection has been observed only in circumscribed localities, it prevailed during the past year almost universally. Paris, too, which has perhaps been exempted from epidemic dysentery for a century, has had, on the present occasion, to pay a large tribute. Commencing towards the end of July, the epidemic attained its maximum in September, undergoing a notable diminution in intensity towards the end of October. Of all epidemic diseases, dysentery is the most murderous, typhoid fever, cholera, diphtheria, variola, and scarlatina being but as child's play compared with it. These affections prevail only accidentally, while dysentery decimates whole populations, returning at certain fixed epochs, as every three years, for example. Desgenettes declared that it killed more soldiers than the enemy's cannon did between the years 1792 and 1815. The etiological circumstances of the invasion of an epidemic may be quite inappreciable. Thus, at Tours, there are two barracks placed in identical hygienic conditions, and yet, during thirty years, it has always been the cavalry barracks in which dysentery has prevailed epidemically. The reputed effects of the excessive use of fruits in generating the disease is very doubtful, seeing that it sometimes rages when fruits are very scarce, as in 1859, while it may not be met with when they are in excessive abundance, as in 1858.

Passing by M. Trousseau's description of the disease, we come to his account of the treatment. His right to speak with some authority upon this point, is derived from the fact of his having witnessed four epidemics of the disease at Tours, Versailles, and Paris, during which the victims were either young and vigorous soldiers, aged men and women, or young children. Moreover, as Reporter on Epidemics to the Academy he has to peruse the accounts of the various epidemics which appear throughout France. Some thirty or forty years since the traditions of the former age were abandoned, Broussais sweeping away the whole of the empirical modes of treatment in favour of his doctrines. In fact, with an inflammation so violent in view, it was then difficult not to give in to them; and the antiphlogistic treatment was put freely into force, and when unsuccessful, this was believed to be because it had not been carried far enough. In 1823 or 1824, however, M. Bretonneau, imbued with the Medical doctrines of Stahl and Sydenham, set on foot a reaction against the doctrines of Broussais, by resorting to a substitutive mode of treatment. He gave an ounce of the sulphate of soda internally, and administered the same dose in a very copious enema, once or twice a-day, continuing the practice as long as the stools remained bloody. As soon as they became bilious and serous, the sulphate was only given once a-day, then every other day, and afterwards at still rarer intervals. In 1828 or 1829 M. Trousseau published an account of an epidemic treated with success in this manner. In 1842 an epidemic occurring in the garrison at Versailles was similarly treated, but with less marked success; however, at all events, the Military Surgeons in attendance,—almost all pupils of Broussais—agreed that the sulphate of soda was preferable to blood-letting. Unanimity in favour of neutral salts, of one kind or another, has also nearly prevailed in the reports addressed to the Academy from all parts of France. Frequent failures have undoubtedly occurred, but, in general, when advice is sought early, considerable and extremely rapid success is the result. Induced by the success of the calomel treatment employed by the English at Gibraltar, M. Trousseau has several times put it into force, and frequently with good effect in severe cases of dysentery, occurring, however, sporadically. He still resorts to it when the weather is very hot, but in cold and wet seasons he has found salivation and other ill consequences result from its employment. In children, too, who can only be got to take the sulphate of soda with the greatest difficulty, he prefers giving calomel. Ipecacuanha, which was so much in vogue during the last century, is now seldom employed. Opium is one of the sovereign resources of the *materia medica*, and is

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perhaps the pharmaceutical substance with which most harm may be effected. It is in incessant use, and is strangely abused, being, in M. Pidoux's happy phrase, the "knout of the therapeutist." With it every patient who complains or suffers is fustigated. In vain may you try the rational procedures consecrated by usage, and in vain do you appeal to your intelligence and your experience—all goes for nothing—pain is present, and the indication which dominates all others is to assuage such pain, for which opium must be prescribed. With such logic as this we make but a bad business of it, or may engage in a very perilous work. A distribution of opiates with easy compliance is the mark of an impatient and ignorant practitioner. It is a very convenient procedure, and one to which every capacity is competent, which consists in "drying up the intestinal canal" by laudanum in a case of diarrhœa, and in roughly imposing silence upon the symptom pain in a case of dysentery attended with horrible tormina. "I do not pretend to say that, after having put into force the evacuant treatment, that we must never, when the patient is suffering cruelly, temper his pains by a few drops of laudanum, but I entirely object to the practitioner at once drying up the intestinal canal (for this is the aim) in a case of diarrhœa or dysentery. Let him not meddle with opium except with cautious reserve, or he will be the cause of the typhoid symptoms, which will soon make their appearance." After passing in review the various other means of treatment, to which he does not seem to attach much importance, M. Trousseau adds, that all these means will be of little avail if not adopted prior to the occurrence of important pathological changes. Otherwise, every effort will be paralysed, and no means will avail against the horrible ravages of an epidemic. In conclusion, above all things, let the condition of the diet be attended to, for this is of vital consequence. Insist that two, three, or even four quantities of soup (*potage*) be taken daily, and prescribe feculent drinks, as barley and rice waters. In all the comparative trials which have been made of treating dysentery by rigorous abstinence, or by allowing aliment in wise moderation, advantage has attended the latter procedure. —*Gazette des Hôp.*, Nos. 10 and 14.

ON NEURALGIA OF THE SKIN.

By M. BOURGUIGNON.

M. Bourguignon observes, that in spite of the observations of Romberg, Valleix, and others, neuralgia of the dermis has not been studied with the care which it deserves: and he believes that, in spite of our improved knowledge of the structure of the organ, this will long continue to be the case, inasmuch as cutaneous neuralgia is usually accompanied by general and local disturbances, which attract the attention of the observer, the superficial hyperæsthesia, when it is even noticed, only assuming a secondary importance.

The *causes* of this neuralgia are the same as those of other neuralgias; but in this form a general predisposition seems more especially necessary. Thus it is not usually met with in persons of good constitution, even when they are the subjects of other neuralgias, but in such of them who are pre-disposed by nervous condition, or other diathetic states. Such are the subjects of hysteria, and those in whom the rheumatic diathesis has become fixed already, either in the muscles or in the filaments of the musculo-cutaneons nerves. Everyone meets with instances of this hyperæsthesia in the shape of intolerable itching of the scrotum, perinæum, or vulva, connected with the syphilitic diathesis, or the *prurigo sine papulis*, which can only be attributed to a herpetic diathesis, by reason of accompanying symptoms, and the success of treatment. Those cases are only meant here in which this excessive exaltation of the sensibility of the skin is unaccompanied by the slightest hypersecretion or change in the skin, detectible by the minutest examination. Nothing can be more common than to observe in hysterical subjects the skin sometimes in a state of anæsthesia, sometimes in one of hyperæsthesia. The predisposing cause is here, as in other diathetic neuralgias, a general one, as on the least metastatic excitement the hyperæsthesia disappears at one point to appear at another. The hyperæsthesia is also due to other morbid conditions, the local and direct action of which is so little appreciable as to lead to the belief in its essentiality. Such are the cutaneous pains met with in certain cases of icterus, in the action of certain poisons, as after the absorption of lead, opium, nux vomica, etc. Such are the hyperæsthesias we meet with, usually followed by anæsthesia, and then by paralysis, after continued fever, typhoid fever, diphtheria, etc.; or which are the consequence of a morbid action localised in the grey substance of the nervous centres, even when post-mortem examination may not discover any manifest sign of this.

General causes are particularly to be insisted upon, inasmuch as with the exception of cold, and especially damp cold, local causes seem to have but slight influence. Among his cases, however, the author has met with two in which a local cause has been, if not the exclusive point of departure, at least the occasional cause of the neuralgia. In one of these, a lady who had been operated upon for a tumour of the breast, was seized some days after with violent erratic neuralgia, and especially with dermalgia. In the other, occurring in the person of a Medical man, the neuralgia was induced by a contusion of the walls of the left side of the chest by the wheel of a carriage. The accident occurred fourteen years since, and the neuralgia, at first occupying only the portion of the skin which had been contused, has since spread to all the parts of the body situated below this point, down to the very soles of the feet. The attacks of neuralgia were at first very frequent, continuing for a fortnight at a time, keeping the patient in bed, unable to bear the slightest contact; and although of late years they have become less frequent in occurrence, and of shorter duration, they are still attended with excessive suffering.

We do not find in the author's directions for the treatment of this affection anything which is not pretty generally known. He is careful in cautioning us to bear in mind the general causes of the affection as well as the local suffering.

ON HEREDITARY SYPHILIS.

By M. NOTTA.

In a paper published in the fourth volume of the "Memoires de la Société de Chirurgie," by M. Cullerier (a), its author endeavoured to demonstrate that the hereditary transmission of syphilis is due only to maternal influence—the male parent exerting none. The transmission may take place at any age of fœtal life, and at all periods of the maternal infection—during the existence of the chancre, during the course of secondary or tertiary symptoms, and in the interval of these constitutional manifestations, although the mother may present every appearance of a flourishing state of health. The chief objection to M. Cullerier's views was, that they were based only upon two carefully observed cases; and it is in answer to his appeal for a further investigation into the subject that M. Notta, Surgeon of the Lisieux Hospital, now adduces several cases since observed by himself, with great care and circumspection, uninfluenced by any preconceived opinion upon the subject. These cases are completely confirmatory of M. Cullerier's views. Eleven in number, they really comprise eighteen observations, since, in two of them observation was extended to two births, and in one to six births. In twelve of these eighteen instances the fathers at the time of conception had syphilitic symptoms, the mothers being healthy, and the children were born healthy. In two instances the fathers had no syphilitic symptoms, although heretofore they had suffered from the disease, and here too healthy children were born. In one instance the father neither had, nor ever had had syphilis, but the mother was formerly syphilitic, and the child was born syphilitic; and in three instances, father, mother, and offspring were all syphilitic. Thus whenever the mother was healthy and never suffered from syphilis, the child was always exempt, whatever might be the condition of the father in this respect; while, whenever the mother has or has had syphilis, although all manifestations may have disappeared, there is a great chance that the child will not reach its full time, or will be born with a congenital syphilis. M. Follin also has informed the author that he has never met with a case of congenital syphilis, without the mother herself being syphilitic. It is not meant to be stated that whenever a woman has had syphilis, she must always give birth to syphilitic infants. The hereditariness, although frequent, is not invariable. The objection, which the partisans of the hereditary transmission by the father may advance, that in some of the author's instances the women may have played false to their husbands, so as to leave the true paternity of the children in doubt, is anticipated by the author; and he

(a) *Vide British and Foreign Medico-Chirurgical Review*, January, 1857, vol. xix., p. 156.

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states that he has taken the most scrupulous care to establish his convictions upon this point—a matter of much easier accomplishment in the provincial town where his observations have been made than it would be in the capital. These cases, then, scrupulously observed, corroborate M. Cullerier's views, and besides their scientific interest they are of importance in re-assuring fathers whose early lives may have been attended with syphilitic manifestations that these will not be entailed on their offspring in after years.—*Archives Gén.* 1860, tome i., pp. 272-284.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, July 23.

SINCE I last favoured you with the Medical news, such as it was, of the Modern Athens, no very great event has occurred. Scotland, so far as I am aware, stands exactly where it did at the date of my last letter. But, probably owing to her Majesty being expected very soon, our weather has improved,—and doesn't Edinburgh look beautiful this July afternoon! the Castle rock with green bushes clinging to its sides, and the gardens relieving with their fresh sward and rose-bushes the glare of the long, but not "unlovely streets," through which numerous Southern patres familias are leading their weary families, doing the Calton Hill and Holyrood, seeing "Reezio's bluid upon the flure," and patronising the new *Commissionaires*, respectable men in uniform, ready to act as guides, and said to have town history at their finger-ends; this is not saying much, however, as most of them have lost one arm at least. Indeed, Mr. Editor, every one is much to be pitied who is not standing by me now as I write upon the crown of my hat at the top of Lord Cockburn-street, a new species of thoroughfare which, by the sure process of "natural selection," has, Darwinwise, destroyed several of our old wynds and closes: it begins nearly opposite the Tron Church, smashing through a number of old houses, and passing diagonally westward down to the railway station. On my right lies the New Town, the Frith glistening in the summer sun, and beyond are the everlasting hills: on my left are ruined houses, skeletons of gaunt old giants which take a good deal of hammering to bring down; here and there is laid bare a stone pillar, or a carved mantelpiece, telling that they have all seen better days. We doctors, however, have nothing to do with the picturesque, and should be too thankful that fresh air now blows through places in whose stifling narrowness disease and misery abounded, to lament this destruction or even the gap in the ridge of the Old Town, which looks as if the Empress of the North had lost a front tooth.

A good many will take their last look at her this week for the session is nearly at an end, the examinations end on August 1, the new graduates, of whom there is the average quantity, will be capped and sent away through the world, poor fellows, to do credit to "the reverend walls in which of old they wore the gown" just once. Edinburgh students only wear that garment on the day they become M.D.'s, and do not affect it much, the striped apron of a dresser having to them much dearer associations.

There has been a good deal of operating lately in the Infirmary; indeed, there generally is. Although the Londoner may miss some special operations, he will at least see here amputations under all circumstances, tumours difficult of diagnosis, strictures of every canal, tightness, and country, with many curious cases sent from out-of-the-way places. Mr. Spence recently performed lithotomy on a man, extracting a small calculus in about sixty seconds, the patient has done well. This able Surgeon has generally some good cases in his wards, he has been amputating recently according to Teale's method slightly modified, and so far as one can judge from green stumps, with great success. *Apropos* of stumps, Mr. Syme now makes a cut in the heel flap of his ankle-joint amputations, and inserts a piece of lint, a system of thorough drainage according to Scotch principles you in the South had better imitate, as it is said some of your ankle stumps are not of the best. We have seen Mr. Syme lately amputate in the thigh by making anterior and posterior semilunar incisions, then reflecting the skin alone, and then completing the operation by a proceeding resembling the circular amputation. This appeared to make a very comfortable stump, and to enable the operator to leave more of the limb than by the common method of transfixing he could have done.

The frequently talked-of, but rarely seen, ligature of the common carotid, was lately performed by this Surgeon, upon an interesting-looking woman, for a pulsating tumour of the right orbit. Save a little coquetting with a vein, which seemed ambitious of being included in the ligature, there was nothing peculiar about the operation, except, perhaps, the care with which the artery was bared, and the slight disturbance of surrounding parts. It brought, however, forcibly to my recollection a scene about three years ago, a case where false aneurism had followed a stab in the left carotid: a man was waiting his trial for having inflicted it,—had one died the other would have followed, and I doubt whether any who were present will forget their feelings of anxiety and sympathy with all concerned when Professor Syme cut into the aneurism and, turning out the clots, tied the artery, apparently without much room between the lower ligature and the clavicle. It is something for a man to be able to say, "I have had the lives of two men beneath the tip of my finger, and I saved them both."

On the whole the last nine months have been pleasant enough, in an academic point of view; the anatomists have been well supplied with subjects, and those desirous of operating on the dead body have had plenty of material within the last few weeks. Nothing very new has occurred. Dr. Handyside, I am told, lately removed a leg at the thigh, and intrusted the superficial femoral and profunda to one pin, which he found quite sufficient to arrest bleeding; he removed it on the third day.

The question as to whether M.C.'s are to be made by the University, has again been debated, and lawyers talked for a whole day to the University Commissioners, the only decision come to seemed to be that no one knew what a Surgeon was, and there was no better definition of a Surgical case than the old one "any one who can pay a fee."

But really, Mr. Editor, the west wind is blowing so freshly up the street, sending country ideas into my head, and Surgery out of it, that I can write no more, but shall get into the Granton train just starting: in twenty minutes I shall be steaming over to Burnt Island, and in twenty more shall be lying on the grass with my eyes shut, listening to the blackbirds at Aberdour.

GENERAL CORRESPONDENCE.

"WHO IS A DOCTOR?"

[To the Editor of the Medical Times and Gazette.]

SIR,—The subject of Medical Titles seems a fruitful source of controversy at present, and much has been said and written on the question "Who is a Doctor?" Notwithstanding, however, there is one view of the matter that does not seem to have received its due share of attention. I refer to the popular use of the term. As Dr. Christison says, "for any one but a University Doctor of Medicine putting M.D. to his name, that is a simple falsehood." And if penalties are to be inflicted at all, of the expediency of which, however, I have some doubts, such, of course, is just a case to be made an example of. But it is very different with the prefix of "Doctor," which in all ordinary speech and writing is now come simply to denote a General Medical Practitioner, without reference to University degree, or any special qualification whatever; not even implying a Physician, as some of your correspondents would fain have it to mean. The truth is, the public, speaking of them in the bulk, know nothing whatever of the nice distinctions about which the Profession quibble and quarrel so keenly. With them, Doctors are all Doctors, and rise or fall in their estimation for reasons very different indeed from the College at which they have been educated, or the particular number of letters they are entitled to append to their names. It may be all very well about London, or Dublin, or perhaps Edinburgh, to have "Physicians" who must get their fee smuggled into their pockets quietly, in case, forsooth, they may be mistaken for "tradesmen," visiting patients for the

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sake of filthy lucre; or your "pure Surgeon," thanking his stars that he knows nothing of Medicine; but with such exceptional instances, the great body of the Profession is in reality one and indivisible, whatever may be the individual qualification—no such distinctions being known or recognised throughout the country generally. And everybody knows that such General Practitioners are universally styled "Doctors." There is really no other title by which the General Practitioner can be readily distinguished; and now that it has got into such general use it would be utterly vain to attempt to substitute any other. It may be, and no doubt is, very erroneous to employ the term in this sense, but we cannot ignore the fact that it is so employed; and notwithstanding all that sensitive M.D.'s may say or do, it will so continue to be used, in spite of any rules or regulations made to the contrary. For one to be styled "Surgeon," as many are at present, when in truth his practice may be chiefly Medical, is very incorrect; and equally so is it to be dubbed "Physician," when he is glad to take any Surgery that comes in his way. For any one, again, to style himself "General Practitioner," would be the straight road to be set down as some oddity. Seeing, therefore, that the word "Doctor," like many other words in the language, has become dissociated from its original signification, and is now in all but universal use as synonymous with what, for want of any better expression, we understand by "General Practitioner," it occurs to me that the natural solution of the whole difficulty would just be for all parties to acquiesce in this popular use of the term, as simply pointing out a member of the Profession, just as it is used in reality by the press and the public generally; and then those who wish to be more particularly designated can exhibit their names with the legal titles in full appended, as M.D. or M.B., or "Surgeon," or "Physician," as they may think it for their interest to do; which, however, is the less necessary now, as inquirers can be referred to the General Register. I am, &c.

July 19. A Subscriber.

THE INDIAN MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

Sir,—In almost every late number of the *Medical Times and Gazette*, correspondence has appeared relating to the Indian Medical Service, but none I fear that will really tend to enlighten candidates for the appointment.

Some of these letters, written evidently by officers of the Royal Army, evince such inexperience, both of the country and ways of the service, as can be only accounted for, probably, by their recent arrival and anxious desire to describe everything the novelty of which enchants them. It must, however, be recollected that any advice or flattering description appearing in your columns, becomes, by that fact, stamped with the persuasive recommendation of the highest Medical authority, and must consequently more or less influence all young Medical men. In this case it would be better, perhaps, to be as little persuasive as possible at first, nor hold out any of those visionary inducements which most assuredly will never be realised.

One of your correspondents institutes a comparison between the Services, and sets forth the high rate of pay in India, but a very few years will disabuse him of that error, and the relative comforts, and relative value of money in the two countries, will soon become apparent to him. Another great mistake of his is that living probably at some large and healthy station, specially allotted to European troops, where houses, and every comfort and luxury, are to be found, he imagines the same obtains all over India, and that he could take a gallop after the wild Belooches over the plains of Jacobahad, at as little expense and inconvenience as he could march from Meerut to Delhi with a wing of Her Majesty's Dragoons. The example selected was, however, an unfortunate one, as he can see, by reference to successive army lists, there are few Medical officers who have health or means sufficient to retain these appointments. No comparison can, or ought to be made between the services, and the only fair way of judging of the Indian appointments would be in contrast with other branches in the same country, and in this case I fear we should not appear in a very favourable light.

To high pay and rapid promotion every one naturally looks forward in coming to India, but the latter carries the former with it in a most marked way, and is at the same time a thing wholly out of the reach of nineteen-twentieths of those who now come out.

The promotion to the grade of Surgeon can scarcely occur in any of the presidencies in less than from fifteen to eighteen years, and in Bombay, under present circumstances, not sooner certainly than from twenty-three to twenty-five years for all recent appointments. To avoid debt, if possible, and look forward to some favourable change, is the prevailing rule of life with all the members of the Indian Medical Service that I have met for the last three or four years. As regards pension, the present system is so notoriously unjust, that it really cannot last. A lieutenant, should he get the command of an irregular regiment receives the full pay of that command; and should he in the course of his service for first pension, attain the rank of major or lieutenant-colonel, may retire on the pension corresponding to that rank—to £290 or £360 per annum. An Assistant-Surgeon has no such chance as regards appointments; nor, should he have attained a rank corresponding to the above, can he retire as such, but merely receives pension according to the period of his service, or to £191 per annum.

The late warrant of Sir C. Wood it must be recollected, has done nothing to redress the grievances, and when stripped of its gilding, has really given nothing but a mere nominal rank—a thing of little consequence in India.

In conclusion, without affecting comparison, or offering any positive advice, I would submit for information that the members of both Services have exactly the same pay in India, but in consequence of the difference of promotion, I know several instances at present where Royal officers, in virtue of being Surgeons, and in charge of European regiments, are in receipt of double, and sometimes three times, the pay of their brethren of the Indian Service, who have been some years longer in harness, and have served all their time in India.

I am, &c. A. B. C.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 26, 1860.

F. C. Skey, Esq., President, in the Chair.

A paper, by Dr. C. J. B. Aldis, was read, on

A CASE OF BRONZED SKIN CONNECTED WITH DISEASE OF THE SUPRA-RENAL CAPSULES.

Robert B——, aged 12, was admitted under the author's care as a patient at the Surrey Dispensary on March 29, 1859, with the following symptoms. The body generally was of a dark olive colour, and the pulse feeble, with occasional vomiting, pain in the back, languor, and disposition to lie down. The eyes were sunken, and the conjunctivæ pearly white. The illness commenced about four months previously, at which period he was in very good condition. The discoloration of the skin had been noticed during two months; soon afterwards the urine began to dribble away, and loss of flesh supervened, with extreme prostration. The author, believing the complaint to be that mentioned above, placed the patient under Dr. Addison's care, at Guy's Hospital, on August 17, who confirmed the diagnosis made before he entered that Institution. The complaint having proved fatal on August 20, 1859, Dr. Wilks, who took much interest in the case, kindly sent an account of the *post-mortem* examination to the author. A model was made of the diseased organs. The body, spare and universally tinged of a brown hue, presented no disease internally, excepting in the supra-renal capsules, which were converted into a tough yellow matter, their original tissue having entirely disappeared.

A paper, by Mr. John F. France, was read, being a

REPORT OF CASES ILLUSTRATING THE USE OF FORCEPS IN EXTRACTION OF CATARACT.

The object of the present report is to illustrate the advan-

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tage obtained by employing forceps, in addition to the ordinary means of fixing the globe, in extraction. The author, after glancing at the need felt for some such auxiliary from the earliest introduction of this operation to the present time, as proved in a former communication on the subject in "Guy's Hospital Reports," pointed out the casualties to which defective command of the globe is apt to give rise—viz. premature escape of the aqueous humour, faulty section of the cornea, injury to the iris, loss of vitreous humour; and, in short, from various sources, jeopardy to the ultimate issue. He then briefly explained the mode of using forceps for the purpose in view; and, having noticed the complete command of the eye obtained by this means, proceeded to a condensed recital of twenty-one cases not hitherto published, exhibiting the practical working of his suggestion. These examples comprised every one, without exception, in which the author had performed extraction, from the date of his previous publication to that of the twenty-first case; and, in collating them with the former series, he showed the infrequency of the accidents above adverted to, and the high average of success under the plan recommended. The author claimed weight for the extended evidence thus yielded by a catena of forty-one examples, affording as they do the strongest testimony in favour of the method of operating in question; and, in conclusion, quoted the report of Dr. Steventon, of Cheadle, who speaks highly of the advantage he had himself derived from adopting this method, and acknowledges the increased success he had met with since doing so.

Dr. T. Graham Balfour laid before the Society a

CONTRIBUTION TO THE STUDY OF SPIROMETRY.

The author's investigations confirm the observations on the vital capacity of the lungs in Mr. Hutchinson's paper, read to the Society in 1846. He gives the results of the measurements, by the spirometer, of the recruits, 1126 in number, enlisted into the Grenadier Guards between October, 1848, and March, 1853, with the mortality and invaliding among them from the dates of their enlistment till the end of March, 1854. After certain corrections pointed out by the author as necessary to render a comparison accurate, the results of the measurements in the Guards are almost identical with those made by Mr. Hutchinson, as will be seen by the following summary showing the average "vital capacity" of men of different heights:—

		Height of Grenadier Guards.				
		5ft. 8in.	5ft. 9in.	5ft. 10in.	5ft. 11in.	6ft.
Vital capacity	Balfour ..	231·5	239·8	245·6	251·5	258·9
	Hutchinson	231·5	240·5	245·5	252·0	258·8

The author observes that the identity of these results is very remarkable, and may fairly be accepted as evidence of their accuracy. He next examines the question whether a low vital capacity may be taken as an indication either of a tendency to pulmonary disease, or of a feeble constitution, rendering the individuals liable to a high rate of mortality. To test this, the men have been divided into three classes, according to the extent of their vital capacity, and the mortality in each class has been traced. The results show a most remarkable coincidence in the mortality of the three classes, the difference amounting only to 0·6 per 1000 in favour of men having a vital capacity above the average. But a different result was obtained in regard to the men discharged as invalids, the number who became non-effective being much greater amongst those having a vital capacity below the average than in the other two classes. The author next discusses the value of the spirometer in the selection of recruits, as indicating the men having a tendency to pulmonary disease, and points out the necessity, in such an investigation, of including the total loss arising from consumption, both by death and invaliding. The tables and calculations submitted showed that this loss is much greater among the men having a vital capacity equal to or above the average. From the results obtained the author concludes that a vital capacity below the average may be considered rather as indicating a generally feeble organisation, less capable of resisting the deteriorating influences to which a soldier is exposed, than as evidence that a definitive relation exists between the vital capacity and a tendency to pulmonary consumption. Although this conclusion would seem to justify the opinion that the spirometer might be advantageously employed in testing the fitness of recruits, the author points out practical objections to it which appear insurmountable; but he admits that it might be useful as an indication to the inspecting officer of the necessity for a careful examination by the stethoscope in cases of a very low vital capacity among men coming forward for enlistment. Finally, he concurs in the views expressed by Mr. Hutchinson of the practical value of the spirometer to the Medical Referees of Life Assurance Societies.

A paper, by Mr. C. Handfield Jones, was communicated by Dr. H. Bence Jones, being a

TABULAR STATEMENT OF SEVENTY-TWO CASES OF HÆMATEMESIS, WITH REMARKS.

The author stated that the seventy-two cases of hæmatemesis contained in the table are all that have been met with among 2500 selected cases of all kinds, and about 10,000 (speaking roughly) of all cases occurring in ordinary Medical practice. The chief practical points which a perusal of these cases suggests are—1. The number of cases met with in which the existence of gastric ulceration is a matter of great uncertainty, and in which one cannot avoid asking oneself whether the hæmorrhage may not be simply analogous to common epistaxis. That this is possible, even when the hæmorrhage is copious, is shown by the record of a case given by Dr. Brittan. 2. The number of cases in which all complaint of dyspepsia was either absent or so slight that it would have been impossible to distinguish it from that attendant on gastric catarrh, gastralgia, or gastric debility. 3. The great benefit of a tonic plan of treatment steadily carried out. The paper was accompanied by a table in which are recorded, for each of the seventy-two cases, the age and sex of the individual, the period at which hæmatemesis occurred, any important events prior to the attack, the symptoms observed at the time, and the treatment of the case, with its result.

ATTENDANCE ON HOSPITAL OUT-PATIENTS.

We extract the following admirable letter from the *Times* of Monday:—

"Sir,—Will you allow one of those who sees the out-patients at St. George's Hospital to make a very few remarks on the 'Subscriber's' letter which appeared in the *Times* of Thursday? Let me say, in *limine*, that I speak my own thoughts, and that my colleagues are in no respect answerable for my opinions. I accept the figures of your correspondent without inquiring whether different meanings may not be attached to the phrase that so many thousand out-patients are relieved annually. I will assume that each represents a distinct individual suffering under a given attack of illness, that each person's case is duly inquired into by a competent medical attendant, is seen usually once a-week, and receives a prescription suited to the particular circumstances of the case, which is varied from time to time as occasion requires. I assume all this because it is what is meant when the annual report of St. George's Hospital states that a certain number of out-patients have received relief at that institution.

"Let the 'Subscriber,' if he has at any time suffered from sickness, consider what amount of time and mental labour has been devoted to his own case, and, multiplying this by the required number of thousands, ask himself whence the skill, the time, and the toil are to be procured?—whence this unremunerated brain-power is to be derived? Perhaps he may be led to question whether the Governors of some Hospitals are not doing a great moral wrong under the idea that they are doing a work of charity and mercy! The Governors of St. George's Hospital some years ago determined to throw their portals more widely open than they had hitherto done, and admit many of the sick poor with no other recommendation but that they were friendless, poor, and ill; their claims were to rank, not according to the wealth or title of a subscriber, but the severity of their disorder; and a competent Medical Officer was appointed to make this preliminary

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inquiry. But, at the same time, they determined that a limit must be put to the labour exacted from their staff. I need not enter into details, but I may say that practically the number of new cases falling under my own care amount to nearly forty per week, divided between two days of attendance, on one of which the average may be stated at 70 persons, on the other at 110—180 weekly, of which 40 are new cases. To do these persons justice I believe six hours not too much in the opinion of most persons, and very few private patients would be satisfied with the 3½ minutes at the first interview, and 1½ at any subsequent visit, which such an allowance of time implies. Even this rapidity is only gained by experience, and rather tends to increase than to diminish the mental effort required to prescribe for so many persons at one sitting; and I confess that my own impression is that this average of unpaid labour ought to be regarded as being quite as great as the subscribers to the charity have any right to claim. The average thus obtained is, however, only 2000 a-year, and to reach 20,000 the Medical attendants on the out-patients must be multiplied by 10—to reach 40,000 by 20! It would be absurd to contrast even this amount of time as a work of charity with that devoted to the same object by independent Governors, because I know that we go through much of our work, partly at least, for selfish ends; but I feel certain that neither charity nor self-interest would suffice to provide such a staff of competent Medical attendants on out-patients according to present arrangements.

"The great characteristic of the Physicians and Surgeons of the London Hospitals ought to be that they are men of science—earnest students; and it is a cruel mockery to hold out before them the distant hope that after ten or twenty years' toil among the out-patients they shall take their standing among the honoured few whose names have adorned each London Hospital, if meanwhile their time for study is to be wasted on some annual thousands of trivial maladies, which may, perhaps, gratify the vanity of those who contribute their two, three, or five guineas a-year, but which are wearing out the brains, the energies, and the hopes of the unfortunate Assistants. They are men who must live by their own exertions, in addition to the unpaid labour imposed by their connexion with a Hospital; and where is their chance of rising in the social scale, if they have this perpetual millstone round their necks? I have taken only one view of this question. There is another I would leave to the consideration of Hospital managers. What practical benefit is likely to be derived from the advice of a man who has already prescribed for 150 cases at a sitting?

"An Assistant."

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora held on Friday, July 27, the following Members of the College were admitted into the Fellowship:—

Armstrong, Alexander, M.D., Royal Naval Hospital, Malta
Peet, John, M.D., Bombay

Apothecaries' Hall.—Names of gentlemen who passed the Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, July 26:—

Evans, Benjamin, Duffry, near Newcastle-Emlyn, South Wales
Gimson, William Gimson, Walton, Leicestershire
Harper, Henry Lewis, St. Luke's Hospital
James, Edwin Matthews, Shrewsbury
Samuels, Arthur, 62, Eldon-place, Liverpool

For an Assistant.

Bailey, Edward Lee, Maida Vale

The following gentlemen also on the same day passed their First Examination:—

Curme, Decimus, King's College, London
Date, William, King's College, London
Gwynn, Edmund, London Hospital
Lumley, Bartholomew, King's College, London
Meggy, Frederic, Guy's Hospital
Morrish, Thomas F. St. Bartholomew's Hospital
Morgan, Herbert M., King's College, London
Owen, Richard Jones, St. Bartholomew's Hospital
Taylor, Daniel, Bury, Lancashire

APPOINTMENTS.

Buchanan.—Dr. George Buchanan has been appointed Lecturer on Anatomy at Anderson's University, Glasgow, in room of his late father, Dr. M. S. Buchanan.

Roberts—Manning.—Mr. Charles Roberts, late Resident Medical Officer to the York Dispensary, has been appointed House-Surgeon to the York County Hospital; and Mr. Frederick Norton Manning has been appointed Resident Medical Officer to the York Dispensary.

DEATHS.

Atkinson.—July 31, at New Cross, William Bold Atkinson, M.R.C.S. Eng., late of Margate, and of the R. M. West India Steam Packet Company's service.

Banks.—July 19, at Newport, Barnstaple, Howard Ralph Banks, Surgeon, Royal Navy, M.R.C.S. Eng., late Surgeon H.M.'s ship *Cumberland*, Sheerness, aged 44.

Collingwood.—Recently, at Greenfoot, Sebergham, Carlisle, William C. Collingwood, L.S.A. Lond., L.M. Edin.; late Surgeon H.M. Steam Ship *Bentinck*, aged 44.

Davies.—July 24, at Eldon-row, Dolgelly, Griffith Davies, late of Carnarvon, Student of Medicine, aged 19.

Davis.—July 22, at Pontypridd, Glamorganshire, Evan Davis, L.S.A. Lond., aged 51.

Henderson.—July 12, at Bankhouse, Stow, Edinburghshire, Robert Henderson, L.R.C.S. Edin.

Maclagan.—June 27, at Ruatan Bay Islands, Honduras, David Philip Maclagan, M.D. University of Edin., L.R.C.P. Edin., L.R.C.S. Edin., Assistant-Surgeon to H.M.'s ship *Icarus*.

Maclaran.—July 25, at No. 53, Schoolhill, Aberdeen, William Maclaran, M.D. Univ. Edin.; L.R.C.S. Edin.; L.F.P.S. Glasg.

Dr. Robert Lee has been appointed Examiner in Midwifery at the College of Surgeons, in place of Dr. West.

Dr. West has been appointed Examiner in Midwifery at the University of London, in place of Dr. Rigby, resigned.

Dr. Murchison has resigned the post of Assistant-Physician to King's College Hospital, and has been appointed Pathologist and Lecturer on Morbid Anatomy at the Middlesex Hospital.

On the 1st January, 1859, the total number of insane in Scotland was 7878—and of these 2898 were supported by private funds and 4980 by parochial rates.

M. Chevandier exhibited the fœtus of a calf which had remained about eight months in its mother's womb after its death. It had undergone changes which had reduced it to a state of mummification.

In the Principality of Anhalt-Dessau a new tax has been established on the Practitioners of Medicine and Surgery, a new law on vaccination, and an order for the dispensing of medicines by Physicians.

M. Quatrefages says that all cicatrices which are formed in the Soudan are black, and in white as well as black people. But the fact was denied by M. Boussingault, who has long lived under the Equator.

A Bon Mot.—"Europe, it is said, is very ill. England fears for her sides (*côtes*); Prussia for her kidneys (*rein*) Rhine; Piedmont has lost her voice, *sa voix* (Savoie); Austria is a prey to intestinal movements (Hungary, Venice); Naples . . . . But here we will stop, only observing that the health of France is still flourishing."

M. Flourens presented to the Academy of Sciences a fœtus, all of whose bones and teeth were of a beautiful red colour. The mother had been subjected to a diet containing madder during the last forty-five days of her gestation. M. Flourens considers that this case decides affirmatively the question whether or no the blood of the mother communicates with that of the fœtus.

A State Asylum for "Criminal Lunatics" is in course of erection at Broadmoor on Bagshot Heath. At present accommodation is to be provided for 400 males and 100 females. The total number of Criminal Lunatics confined in Asylums, Hospitals, and Licensed Houses was, on January 1, 1860; 731. It is supposed that a merciful administration of justice will reduce this number greatly, so as to bring the Bagehot accommodation up to the demands upon it.

The velocity of the sound of thunder is discussed by the Rev. S. Earnshaw in the new number of the *Philosophical Magazine*. He refers to a memoir of M. Martigny, who states that in one instance a thunder-clap reached him after an interval of two seconds, which, according to theory, ought to have occupied nearly fifteen seconds; two observers and the point struck by the electric fluid being nearly equidistant from each other. Mr. Earnshaw expects that it will soon be established as a law of nature that the sound of a thunder-clap is propagated with far greater rapidity than ordinary sounds.

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APOTHECARIES' HALL OF IRELAND.—At the annual meeting of the General Council held, according to Act of Parliament, on Wednesday, August 1, the Governor, Dr. Madden, jun., in the chair, the following officers were elected for the ensuing year:—Christopher Shaw, M.R.C.S.E., Governor; Charles Holmes, M.D., Deputy-Governor; who, with the following Directors, constitute the Court of Examiners:—Dr. Betty, Dr. Bolland, Mr. Collins, Dr. Leet, Dr. Madden, Dr. Madden, jun., Dr. McMunn, Dr. Mulock, Dr. Nolan, Mr. O'Flaherty, Dr. Owens, Dr. Shea, and Dr. Wyse.

MM. FOURNIER, VULPIAN, and others, have called attention to the fact of double *bruits* having been heard over the aorta during life in cases in which the aortic valves were found competent after death. The cause of the *bruits* was considered inexplicable by these gentlemen. In all the cases described by them the aorta was found much diseased and calcified in the neighbourhood of the heart. There can be little doubt that in cases of this kind, the aorta and the aortic valves, having lost much of their elasticity, do not allow of sufficient expansion during the ventricular systole. Hence by force of the distension the valves are rendered incompetent.

THE THAMES at the present time (March, 1860) is fuller and cleaner than it has been for some years, mainly owing to the large rain-fall at the end of the last year and during the present year, and to the frequent agitation and consequent increased exposure of the water to the action of the air by the long prevalent gales. Dace and other fish, seldom of late years found below Kew, are now taken as low as Chelsea. The smelt has come up the river in unusual quantities to deposit spawn; and the fishermen from the Medway, the Lee, and other places in the lower part of the river, state that from the present purity of the water they are enabled to bring fish to Billingsgate, in their well-boats, without loss, whereas many were before destroyed by the polluted and comparatively still condition of the water at London.

THE FRENCH WHALERS IN THE PACIFIC.—Dr. Morache, a French Naval Medical Officer, who has been stationed for some time off the Sandwich Islands, complains much of the defective state of the Medical Service on board the French Whalers employed in the Pacific. It is very probable that some of his strictures apply to our own ships also. He says that although the having a Medical officer on board is compulsory, sufficient security is not taken as to his qualification to act as such, and he too often accepts a remuneration which is very derogatory to his position. His stock of medicines is generally defective, even in essential articles, and his position in relation to the captain so little assured, that his orders with respect to his patients may or may not be obeyed according to the disposition of the latter, which is usually adverse to the incurring expense. Forced upon the proprietors of the vessel by legal enactment, the Medical Officer is often looked upon by captain and crew as a needless incumbrance or is even expected to take part in some of the duties of the ship.

WESTMINSTER HOSPITAL.—The Prizes, Certificates of Honour, and Medals, awarded to the successful competitors in the Medical School of this Hospital, were distributed in the Board-room of the Hospital on Tuesday last. Lord Charles Russell, one of the Vice-Presidents of the Hospital, presided, and, after a few appropriate remarks, distributed to the following gentlemen the rewards of their diligence and industry:—Mr. F. Little—Certificate of general proficiency in subjects of first year's study. Mr. A. W. Edis—Certificate, and Silver Medal, for proficiency in subjects of second year. Mr. F. P. Edis—Certificate, and Silver Medal, for proficiency in subjects of first year. Mr. A. W. Edis—Prosector's Prize Case of Instruments. Mr. Wilson—Special Certificate for Anatomy. Mr. Wilson—Special Certificate for Physiology. Mr. Kempster—Special Certificate for proficiency in Physiology. Mr. Wilson—Mr. Clendon's Prize of Dental Instruments for proficiency in Dental Surgery.

ONE HUNDRED GUINEAS DAMAGES FOR SHOOTING A BOY WITH A BOW AND ARROW.—The case of "Valentine *v.* Cannan" has just been decided in the Forfar Sheriff Court. Mr. Valentine, draper, of Brechin, sued Captain Cannan, of the Indian Army, residing in Brechin, for £300 as damages for the injury sustained by his son, seven years of age, under the following circumstances (detailed in the note appended to the Sheriff-Substitute's judgment, awarding a hundred guineas, with expenses):—"On the last day of last year, the pursuer's son, with some other boys, was looking at the defender practising archery in his own garden. It appears that the boys had a toy bow, and a pointless arrow, with which the pursuer's son had fired at the defender for sport. About five or six minutes after this, and when the defender had fired off all his arrows at the target, and the boys were collecting them for him, he picked up the pointless arrow, and as he himself stated, calling out 'look out,' fired it from his own bow, with slight force, at the pursuer's son. The boy, who was about fourteen yards distant, trying to conceal himself in some box or copsewood in the garden, was unfortunately hit on the left eye, and the result has been that, after much suffering, the sight of the eye is, according to the most competent Medical authority, declared to be irreparably injured. Dr. M'Kenzie stated that the boy 'could only, with that eye, distinguish light from darkness,' and that he thought the boy would not now ever recover the sight of that eye, more than he has it at present." The Sheriff, in awarding damages to the amount of £105, says:—"On the whole, considering that the loss of an eye is, practically, in the army, viewed as the same thing as the loss of a limb, entitling to the same pension—that the Medical expenses incurred here amount roughly to about £20—that further expense, and longer time than usual, must be spent in the boy's education, and, after all, that he is permanently unfitted for certain occupations in life, it is not thought that the sum awarded is too high."

IN a late number of the *Medical Times and Gazette*, I noticed an extract from one of my letters. I forward you more details about the pay and allowances of an Assistant-Surgeon of her Majesty's Army when on service in India. I fear it will be stale news, though. To give you a better idea I will contrast the pay of an Assistant-Surgeon of her Majesty's Army serving in India, with the pay of an Assistant-Surgeon of her Majesty's Indian Army. The following is the bill you have to send to the Paymaster of the Queen's Troops at the end of the month; and then you wait eight or ten days while your little account is being audited and pulled about by a lot of indolent natives before your receive the cash in new rupees. To get that money it costs me gurree or carriage hire, two rupees, sometimes four or even eight. Pay at a central station:—Pay and Indian allowance, 145 rupees 12 annas, or £14 10s. and a fraction per month; extra batta, none; regimental house-rent, 30 rupees, or £3; tentage, 50 rupees, or £5; palkee allowance, 30 rupees, or £3; total, 255 rupees, 12 annas, or £25 10s. In England I drew £16 10s. for thirty days. A smaller sum than the above, to all appearance, yet really it was greater. I lived easier on English pay than I do on the Indian rupees, and you know I am prudent. My expenses are, per month:—Servants, including washing and everything relating to servants, 29 rupees; messing, 62 rupees; beer, etc. (indispensable), 21 rupees; moonshee, 30 rupees; total, 142 rupees. This list does not include horse expenses. Horse exercise, I may add, is absolutely necessary, as it helps to lessen the intensity of constipation, from which all Anglo-Indians suffer more or less. I have not included either price of quarters, cab hire, or extras (such as ice, brandy, dinners, tailors, who are awfully expensive here,) and other things as necessary as the above. At the end of the month I can assure you I have very few rupees to spare. I forgot to mention, too, that you must also furnish your rooms, and when you are ordered off, sell at a loss, You must put up with being robbed right and left, and with your washerman, who also pounds your linen to rags in a fortnight. All these little things are never thought of by our Indian Nabobs, or else would their hearts have softened towards the hard-used, over-worked Assistant-Surgeon of her Majesty's Army. The pay of a friend of mine, an Assistant-Surgeon of the Indian Army, is 421 rupees a month. We ought, and shall, be better paid for we run risks from diseases which kill more than the sword; and we have the same chance of carrying about a congested liver as have the servants of the Indian Government. Shameful to say, we are in the Queen's country and yet her noble Warrant is not recognised. I tell these things so that you may not, if you enter the Queen's Army, apply for Indian service as I did, with the idea that I should be paid better here than elsewhere. No one would come here for glory

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now, for the mutiny is over. If you wish to serve in India, serve in the Indian Army.—*Extract from Letter of an Assistant-Surgeon of her Majesty's Army, May 20.*

BOOKS RECEIVED.

Diseases of the Heart. By W. O. Markham, M.D. Second Edition. London: 1860.

The Wife's Domain. London: 1860.

Beasley's Pocket Formulary. Seventh Edition. London: 1860.

Fourteenth Report of the Commissioners in Lunacy to the Lord Chancellor.

The Old Glaciers of Switzerland and North Wales. By A. C. Ramsay, F.R.S. London: 1860.

Ure's Dictionary of Arts, &c., Parts 8 and 9.

Middle Class Examinations. By A. H. Wratislaw, M.D. Cambridge: 1860.

Caffeine as an Antidote to Opium. By H. F. Campbell, M.D. Augusta, Georgia: 1860.

The Dublin Cow-Pock Institution. By P. W. Long, M.D. Dublin: 1860.

Spinal Curvatures. By Mrs. Godfrey. Third Edition. London: 1860.

Medical Systems. By H. H. Raymond, M.R.C.S. London: 1860.

Skin Diseases and their Remedies. By R. J. Jordan, M.D. London: 1860.

Immortality in Accordance with the Analogies of Nature. London: 1860.

Die Laryngoscopie. Von Dr. G. Lewin. Berlin: 1860.

Case of Homicidal Mania. By C. L. Robertson, M.D. Exeter: 1860.

Die Untersuchung der Gehörgangs und Trommelfells. Von Dr. von Troeltsch. Berlin: 1860.

Essai sur la Transfusion du Sang. Par L. E. Nicolas, M.D. Paris: 1860.

New Sydenham Society, Vol. VII. London: 1860.

Report of Edinburgh Asylum for the Insane. Edinburgh: 1860.

La Cure des Raisins. Par Dr. H. Curchod. Vevey: 1860.

Health Resorts of Britain. By Spencer Thomson, M.D. London: 1860.

Notes on Nursing. By Florence Nightingale. New Edition. London: 1860.

The Philosophy of Nature. By H. S. Boase, M.D., F.R.S. London: 1860.

Cours Théorique et Pratique de Braidisme. Par J. P. Philips, M.D. Paris: 1860.

The Rights of Man in the Domain of Medicine. By Dr. Granier. London: 1860.

VITAL STATISTICS OF LONDON.

Week ending Saturday, July 28, 1860.

BIRTHS.

Births of Boys, 917; Girls, 868; Total, 1785.
Average of 10 corresponding weeks, 1850–59, 1534·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	480	495	975
Average of the ten years 1850–59	564·5	532·1	1096·6
Average corrected to increased population..	..	..	1206
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	34	15	49

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	3	5	9	..	7	4	10
North ..	490,396	1	5	1	..	3	5	13
Central ..	393,256	1	2	6	..	5	7	6
East	485,522	..	24	7	2	5	3	15
South ..	616,635	2	17	8	2	10	6	8
Total.. ..	2,362,236	7	53	31	4	30	25	52

TO CORRESPONDENTS.

Medicus, and others, have written on the subject of General and Special Hospitals; but their letters are not inserted as they have not authorised the publication of their names with their communications.

We are compelled to defer our report of the Meeting of the British Medical Association at Torquay until next week.

W. S.—Yes; for attendance, but not for medicines.

Philolethes.—It would not be fair to admit an anonymous reply to a paper published by a writer who gives his name.

THE PERMANGANATES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—On looking over a file of your back numbers I have noticed the use of permanganate of potash (Condy's Fluid) suggested as a wash for syphilitic sores, and, likewise, diluted, as an injection in gonorrhœa. Perhaps some of your readers, having acted on this suggestion, could inform me of the results obtained, which, to judge from the composition of permanganic acid and the reputed efficacy of the permanganates in the treatment of other sores, I should expect to be highly favourable.

London, July 30. I am, &c. OXYGEN.

"WHO IS A DOCTOR?"

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Personally I should, as a matter of courtesy, address a Physician as Dr., nor do I think him in any danger of being called anything else by his brethren or the public; but if he advance his right to claim the title, then I think it but fair he should prove it, and I confess having carefully read the weighty and numerous letters on this subject, which have from time to time appeared in your Journal, the only verdict to which I can come on this evidence, is that of "not proven." In many of your correspondent's views I quite concur. A Doctor of Medicine seems to me to have no right to call himself a Physician. Why should he call himself that which, if language mean anything, he is not? Still less has a Bachelor of Medicine a right to call himself a Doctor thereof. It is an act of unfairness to those who have obtained an honour higher than that which the said Bachelor has acquired. In fine, Mr. Editor, I apprehend that this matter, which has caused such a mighty hubbub, would settle itself, were we as professional men, anxious only to seem what we are, and unwilling to appear to be what we are not.

I am, &c. ONE OF YOUR READERS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your last number, for July 28, I see an advertisement of the practice of a "Physician and Surgeon, just deceased, in Manchester." May I ask what was the calling of the late individual? Is it a new name for the good old title "Surgeon Apothecary?" Or does it represent a person with the licence of the Edinburgh College of Physicians who in spite of his oath still dispenses medicines?—Excuse my ignorance, but the advertisement is a puzzle to ONE OF THE OLD SCHOOL.

ERRATUM.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I shall feel obliged by your correcting a mistake which has occurred in your translation of a correspondence in the *Wiener Medicinische Wochenschrift* on the brandy treatment in acute diseases. The German "Assistenzarzt" is not "Assistant-Physician," but "*House*-Surgeon and Physician," and is under the immediate control of the Physician in Ordinary, while the London "Assistant-Physician" is perfectly independent. I am, &c. THE LONDON CORRESPONDENT OF THE *Wiener Medicinische Wochenschrift.*

COMMUNICATIONS have been received from:—

Professor SIMPSON; M. CLAUDE BERNARD; Sir HENRY HOLLAND; Dr. ARNOTT; Dr. CARPENTER; Dr. CONOLLY; Dr. LAYCOCK; Dr. GOODFELLOW; Mr. PAGET; Dr. PARKES; Dr. E. SMITH; Dr. HITCHMAN; REGISTRAR-GENERAL; Dr. SINCLAIR; Mr. RICKETTS, Peshawur; Mr. GRAY; Mr. WALLIS; Mr. ALLAN; Mr. HOCKLEY; Mr. RIVERS; Mr. MANNING; Dr. GARDNER; and Dr. ALLEN.

APPOINTMENTS FOR THE WEEK.

August 4. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

6. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

7. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

8. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

9. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

10. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

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THE MEDICAL BENEVOLENT FUND.

PRESIDENT—SIR J. CLARKE, Bart., M.D., F.R.S., Brook-street, W.
TREASURER—JOSEPH TOYNBEE, F.R.S., Savile-row, W.

THIRD LIST OF DONATIONS AND SUBSCRIPTIONS IN LIEU OF THE BIENNIAL DINNER.

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Amount already Advertised	620 11 6	14 16 6
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Lingen, Charles, M.D., do.	0 10 0	
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Enables the patient to walk, sit, or ride with ease and comfort, wherever amputated. It is much lighter and less expensive than the old style of cork leg, will last a lifetime, and is the only leg yet invented that Ladies and Children can wear with safety. It was awarded the highest Medal at the recent PARIS EXPOSITION, although more than twenty other makers from different nations exhibited. May be seen in use at the

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Sauces.—Connoisseurs have pronounced LEA and PERRINS' "WORCESTERSHIRE SAUCE" One of the best additions to Soup, Fish, Joints, and Game. The large and increasing demand has caused unprincipled traders to manufacture a spurious article; but the "GENUINE" all bear Lea and Perrins' name on Bottle, Label, and Stopper.

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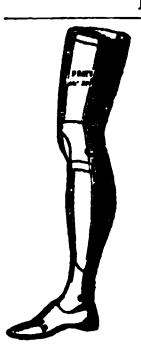

Pratt's Artificial Leg.

J. PRATT begs to call the attention of the Profession to the following Testimonial, just received :—

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"DEAR SIR,—It affords me much pleasure in being able to state that the Artificial Leg which you supplied me with is far beyond my best anticipations. From its being so LIGHT IN WEIGHT, and its action in the foot so natural, I can walk, or ride on horseback with ease and comfort; and few, indeed, would detect it as being other than natural. It has given me full satisfaction.

"I am, dear Sir,
"Yours very truly,
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"To Mr. J. Pratt,
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"420, Oxford-street."

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DR. DE JONGH'S

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OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague. "I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best Medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regard genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

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THE GREATEST LUXURY AND COMFORT EVER INTRODUCED FOR REMOVING INVALIDS, BEING FITTED UP WITH THE

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These Carriages may be engaged, on moderate terms, for any journey, on application to

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Also a good assortment of New and Second-hand Broughams and other Carriages for Sale or Hire.

WALTERS' INDIA-RUBBER URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. MR. WALTERS has much improved them by making them of *Ætherised India-Rubber*, which adds very greatly to the strength of the India-Rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than hitherto, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by any one.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office order or reference.—Entrance for Ladies at the private door, where a Female attends.

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WATER BEDS.—EDMISTON and SON, 5, Charing-Cross, beg to cal

the particular attention of the Managers of Hospitals and Dispensaries, and the Medical Profession generally, to the prices and quality of their Hot or Cold Water Beds. The prices hitherto charged being so high as to limit the sale of such articles to the affluent, they are induced to offer them at such prices as will enable the public generally to realise the advantage and comfort to be derived from their use.

WATER BEDS, £4 4s., £5 5s., and £8 16s. 6d.

Water Pillows and Cushions, 7s. 6d. to 21s. Urinals, from 3s. 6d. to 12s. 6d. Cotton Elastic Stockings, 4s. 3d. Silk, 5s. 3d. Knee Caps, Leggings, Anklets, &c.

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Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

Reduction of the Duty.—Wines and

SPIRITS of all SHIPPERS.—Her Majesty's Wine Merchant—(Established 1811)—JAMES MARKWELL.—Cellars, 35 to 40, and 45, Albemarle-and 4 and 5, Stafford-streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s.; Madeiras, 42s.; Moselles and Hocks, 40s.; Sparkling Hocks and Moselles, 48s.; ditto St. Péray, 54s.; ditto Burgundy, 60s.; Clarets, 22s.; Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; ditto Yquem, 80s.; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liquors. Particulars and direct shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xeres-Viejo, and Manzanilla.—J. M. is Agent for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schappes; Peach Brandy; Gin Slings; Brandy Cocktails; &c. &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount.—Stock, 16,000 dozen. Cash or reference. Bankers, Sir Claude Scott, Bart.

Price-lists on application.

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St. Thomas's Medical Session.—

A GENERAL INTRODUCTORY ADDRESS will be delivered by R. D. GRAINGER, Esq., F.R.S., on MONDAY, 1st October, 1860, at Eight o'clock p.m.; the Distribution of Prizes will take place early in the Session.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as perpetual.

A rumour having been current that this Hospital will shortly be removed to another site, it is thought desirable to contradict such report, and to state that if it should be proposed at any future period, it could not possibly be carried out, at the earliest, within three years from the time of obtaining the sanction of Parliament.

PRIZES AND APPOINTMENTS FOR 1860-61.

Voluntary Matriculation Examinations are held early in October, and Prizes are given in each of the three following divisions:—

1st. In Mathematics, Classics, and Ancient History. The President's Prize of 20 guineas.

2nd. In Physics and Natural History. A College Prize of £20

3rd In Modern Languages and Modern History. A College Prize of £20

The TITE SCHOLARSHIP, founded by W. Tite, Esq., M.P., F.R.S., the proceeds of £1000 Consols, tenable for three years.

To the three most distinguished Pupils for General Proficiency in each year, the following Prizes are awarded:—

FIRST YEAR'S STUDENTS.

1st. The Treasurer's Prize of 30 guineas. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

SECOND YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10

The Dressers, and the Clinical Clerks, are awarded to merit, after examination.

THIRD YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

Mr. George Vaughan's Cheselden Medal. The Treasurer's Gold Medal.

Mr. Newman Smith's Prize of £5 for the best Essay on "Neuralgia."

The Two House-Surgeons, the Resident-Accoucheurs, and the Dressers, are periodically selected, and are provided with Rooms and Commons in the Hospital, free of expense.

Two Hospital Registrars, at an Annual Salary of £40 each, or one at £80.

Students of each year are classed according to their respective total merits in the examinations, and all of the First Class receive Certificates of Honour.

MEDICAL OFFICERS.—Dr. Roots, Consulting Physician; Mr. Green, Consulting Surgeon; Dr. Barker, Dr. J. Risdon Bennett, Dr. Goolden, Dr. Peacock, Dr. Bristowe, Dr. Brinton, Mr. South, Mr. Mackmurdo, Mr. Solly, Mr. Le Gros Clark, Mr. Simon, Dr. Waller, Dr. Clapton, Mr. Sydney Jones, Mr. Whitfield.

Clinical Instruction is given at stated times by the Medical and Surgical Officers; and Special Medical Clinical Lectures, by Dr. Barker. Ophthalmic Surgery, Mr. Mackmurdo; Midwifery, Dr. Waller and Mr. Gervis; Dental Surgery, Mr. Elliott; Medical Tutors, Mr. Allingham and Mr. Gervis.

Medicine—Dr. Peacock. Surgery—Mr. Le Gros Clark. Physiology—Dr. Brinton. Descriptive Anatomy—Mr. Sydney Jones. Anatomy in the Dissecting Room—Mr. Rainey. Assistant Demonstrator—Mr. J. Croft. Chemistry and Practical Chemistry—Dr. Albert J. Bernays. Midwifery—Dr. Waller. Practical Midwifery—Mr. Gervis. General Pathology—Mr. Simon. Botany—Dr. Clapton. Comparative Anatomy—Mr. W. M. Ord. Materia Medica—Dr. Bristowe. Forensic Medicine—Dr. Stone. Public Health—Dr. Headlam Greenhow. Demonstrations Morbid Anatomy—Dr. Edmund Montgomery. Microscopical Anatomy—Mr. Rainey.

Students can reside with some of the Officers close to the Hospital.

The Committee of the "Nightingale Fund" has arranged with the authorities of St. Thomas's for educating women as Hospital Nurses, who, on the satisfactory completion of one year's training, will be considered eligible to receive appointments as Nurses in the Metropolitan and Provincial Hospitals.

Application can be made prior to next Midsummer to Mrs. W. W. Wardroper at St. Thomas's Hospital.

The patients are admitted daily at Half-past Eleven, a.m., and the Out-patients seen at Half-past Twelve daily.

To enter, or to obtain Prospectuses, the conditions of the Tite Scholarship, and further information, apply to Mr. Whitfield, Medical Secretary, resident at the Hospital.

Dr. Belloc's Lozenges and Powder of

MEDICAL VEGETABLE CHARCOAL, approved of by the Imperial Academy of Medicine of Paris, for the cure of Indigestion and Constipation, and of all Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.

General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

JOZEAU'S COPAHINE MEGE

Or SACCHARATED CAPSULES.—Copaiba and Cubebs are, doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing, in his Copahine, all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than a thousand trials in Paris, and the different London Hospitals, viz., St. Thomas's, Guy's, and St. Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. "Lancet," Nov. 6, and Dec. 10, 1852. The Copahine, which is in form of a pretty pink sugar-plum, effects a cure in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d., of G. JOZEAU'S, French Chemist, 49, Haymarket, London; 22, Rue St. Quentin, Paris; and all the most important Chemists.

King's College, London. — Medical

DEPARTMENT.—The WINTER SESSION will commence on Monday, October 1, with an Introductory Lecture by Dr. JOHNSON, at Eight p.m.

Anatomy—Professor Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—Professor Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson.

KING'S COLLEGE HOSPITAL.

Physicians { George Budd, M.D., F.R.S. / George Johnson, M.D. / Lionel S. Beale, M.B., F.R.S. } With care of In-Patients.
Physicians { W. A. Guy, M.B., F.R.S. ..... With care of Out-Patients.
Physician for Diseases of Women and Children—Arthur Farre, M.D.

Surgeons { W. Fergusson, F.R.S. / Richard Partridge, F.R.S. / William Bowman, F.R.S. } With care of In-Patients.
Surgeons { Henry Lee, F.R.C.S. ..... With care of Out-Patients.

The Hospital is visited daily. Clinical Lectures are given every week by the Physicians and by the Surgeons. The Physicians' Assistants, Clinical Clerks, the House-Surgeons, and Dressers, are selected by examination from the Students of the Hospital.

WARNEFORD SCHOLARSHIPS.—Students who enter the Medical Department of King's College in October, 1860, will have the exclusive privilege of contending for the Scholarships founded by the late Dr. Warneford, for the encouragement of the previous education of Medical Students. There will be five, of £25 each, given this year—two to be held for three years, and three for two years.

The subjects of examination are the usual branches of school education—viz. Divinity, Classics, Mathematics, Modern History, and Foreign Languages; but any subject, except Divinity, may be omitted. The classical subjects are the same as those fixed for the Matriculation Examination at the University of London in July, 1860.

For full particulars, apply to J. W. Cunningham, Esq., King's College, London, W.C. R. W. JELF, D.D., Principal.

Guy's Hospital.—The Medical Session

commences in October. The INTRODUCTORY ADDRESSES will be given by Dr. WILKS, on MONDAY, the 1st of October, at Two o'clock.

MEDICAL OFFICERS.

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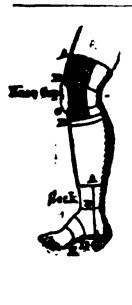

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Carlisle, July 19, 1860.

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Wrexham Infirmary, July 25, 1860.

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Royal Veterinary College, London, JULY 31, 1860.—The LECTURESHIP on CHEMISTRY and MATERIA MEDICA in the above Institution being VACANT, in consequence of the retirement of Professor Morton, Candidates for the appointment are requested to make application to the Principal for particulars as to the duties of the Office, and the salary attached to it.

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Reading, August 1, 1860.

St. Mary's Hospital, Quay-street, MANCHESTER.—A VACANCY having occurred in the MEDICAL STAFF of St. MARY'S HOSPITAL, in consequence of the resignation of Dr. Wilme, a Special Board of Trustees and Subscribers will be held in the Board-room of the Hospital on MONDAY, SEPTEMBER 3, at Eleven o'clock in the forenoon, for the purpose of electing a SURGEON-IN-ORDINARY. Gentlemen desirous of becoming Candidates for the vacant office are requested to send in their Diplomas and Testimonials addressed to the Honorary Secretary of St. Mary's Hospital, with the words "Medical Testimonials" inscribed on the cover, on or before the 25th of August, instant, and are also requested to observe that their qualifications must be in conformity with the following rule:—"That any Medical gentleman, duly registered under the 21st and 22nd Vict., cap. 90, shall be qualified for election as one of the Medical Officers of this Hospital; that the extreme Hospital boundary shall be defined by the Board of Management, and the district included be divided into parts or sections as may by such Board be, from time to time, thought most advantageous; and each Surgeon shall be required to reside within or conveniently near to the district allotted to him, but no Medical gentleman shall be eligible as a candidate for the situation of Honorary Officer to this Hospital who holds an appointment from any Club or Sick Society of any description, and he shall become disqualified if at any time after his election he accepts such an appointment."

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St. Mary's Hospital, August 4, 1860.

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MEDICAL TIMES & GAZETTE

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The Medical Directories.

The ANNUAL CIRCULAR was posted to every Member of the Profession in the United Kingdom on Thursday, August 2.

The Editors will feel obliged by its being returned with as little delay as possible.

Should the Circular have in any case miscarried, immediate communication with the Office of the Medical Directories is requested.

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The Profession are respectfully informed, that the WANDLE FELT COMPANY having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 13, HANOVER STREET, LONG-ACRE, London, and also through the Wholesale and Retail Druggists in town and country.

Reduction of the Duty.—Wines and SPIRITS of all SHIPPERS.—Her Majesty's Wine Merchant—(Established 1811)—JAMES MARKWELL,—Cellars, 35 to 40, and 45, Albemarle-and 4 and 5, Stafford-streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s.; Madeiras, 42s.; Moselles and Hocks, 40s.; Sparkling Hocks and Moselles, 48s.; ditto St. Péray, 54s.; ditto Burgundy, 60s.; Clarets, 28s.; Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; ditto Yquem, 80s.; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liquors. Particulars and direct shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xeres-Viejo, and Manzanilla.—J. M. is Agent for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schappe; Peach Brandy; Gin Slings; Brandy Cocktails; &c. &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount.—Stock, 16,000 dozen. Cash or reference. Bankers, Sir Claude Scott, Bart.
Price-lists on application.

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ADDITIONAL TESTIMONY ON THE EXTRAORDINARY EFFICACY OF DR. J. COLLIS BROWNE'S

(M.R.C.S.L., Ex-Army Medical Staff)

C H L O R O D Y N E.

MEDICAL PROPERTIES—Anodyne, Diaphoretic, Sedative, Astringent, Antispasmodic, Diuretic.

A few Extracts of Medical Reports are furnished in testimony of the exceeding value of this New Remedial Agent.

The following extract from a letter by Dr. Shortrouse (late of the Metropolitan Convalescent Hospital), of Carshalton, to a Medical friend in the North of England, is published by permission :—

"And now, my friend, about 'Chlorodyne'—the infallible and incomparable Chlorodyne! The best idea I can give you of my estimate of its value will be in the fact, that I have within the last fifteen months used 160 ounces of it, and, as each ounce contains about fifty adult doses, I have given at least 8000 doses. This is what I have administered myself, and is altogether independent of a large quantity which I have prescribed, and the patients have procured for themselves. It is, as I said before, a remedy quite *unique*, and its effects totally dissimilar to those of opium or any other English medicine. It requires some little management in its administration, so as to ensure its best effects. Out of the many hundreds of patients for whom I have prescribed it, I have found it disagree with but three.

"Its mode of action is that of an astringent in suppressing hæmorrhage and diarrhœa; an anti-spasmodic in colic and all forms of spasmodic cough; an anodyne in allaying pain and excitement, and producing tranquillity and a most heavenly state of repose.

"The cases (among others) in which I have employed it have been twelve cases of phthisis; eight of these patients had been examined by other Medical men, and had been regarded as genuine cases of consumption, so that the nature of the disease does not rest upon my testimony alone. They were all well-marked cases; for I do not mention several others in an incipient stage. Two of the cases were in the last stage—*i. e.* cavities had formed in the lungs; two others were bordering upon this stage. The remaining eight were in the second stage—that of softening; in five of these hæmoptysis was a prominent symptom. All these cases have done, or are doing, exceedingly well. Five of them have quite recovered; the others, with one exception, are in a fair way towards recovery.

"I have used it in many cases of hooping-cough and bronchitis, especially that form of the disease attended with laryngeal complication, *i.e.* irritation of the superior laryngeal nerve, with a very harassing spasmodic cough; and in these cases I can speak of it as a remedy of the highest value

"In dysentery and dysenteric diarrhœa, and in mucous diarrhœa with pain round the umbilicus, it is invaluable; one dose, or at most two, being sufficient. In simple diarrhœa it is hardly worth while giving it a trial. But its effects are most marked in cases of hæmorrhage, which it will arrest almost instantaneously; I have had several proofs of this. In some forms of neuralgia it also affords relief in a very short period.

"I hope I have now said enough to induce you to give it a trial. But don't be misled; it is not a cure-all, nor did I ever 'puff it off as a universal panacea for all ailments.' It is what is perhaps better—a valuable therapeutic agent, with which you may successfully combat disease in many of its forms, and those forms most frequent and most formidable. In addition to its astringent and anodyne properties, it also possesses remarkable chemical ones, and has a marvellous effect upon the absorbent and nutritive functions. I have seen cases of secondary sores and indolent ulcers assume quite new features, when the ordinary remedies have been combined with small doses of Chlorodyne."

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S. Eng.; formerly Lecturer upon Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an anti-spasmodic and sedative. I have used it in consumption, asthma, diarrhœa, and other diseases, and am most perfectly satisfied with the results."

From the "MEDICAL TIMES."

"TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

"Sir,—In reply to an inquiry made by your correspondent, who subscribes himself 'Nota Bene,' whether any cases of benefit from 'Chlorodyne' have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate Opium, Hyoscyamus, or Belladonna, and in despair almost I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He took only two doses, which acted so well that he compared his feelings to being transported to Paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bedtime, feeling secure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.

"I am, &c. "THOMAS A. HENDERSON, M.D., L.R.C.P.,

"Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23, 1857."

Extracts from the General Board of Health, London, as to its efficacy in Cholera.

"1st Stage, or Premonitory.—In this stage the remedy acts as a charm; one dose generally sufficient.

"2nd Stage, or that of Vomiting and Purging.—In this stage the remedy possesses great power, more than any other we are acquainted with, two or three doses being sufficient.

"3rd Stage or Collapse.—In all cases restoring the pulse. So strongly are we convinced of the immense value of this remedy, that we cannot too forcibly urge the necessity of adopting it in all cases."

From THOMAS F. HALE, Esq., Surgeon, Saundersfoot, Pembrokeshire.

"Sir,—I should be much obliged by your forwarding three bottles of Dr. J. Collis Browne's Chlorodyne, which I have found most useful in allaying pain. I have used twelve ounces of it, and in nearly every case in which I have employed it, have every reason to be satisfied with the result; and although I object, as a rule, to use any preparation of a secret nature, and of whose composition I am not fully acquainted with, still, having once tried the Chlorodyne, and found that it really did produce the effects stated, I do not think I should be justified in withholding such a preparation from my patients when I see the value of the remedy."

From C. V. RIDOUT, Esq., Surgeon, Egham, Surrey.

"Sir,—Having extensively used Dr. J. Collis Browne's Chlorodyne, I feel it incumbent upon me to add my testimony to the numerous evidences you have already received of the undoubted efficacy of this remedy. As an astringent in severe diarrhœa, and an anti-spasmodic in colic, with cramps in the abdomen, the relief is instantaneous. As a sedative in neuralgia and tic douloureux, I can record a case where its effects were very remarkable. It occurred in January last. A gardener applied to me with pain in the head, resembling most distinctly tic douloureux as usually met with in the face; it was impossible for him to prevent his head moving from side to side with great regularity at intervals of five seconds. The pain and agony he described to be so acute that he was afraid it would induce madness. I prescribed ten minims of Chlorodyne every half-hour. The second dose mitigated his sufferings; and after the fourth dose he slept comfortably for some hours, and awoke refreshed and comparatively free from pain. I continued the Chlorodyne in diminished doses for a few days, since which time he has had no return of the attack. In uterine affections I have found it extremely valuable; and I could, if necessary, add many more striking instances of the powerful influence Chlorodyne exerts in controlling diseases."

From J. McGRIGGOR CROFT, M.D., M.R.C.P. London—Nov. 26, 1859.

"Sir,—After prescribing Dr. J. Collis Browne's Chlorodyne for the last three years in severe cases of neuralgia and tic douloureux, I feel that I am in a position to testify to its valuable effects. Really in some cases it acted as a charm when all other means had failed. Without being asked for this report, I must come forward and state my candid opinion that it is a most valuable medicine."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It is the most efficacious remedy I ever used, affording relief in violent attacks of spasm within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From W. R. DAWES, Esq., Haddenham.

"Dear Sir,—You should have heard from me sooner respecting the effects of Dr. J. Collis Browne's Chlorodyne, but the fact is, that I have found it so universally applicable as a sedative, that there is great difficulty in making a selection of cases which most strikingly mark its beneficial action without rendering my report inconveniently prolix. I can, however, most truly say, that it is a remedy more generally efficient than any other with which I am acquainted. Its sedative and anodyne effects are not only more speedily produced, but they are also more lasting, and are not followed by exhaustion, or headache, or disturbance of the digestive functions; on the contrary, in many instances its continued use has been followed by exhilaration of spirits and improvement of appetite, especially in the various painful symptoms attending uterine irritation. In hysteria and in dysmenorrhœa, this remedy acts like a charm, as also in nervous headaches and in many cases of cough. In fevers, combined in the early stage with tartarised antimony, it is often of signal service; nor is an increase of dose usually requisite to maintain its beneficial action. In a case of phthisis, the moderate dose of ten minims, taken every night, has sufficed for many months to secure quiet rest, scarcely disturbed by cough, while the omission of it is invariably followed by a restless and coughing night. One fact strikes me as very remarkable—namely, that while the tendency of Chlorodyne to produce constipation is so slight as rarely to require an aperient, it has never failed speedily to stop diarrhœa, or to extinguish attacks of ordinary Cholera. In only two or three instances has it disagreed. The sleep which follows the composing influence of the medicine is peculiarly light and refreshing."

From Dr. B. J. BOULTON and Co., Horncastle—Sept. 26.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent, direct sedative and anti-spasmodic. It seems to allay pain and irritation in whatever organ and from whatever cause.

"It induces a feeling of comfort and quietude not obtainable by any other remedy, and it seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after-effects."

CAUTION.—Be sure to ask for Dr J. COLLIS BROWNE'S CHLORODYNE; disappointment will result from any other.—See the Manuscript Signature.

Price 3s. per ounce, and in quantity of 10 ounces carriage free.

Sole Agent and Manufacturer—J. T. DAVENPORT, Operative and Pharmaceutical Chemist, 33, GREAT RUSSELL-STREET, BLOOMSBURY-SQUARE, LONDON.

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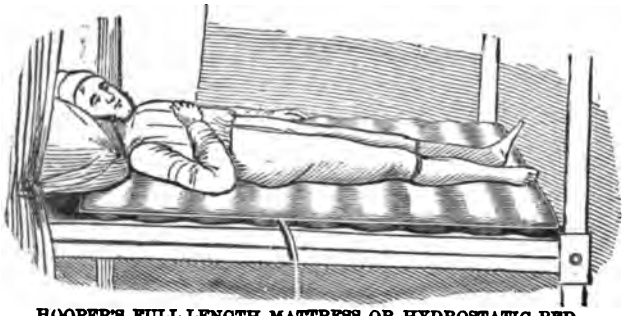
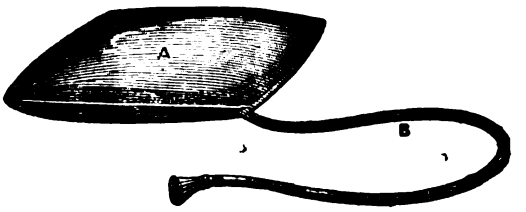
HOOPER'S HYDROSTATIC BEDS, OR MATTRESSES AND CUSHIONS,

FOR PLACING ON AN ORDINARY BEDSTEAD.

WATER AT ANY TEMPERATURE MAY BE USED.



HOOPER'S FULL-LENGTH MATTRESS OR HYDROSTATIC BED,
For Bedsores, Cancer, Coldness of the Body, Consumptive Cases, Diseased Joints, Dropsy, Fevers, Fractures, Gout, Gun-shot Wounds.



HOOPER'S CUSHION FOR GENERAL PURPOSES.

ANY SHAPED CUSHION CAN BE OBTAINED,

For Inflammation of the Bowels, Lassitude, Paralysis, Rheumatism, Spinal Affections, Sloughing Sores, Ulcerated Cartilages, and all Invalids.

HOOPER'S PATENT INVALID BED-LIFT.

THE OBJECT of this INVENTION is to enable the Patient to be raised in any position above the Bed, so as to allow the Medical Attendant, or Nurse, to get at any part of the body that may be requisite; and also that the Bed may be re-made, the chamber utensil used, and removed with facility.

FIG. 1.

7, PALL-MALL EAST;

FIG. 2.

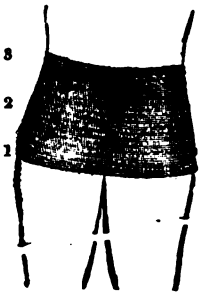
AND 55, GROSVENOR-STREET.

1 represents a patient on the Patent Lift Bedstead, the Lifting Apparatus not being in use.

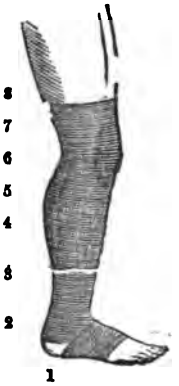
FIG. 2 represents the patient raised up from the ordinary level of the Bed by means of the Lift, so as to enable the Medical Attendant, or Nurse, to perform any of the offices before-named.

HOOPER'S SPIRAL ELASTIC SUPPORTERS.

The Figures 1, 2, 3, &c. show the points at which the measures should be taken; the length should also be stated.



ABDOMINAL SUPPORTER.



STOCKING ABOVE THE KNEE.

ABDOMINAL SUPPORTER AND THIGH-PIECE.

Constructed of a light porous material, unique in giving continuous and permanent pressure, can be accurately adjusted, and readily drawn over the parts requiring their use.

HOOPER'S URINALS,

WITH VALVE TO PREVENT LEAKAGE.

For Invalids, or Railway Travellers; whether Sitting, Reclining, or Walking; they are not affected by boiling water, and may, therefore, be easily kept clean.

WATERPROOF SHEETING, FOR PROTECTING BEDDING,

At a great Reduction in Price. It is soft and inodorous, and not acted on by Urine, Acids or Alkalis, and may be washed as Family Linen.

EXTRACT OF REPORTS from the Medical Department of the Three Presidencies of the Hon. East India Company; also Reports and Letters from numerous Members of the Medical Profession free by post.

WM. HOOPER, Operative Chemist, Sole Manufacturer, 7 Pall-Mall East; & 55, Grosvenor-street, London.

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ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

LECTURE XXII.

OPERATIVE PHYSIOLOGY—ON THE GASTRIC FLUID.

Summary: Various Methods of collecting pure Gastric Juice, for the Purpose of Analyzing it—In what Manner the Alimentary Substances which it contains may be best separated from the Liquid obtained—Certain Fluids invariably mix with the Gastric Juice, and their Presence cannot be avoided—Saliva—Peculiar Secretion of the Pharyngeal Glandulæ—All these Liquids are Alkaline, and have a Tendency to Neutralize the Acidity of the Gastric Juice, according to the Law of Berzelius—Influence of Alkalies upon the Gastric Secretion—The Re-action of the Intestinal Liquids, beyond the Pylorus, is altogether variable—Chemical Composition of the Gastric Fluid—Influence of the Nerves upon its Formation—Solar Plexus—Effects produced upon the Stomach by Galvanizing the Pneumogastric and Sympathetic Nerves—The Gastric Secretion belongs to the Class of Reflex Actions.

GENTLEMEN,—After having examined the principal properties of the gastric secretion, and endeavoured to point out the seat of the glandular apparatus which produces this fluid, it remains for us to describe the most convenient methods of obtaining it in a state of perfect purity, in order to ascertain its chemical composition; and, if possible, to reproduce it by artificial means. You have no doubt observed, that, when it is intended to procure large quantities of gastric juice, it becomes necessary to introduce food into the stomach in order to rouse its dormant activity, and the objections to which a similar proceeding is liable may be easily foreseen. Foreign substances will naturally be held in dissolution in the liquid thus obtained, and its real composition will not be revealed by chemical analysis. In order to obviate this inconvenience, the gastric fluid must be collected at the very moment when the digestive process commences; the bodies introduced into the stomach, when placed in contact with the liquid secreted by its inner surface, gradually fall to pieces, and being divided into minute fragments, are promptly dissolved; but, during the first moments, this process not having yet commenced, the liquid obtained may be considered as comparatively pure and unmixed. It is besides a well known fact, that the walls of the stomach itself, being protected by the epithelial layers which lie at their surface, are in no danger of being themselves dissolved while digestion is taking place. We, therefore, usually select tripe for the purpose of stimulating the digestive process; this substance, as you are well aware, consists of the inner surface of the intestinal organs of ruminating animals, and is, therefore, calculated to resist the action of the gastric juice during a much longer period than other kinds of animal food. It is proper, of course, to filter the liquid obtained, in order to deprive it of the fragments of semi-digested bodies which it is likely to contain.

There is no difficulty in obtaining gastric juice at will, by closing the outer orifice of the tube which plunges into the stomach with a small cork, which the animal is unable to remove with its teeth; but it is generally found more convenient to adapt a small india-rubber pouch to the apparatus, into which the liquid is rapidly poured when secretion begins. We must also avoid withdrawing too large a quantity of gastric juice from the stomach, if we do not intend to disturb the digestive process.

But, in attempting to obtain the secretions of the gastric glands unmixed with any other substances, another difficulty is met with. When food is introduced into the alimentary tube by the mouth, as usual, saliva is the first liquid which impregnates it, and another secretion, comparatively insignificant in Carnivora, but more abundant in ruminating animals, mixes with the alimentary mass before it reaches the cavity of the stomach,—we allude to the pharyngeal secretion, which, in the horse, may be easily obtained by dividing the œsophagus, towards the middle part of the neck, and adapting a glass case to its upper extremity. During mastication, large quantities of this liquid are produced, and may be collected to the amount of two or three gallons. It is produced by the glandulæ, which lie in the upper part of the pharynx; it differs in its chemical composition from saliva, but resembles it in its alkaline reaction.

It is, therefore, evident that when digestion takes place, in the healthy state, the gastric juice is mingled with two other fluids, both of which offer an alkaline reaction; but the powerful acidity of the gastric secretion entirely overpowers the opposite properties of the other two, for in no case whatever does the gastric juice lose its acidity; in certain diseases the secretion may be arrested or diminished, but its chemical properties invariably remain the same. This arrangement, as you perceive, is in perfect accordance with the law established by Berzelius, namely, that in the various parts of a given apparatus, acid and alkaline secretions are alternately found to exist and act upon each other, as a reciprocal stimulus; it is well known, in fact, that the gastric juice flows more abundantly when alkalies are introduced into the stomach, and that acids, on the contrary, are unfavourable to its formation. The addition of alkaline salts to various articles of food is, therefore, favourable to digestion. Such is, perhaps, one of the reasons which account for the extensive use of common salt as an article of food among all nations; you are also aware that various species of animals eagerly devour salt, whenever they can obtain it, and crowd in flocks to the *licks* where it exists in large quantities, on the surface of the ground.

But in accordance with the same principle, we find that bile and the pancreatic secretion, being endowed with a strong alkaline reaction, neutralize the acidity of the gastric juice; so that, beyond the pylorus, the reaction of the intestinal parietes is generally neutral; in carnivorous animals, however, it remains acid in most cases.

The chemical composition of the gastric juice has not yet been perfectly ascertained, and authors do not agree upon this subject; it contains, however, a very large proportion of water (995 parts in a thousand); lactic acid, and an organic substance (pepsine), the nature of which is at present imperfectly known, would appear to be the active principles which account for its peculiar properties. Let us now examine the part played by nervous influence in its formation.

When, in our preceding Lectures, we directed your attention to the salivary secretion, we stated that this physiological process was to be viewed in the light of a reflex action, that the nervous system was in consequence essentially concerned in the formation of saliva, and that each gland must evidently have been provided with sensitive and motor nerves, specially connected with the process of secretion; and, in the case of each gland, these nerves were distinctly pointed out. In the second place, we discovered that the sympathetic nerve acted in opposition to the motor branches, and was an obstacle to the free action of the gland; and, lastly, that a turgid state of the glandular tissue, an accelerated circulation, a ruddy colour of the blood in the veins, which offer, at the same time, arterial pulsations, were invariably the symptoms connected with the active state of these secreting bodies.

In the digestive act, the same phenomena are found to coincide with the process of secretion in the gastric glands; the mucous membrane grows turgid and assumes a bright red colour; and, as in the case of the salivary gland, nervous influence is intimately connected with the formation of the gastric juice, a reflex action evidently takes place, since a few drops of an alkaline solution immediately produce a flow of this fluid. Let us, therefore, endeavour to ascertain what nerves are endowed with the property of awakening the dormant activity of these little glands.

The solar plexus is the source from which all the nervous filaments, which find their way into the stomach, are derived; and this plexus is formed by the pneumo-gastric and sympathetic nerves. Such, therefore, are the conductors of nervous influence which play a part in the digestive process. The branches which emanate from the solar plexus are distributed, of course, to the muscular coat of the stomach, as well as to the secreting cells; but the contractions which take place in

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the organ during digestion cannot be separated from the process of secretion itself; these two physiological actions are as inseparably connected with each other, as the parotidian secretion with the act of mastication; both of these, as you are well aware, take place under the influence of motor branches of the fifth pair, and no physiologist would attempt to separate the one from the other, as far as nervous influence is concerned. It is not, however, our intention to assert that the contraction of the muscular fibres acts upon the glands by compresssing them; the gastric secretion is, in itself, a totally separate and independent process.

We shall, therefore, have recourse to the usual stimulant, namely, galvanism, for the purpose of ascertaining the influence exerted upon the stomach by the two different orders of nerves connected with it. Two dogs, provided with fistulæ, and which have been kept fasting for a certain space of time, being selected for the experiment, it will be found that in the animal, the pneumogastric nerves of which are galvanised, the gastric secretion flows abundantly, while in the other the mucous membrane remains perfectly dry. It may, therefore, be confidently asserted that to the pneumogastric nerves is the stomach indebted for its secreting powers; and the galvanic stimulus, when applied to the gastric secretion, appears to be a convenient method of obtaining it pure and unmixed, free from saliva, and all other foreign substances.

The sympathetic nerve, as might easily be foreseen, continues to play the same part as before; when excited, it arrests the secretion, or renders it less abundant, when the digestive process is in its full force; a fact which may be easily proved by applying galvanism to the nerves which arise from the semilunar ganglia. We, therefore, meet with two orders of nerves in the stomach, as in the case of all other glands: motor nerves, which accelerate the secreting process; and organic nerves, which oppose it. We purposely insist upon the constant recurrence of the fact, as, at a future period, it is our purpose to show you its importance, in connexion with the most intimate properties of the nervous system.

LECTURES
ON THOSE DISEASES OF THE KIDNEY
GENERALLY KNOWN AS
BRIGHT'S DISEASE.

DELIVERED AT

The Middlesex Hospital.

By S. J. GOODFELLOW, M.D.

Physician to, and Lecturer on Medicine at, the Hospital.

Lecture III.

Gentlemen,—I have in the preceding Lectures described the symptoms of these diseases of the kidney, as well as the condition of the blood and the urine. We have seen that with regard to the urine it no longer contains the normal constituents in proportions even approaching those of health. The quantity of urea passed in twenty-four hours, instead of ranging from 250 to upwards of 500 grains, as in health (the mean for men, as stated by Simon, being 432), it ranges from 30, or even lower, to 120 grains. The quantities of fixed salts, and also of extractive matters, are likewise less than in the normal secretion.

Not only are these effete, and perhaps very deleterious substances, much reduced in quantity in the urine, and probably retained in the blood, but the urine contains, in varying but considerable quantities, many substances which ought to have been retained in the blood, and which cannot be separated from it in any great amount without detriment to this vital fluid—namely, albumen, and other constituents of the serum. Microscopical examination reveals the presence, also, of other extraneous matters. We observe, for example, several other constituents of the blood—blood in the form of casts of the uriniferous tubes, blood-corpuscles more or less altered, those large round or oval yellow bodies which may very probably be conglomerated coats of broken-down blood-corpuscles, fibrine in the form of casts and films. The microscope reveals, also, in the urine various anatomical elements of the kidney more or less degraded, showing that this organ has itself undergone, or is undergoing, some process of disorganisation. It may be rapidly losing its true secreting elements,—those elements by which the important constituents of the urine are separated from the blood, and which, I repeat, if retained in it render this vital fluid unfitted for its great purposes in the economy, more especially for the oxidising processes. We see, also, that the normal kidney structures are mixed with, and encroached upon by, abnormal substances—by, for example, a fibrinous, an albuminous, a waxy, or a fatty exudation. The diagrams show the forms which these matters assume in the urine. You will observe an example of every one of them. Now, this exudation, whether fibrinous, albuminous, waxy, or fatty, could only have found its way into the urine through the urine-bearing tubes, and we cannot, therefore, avoid the conclusion that the same kind of exudation is taking place in the substance of the kidney itself. There is in these diseases not only a transudation of the serum of the blood, but in most, if not in all of them, at one stage or another, an exudation of some determinate character. It not being unreasonable to assume that this exudation takes place in the substance of the kidney as well as in the tubes, it is not, therefore, unreasonable to infer that the transudation also takes place in the tissues of the organ, as well as in the malphigian capsules and uriniferous tubes, and that the kidney itself becomes in a manner dropsical.

So much, then, as to the urine; now, with regard to the blood. I showed, by chemical evidence, in my last Lecture, that the blood underwent, like the urine, very important alterations, as, indeed, we might, from the condition of the urine, have expected. In all cases, however, it is better to rely alone, or as much as we can, upon the result of absolute examination. The blood, as we have seen, is deteriorated; the water is too abundant; the serum is not the serum of health, it is less dense and increased in quantity; the clot is not only much reduced in volume, in proportion to the serum, but it is soft, and often covered with a buff-coloured coat; the fibrine is increased, but probably it also is not the fibrine of health; and the red blood-corpuscles are no longer capable of going through the normal changes of growth, development, and decay. The process of red-blood formation is impaired, in some cases, perhaps, arrested, for while the proportion of white corpuscles is much increased, that of the red corpuscles is greatly diminished. When we consider the successive changes which these important bodies undergo from lymph, chyle, white corpuscles, up to the perfect red corpuscle, and the important part which these red corpuscles play in nutrition, secretion, respiration, and excretion, we are prepared to expect that these alterations in them, together with those of the blood in other respects, will not be without their effects upon the system, and we need be at no loss, therefore, to account for the anasarca, the emaciation, the pallor, and other symptoms, as well as the secondary affections which I described in a sort of classified order in my first Lecture. But in addition to these alterations in the natural proportions of the normal constituents, there are present, in variable, but always in considerable quantities, highly stimulating, irritating, perhaps toxic matters—pure excrement, which can never be retained in the blood, without more or less disastrous effects upon several great vital processes of the economy, and if generated in large quantity suddenly, or if intercepted in their way out of the system, through other channels, lead rapidly to death.

Without, then, stopping now to inquire into the condition of the blood or of the system, which has given rise to these changes in the kidney itself (for that I shall do at length when I come to speak of the causes of these affections), I will at once proceed to explain the mechanism of the symptoms—the proximate causes of the symptoms—these being of themselves almost diseases.

The first symptom that I placed in my classified list, because of its importance, was Anasarca. Now, it may be asked where, in the majority at least of these affections—probably in all the acute affections—does the anasarca begin? If we were carefully to examine the serum effused in the subcutaneous cellular structures, in the serous cavities, and in the parenchyma of organs in dropsy from other diseases or conditions, we should probably find nearly, if not all, the constituents that are present in the urine and in the kidney itself in these affections. These effusions, it is well known,

may vary from simple transudation of the serum of the blood, to an exudation of more solid substances; for example, fibrine, in the different states which it assumes in different constitutions, and in different individuals. A very trifling difference in the cause of the retardation of the circulation through the kidney, either in its intensity or quality, will change a transudation of serum, with more or less hæmatin, and richer or poorer in albumen, into an exudation of fibrine and other solid matters. The researches of Schmidt have proved that the transudation will be richer in albumen in proportion to the slowness with which the blood passes through the capillaries. We know also that the richer or poorer the blood is in albumen, so in proportion will be the quantity of this proximate principle in the transudation. Well, then, we find even at the commencement of these acute affections these constituents in the urine; and this is a certain evidence of the presence of effusion, or transudation, or exudation, as the case may be, of the same matters in the structures of the kidney itself. A certain cause of retardation of the blood through the kidney is in operation—it may be alcohol, it may be from some long-continued suppression of the cutaneous function, or from the poison of scarlatina, or of gout, or rheumatism, or from poor watery blood, from insufficient food, or inherent vice of constitution—it may be from some irritation of the kidney itself, or of its nutrient nerve, or of that part of the nervous centre which is more immediately connected with the well-being and secretion of the kidney. (Bernard has shown that it is somewhere in the medulla oblongata.) But whatever the cause in operation may be, this very retardation is attended with congestion and, combined with other circumstances, favours or leads to transudation to a varying extent, and to different constituents of the blood in the kidney itself, as well as in the malphigian capsules and uriniferous tubes,—the kidney, in a word, becomes dropsical, anasarcous, and œdematous. What do you often see when you take up a kidney that has been opened in the usual way in the dead-house, which has been removed from a person dead of acute anasarca, or some other of these affections? You find a large, flabby more or less sodden, watery kidney, a kidney nearly, if not quite, twice as large as it is in the natural state; serosity drops from it in large quantity as you make a section of it; the vessels are filled, turgid with thick red blood that has been deprived in great measure of its serum. It is certain that this œdematous condition of the kidney precedes the general anasarca, a local œdema produced by a specific cause, as the general anasarca is produced by a general cause, as a result of the kidney affection. Don't mistake me, and come to the conclusion that I intend to say that Bright's Disease is a mere dropsy of the kidney, although in one sense it would not be altogether very wide of the truth to say so. When I come to speak of the several states of the kidney known as Bright's Disease, you will, I think, find that there would be some little approach to truth in such an assertion, modified according to the nature of the several causes producing them. There would be some truth, I repeat, in such an assertion, but it would not be the whole truth. In some cases there is a transudation of serum only; in others one of serum, coagulable lymph, and blood-corpuscles; in others, again, of fibrin, of albuminous matter, of fatty matters, and lastly of a kind of matter which either, when fresh exuded, is, or becomes in a longer or shorter time, waxy, inorganisable. Now these remarks as to the condition of the kidney are not out of place here, entering as I am upon the description of the proximate causes of the general anasarca, especially when I feel that I am addressing for the most part pupils of three years' standing, and some still older, now present. For what occurs in the kidney, as I have described it, takes place, for the most part, in the areolar tissue throughout the body, in the great serous cavities and in the parenchyma of organs which are involved in the dropsy; and the application of any efficient cause,—a current of cold air, for example, to any part of the chest, will convert the transudation of pure serum into an exudation of what are called inflammatory products.

Proximate Cause of Anasarca.—Various causes are in operation in the production of anasarca from kidney disease. That which is the result of the acute affections—when dropsy comes on rapidly in a few hours, and is almost the first indication of the disease—is not probably produced by the same causes as those which, singly or in combination, are so influential in the production of anasarca in the more chronic forms. The same may be said with regard to the nervous symptoms. There is no doubt that a cause suddenly coming into operation, before the system is in a manner prepared for it, may be productive of consequences which, if it came on, or acted, more slowly, so as to allow the system to accommodate itself to it—to acquire a tolerance for it—would not be of any serious nature. It may not be the same poisonous substance in the one case as in the other. Unfortunately we know nothing for certain with regard to whether urea as urea is a poison. Some allege that it is so, but only in considerable quantities; others affirm that it is only the salts into which it is prone to be converted. Some, again, assert that in the blood it always exists as urea, and becomes converted into different salts of ammonia by a ferment, when passing through mucous membranes, or shortly after it has passed through them. The experiments of Dr. Hammond, of Philadelphia, which were conducted with great care, conclusively prove that urea, when retained in the blood, either by disease or extirpation of the kidneys, is highly poisonous, and is sure, sooner or later, to kill; for however strongly the experiments of Bernard tend to show that after extirpation of the kidneys the lives of the subjects of his experiments were preserved for some days by the elimination of the urea by the mucous membrane of the stomach and intestines, under the form of salts of ammonia, yet the animals invariably died as soon as the stomach became no longer capable of performing this vicarious office.

Dr. Hammond's experiments are of such great importance, and prove so conclusively the poisonous nature of urea, that I shall make no excuse for detaining you a few minutes in stating the results of them. I know you are aware (for I have always mentioned it in my systematic Lectures here), that Wœhler and Frerichs explained the uræmic intoxication by supposing that the urea is converted through the agency of a ferment, into carbonate of ammonia in the blood. Dr. Hammond was induced to perform his experiments for the purpose of deciding upon the correctness of this theory. The experiments upon which Frerichs founded his theory were these:—In the first series he injected a solution of urea into the blood of animals whose kidneys had been previously removed. In from an hour and a-quarter to eight hours they became restless and vomited. Ammonia was detected in the expired air, and simultaneously, convulsions ensued. Death occurred in from two and a-half to ten hours from the commencement of the experiments. Ammonia was found in the blood, the contents of the stomach, and in the bile and other secretions. In the second series a solution of carbonate of ammonia (quantity not stated) was injected. Convulsions ensued almost immediately, and were quickly followed by stupor. The respiration was laboured, and the expired air was loaded with ammonia. This substance, however, gradually disappeared, and the animals recovered their senses.

Now, with regard to the ammonia discovered in these cases it must be mentioned that it has been found in the expired air of healthy individuals, and that on the other hand, it frequently cannot be detected even in persons dying of Bright's Disease, when the urinary secretion has been in great part, if not quite suppressed. Some of you have seen the experiments tried in the wards, by means of a glass rod dipped in hydrochloric acid, without discovering a trace of ammonia. But this substance has also, like urea, been detected in the blood in health, and has often been met with as a constituent of the expired air of healthy persons.

Dr. Hammond's experiments also consisted of two series. In the first, the substances were injected into the blood of sound animals; in the second, the kidneys had been previously extirpated. The substances injected were urea, urea mixed with vesical mucus, carbonate of ammonia, nitrate of potash, and sulphate of soda. I shall only give you the results of those made with the three first. They were injected into the jugular vein in drachm doses, dissolved in four ounces of distilled water; and in the case of the second experiment, the urea was mixed with 115 grains of the mucus. All the animals exhibited some uneasiness soon after the injection, slight spasms of the limbs, followed by a disturbed sleep of two or three hours' duration; and on awaking out of it, they passed a large quantity of water, soon after which they were as well as ever. The carbonate of ammonia seemed to produce more immediate and violent symptoms, but yet the animal speedily recovered. In the two experiments with

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urea the dogs passed a much greater quantity of water after than before the injection, and also an increased quantity of urea, amounting to within about six grains of that which had been introduced into the blood. No ammonia could be detected in the expired air or in the water; while in the case of the injection of the carbonate of ammonia it was detected in both. In these experiments the urea produced some symptoms of poisoning, but in consequence of its speedy elimination by the healthy kidney, they quickly subsided, and the animals recovered. Much the same results have been observed with regard to other poisons. When, for example, arsenic, in no very large dose, has been taken into the stomach, and it has been speedily removed by vomiting. Symptoms of poisoning may have been present before the vomiting took place; but after the removal of the poison by vomiting they have gradually subsided. But let the poison remain, by the absence of vomiting in the one case, or the suppression of the excretion in the other case (with urea), and the symptoms will continue, and death more or less speedily supervene.

In the second series, Dr. Hammond, previous to the injection, extirpated the kidneys, and after the animals had completely recovered from the effects of the operation, and appeared lively, the same substances, in precisely the same quantities, were injected. In from forty-five minutes to an hour after the urea had been injected the two dogs were seized with convulsions, which continued, with alternations of stupor, from six and a-quarter to eight hours, when they died. There was no vomiting, no ammonia in the breath, nor any ammoniacal odour perceived in the examination of the bodies after death. Pretty nearly the same symptoms were observed after the injection of the carbonate of ammonia, and death occurred in about the same time. The symptoms came on somewhat earlier, and there was vomiting. Ammonia was detected in the vomited matters, and in the breath.

The condition of the system after extirpation of the kidneys is in many respects analogous to that present in Bright's Disease. In many cases, especially in the early stages of the acute forms, and in the later stages of the chronic forms, there is almost a suppression of the secretion. The statements of Dr. Rees and others, that urea has been found (and these are very exceptional cases) in the blood in large quantities, when no very evident symptoms of uræmic poisoning have been observed, ought not to weigh against such evidence as this. In the case mentioned by Dr. Rees, the kidney disease may have come on so slowly that the system may have had time to acquire a tolerance for the poison There is no reason why a tolerance to some extent may not be slowly acquired for this, as we know it to be acquired for other undoubtedly poisonous substances. As I stated in my last lecture, urea is always present in healthy blood. It must of necessity be so. No physiologist, I believe, denies that the urea is merely separated from the blood. It is universally acknowledged now-a-days that the kidneys have no converting power. It cannot be supposed, therefore, that all the urea contained in the blood goes directly to the kidneys; and, therefore, it follows that only that quantity which passes through these organs is separated of this excrement at every successive revolution of the circulation.

But not only has it been shown by experiments that urea is poisonous when introduced into the blood, M. Gallois has detected its poisonous properties when injected into the stomach. He injected urea (about five drachms) into the stomach of rabbits, and he found that it became absorbed, and passed through the circulation, and was excreted by the kidneys as urea, and that the animals died, all having exhibited the same symptoms. They were—acceleration of the respiration, weakness of the limbs, tremblings and startings of the muscles, general convulsions, tetanus, and death. Making allowance for the animals operated upon—rabbits—these symptoms resemble in many respects those which we observe in the human body in rapid poisoning by uræmia. But apart from the results obtained by chemists, vivisectors, and experimenters, the practical Physician has constantly irrefragable evidence in cases of acute anasarca, of the undoubted poisonous influence of the urinous excrement when retained in the blood. No vivisector or experimental physiologist has either extirpated the kidneys, tied the renal arteries, destroyed the renal nerves, or in any other way arrested the renal functions without producing the symptoms of uræmic poisoning. But in all the cases of removal of the kidney the animals survived for several days, and the symptoms were not observed for a considerable time after the operation. In those, however, in which the urea had been introduced after extirpation, the symptoms invariably came on within the hour, and death occurred in from six to nine hours.

Having come to the conclusion that either urea itself (as I am led to believe) is poisonous, or that the urea and extractives together are so, in what way do they act in the production of anasarca? It is probable, nay almost certain, that the immediate proximate cause of anasarca in the acute forms of these diseases, and also in the last stage of some others, is not the same as those (for there are many) which are productive of anasarca in the more chronic form of these affections. I cannot agree with Frerichs in the opinion that acute dropsy—that after scarlatina, for example—has the same cause as the kidney disease, and that it is the consequence of the paralysis of the capillaries of the skin, and subcutaneous tissue excited alone by exposure to cold. I do not believe that there ever was a case of general dropsy from mere exposure, unless the kidney had first suffered from the exposure, and its function been more or less suppressed. I have already indicated the order in which I think the dropsy most commonly, if not invariably, occurs, whether after exposure to cold or from any of the other causes of kidney affection leading to dropsy. In the acute forms it is one single poisonous substance which produces what has not been inaptly termed inflammatory dropsy, as well as the more severe nervous symptoms which we witness. There are two ways of explaining the *modus operandi* of these agents, or rather of this agent, in causing dropsy. The capillary circulation is undoubtedly retarded, perhaps arrested altogether, in some parts of the capillary system. Most probably it is in the venous capillaries that this retardation takes place—that which is furthest removed from the influence of the cardiac impulsive pressure, and the constant arterial pressure. One way in which the uræmic poison may act is by directly affecting the capillary vessels themselves, relaxing their walls, and converting them in a manner into inert tubes. We all know the effect of this condition in delaying the passage of fluid. Poiseuille, Bernard, and others, have shown by hæmadynamometers, manometers, and cardiometers, that fluids of all densities take a longer time in traversing relaxed inert tubes, than tense, elastic, and contractile tubes.

The other way of explaining this effect upon the capillary blood-vessels is by supposing that the poisonous agent in operation first affects the nervous system, and by destroying or impairing its influence upon these vessels, relaxes their walls, and interferes with the circulation mechanically in this way, and in addition retards it by preventing the action of the chemical affinities which we all known to be so influential in carrying on the circulation through the capillary system. Bernard and other experimenters have shown most conclusively by experiments that division or even irritation, or prolonged galvanic excitation invariably increased the arterial pressure in the vessels going to the parts supplied by the divided or irritated nerves. This increase of pressure is doubtless owing to the retardation of the capillary circulation in consequence of the paralysis of the minute vessels, and the division or irritation of the nerves. By one of these ways, perhaps by both combined, the transmission of the blood through the system is delayed—the red corpuscles accumulate, the vessels become distended, and their walls attenuated. During this condition the heart is acting tumultuously from the general inflammatory erethism present, and it is constantly propelling greater quantities of blood into the arterial system. You know the effect of all this. The blood in the arterial system is enclosed and pressed in canals, more or less elastic, more or less muscular; it cannot recede because of the valves of the heart, and it is only able to escape by traversing the narrow minute capillaries. Now, although the sum of these capillaries may be greater than that of the arteries with which they are continuous, yet anything which arrests or impedes the circulation through these capillaries, or the veins beyond, must augment the arterial tension — the arterial pressure. The force, then, with which the blood is pressed against the capillaries, distended as I have shown them to be, by the action of the uræmic poison upon them—whether directly or indirectly, mediately or immediately—must inevitably lead to one of two things: either the escape of the serous part of the blood, or of that of the blood itself. If it be serum alone, there is anasarca; if blood, there is hæmorrhage. Now, a very

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interesting case, illustrating the transudation of serum in some parts, and of blood in others, from evident uræmic poisoning, we have lately seen in this Hospital. The young woman was admitted with epileptiform convulsions occurring at intervals varying from five to fifteen minutes, each of which lasted from two to five minutes, and was followed by complete coma until the next paroxysm. In this state she continued until the evening of the same day, when she expired. So far as we could ascertain the particulars of her illness from the woman who brought her to the Hospital and with whom she slept, it appears that on the evening preceding her attack she complained of headache and general indisposition. She had a foot-bath before she went to bed. In the morning the woman on getting up found her sleeping heavily and snoring loudly, and as her attempts to awake her were unsuccessful she allowed her to sleep on. On returning a short time afterwards, she found her much convulsed; there were constant twitchings and startings of the muscles of the face as well as those of the whole body, and there was a considerable quantity of bloody froth issuing from her mouth, and when the attack went off she remained insensible until the next epileptiform paroxysm, much the same, in fact, as after her admission. On her admission she was found to be far advanced in pregnancy, and there was evidence of a puriform discharge from the vagina. I may add that this poor girl arrived in London from Exeter about a fortnight before her illness, and had been much exposed to the sharp cold weather that prevailed during that time. There is reason to believe that her nightly accommodation was not very efficient for securing adequate protection from the cold. At the post-mortem examination of the body purpurous spots were observed on the backs of the hands. There was considerable hæmorrhagic effusion under the arachnoid, in the meshes of the pia mater, especially on the right side—the gray substance was very dark, the white substance sodden and softened—purpurous spots were sprinkled all over the surfaces of the pericardium, visceral pleura, and capsule, and substance of the liver. The pericardium contained about two ounces of bloody fluid; heart fatty, otherwise normal. The lungs were gorged with blood, presenting many spots, some of very considerable size, of pulmonary hæmorrhage, the tissue containing which sank in water; liver large, fatty; kidneys—capsules slightly adherent, cortical portion pale, and larger than usual; pyramids of normal appearance to the naked eye, but the cortical portion presented a yellow appearance. Under the microscope the tubules from both portions appear filled with granular matter, and the matrix contains a large quantity of recent areolar tissue. Both kidneys were much increased in size; spleen very large and flabby. Here there was a case of undoubted uræmic poisoning from certainly one, perhaps from two causes; the kidneys were in a great measure unable to perform their function from the diseased condition in which they were found; the effects might also have been, and very probably were, increased by the pregnancy. In first pregnancies, you are perhaps aware, there is always greater danger from convulsions—that is to say, convulsions are much more frequent than in succeeding pregnancies. This has been explained by the unyielding nature of the abdominal walls in first pregnancies, perhaps aided by the new condition in which the system generally and also the surrounding parts find themselves for the first time. The unyielding nature of the abdominal walls is certainly calculated to increase the pressure of the uterus upon the blood-vessels and nerves behind this organ, and in this way interfere with the circulation, and lead to engorgement of the kidneys, the pelvic organs, and the lower extremities. Be this as it may, here we have the strongest evidence of the retardation of the capillary circulation as the direct or indirect effect of the retained urinary excrement. The arterial tension and pressure consequent upon this, together with the cardiac impulsive pressure, so distended the small arterial tubes and the capillaries, as to lead to the extravasation of blood either by transudation through the attenuated walls, or by actual rapture, perhaps in some parts by one, in other parts by the other condition. It must be observed that there was considerable subcutaneous œdema.

The anasarca in the acute form of these affections varies in many respects from that observed in the chronic forms. The serum transuded is much richer in albumen. The anasarca has come on before any great amount of this principle has been thrown out by the kidneys—while the blood is rich in albumen; and it has been discovered by Schmidt as almost a law in the transudation process, that the quantity of albumen contained in the transuded serum is in a ratio to the quantity contained in the blood. There is every reason to believe that some fibrine is also transuded. The œdematous parts do not so readily pit, and the indentation from pressure more readily disappears. There is more elasticity, in fact, in the dropsical tissue. In addition to these physical differences, the anasarca is always accompanied by a more or less inflammatory erethism—constituting the inflammatory dropsy. Both in the acute form of anasarca as well as in the chronic variety the dropsy is general. You will have no difficulty in explaining this. The cause is general; it is in operation in the whole capillary system of the body and therefore affects the whole of the tissues, to a greater or lesser extent, simultaneously. I say to a greater or lesser extent, because, although the whole of the capillary circulation is affected, the effects are not manifested to the same degree. There is another general law with regard to transudation which is applicable here, not only as to the quantity of albumen in an effusion, but as to the tendency in particular sets of capillaries to effusions. Schmidt found "that the transudation from every group of capillaries contains a definite and constant quantity of albumen," and observation shows us that that system of capillaries which pours out less albumen in the effusion is most prone to transudation when any cause is in operation to produce a retardation in the circulation. Schmidt found, then, that the transudation in the pleura to be richest in albumen (=2·85%); that in the peritoneum considerably poorer (=1·13%); that within the cranial membranes yet more deficient (0·6, or at most 0·8%); and that in the subcutaneous areolar tissue the poorest (=0·36%). That there is a considerable approach to truth in these proportions must be admitted, inasmuch as these analyses were made from effusions taken from the same individual, who was suffering from Bright's Disease. Another circumstance may be mentioned here in connexion with anasarca; it is that the looser the tissue the more likely is it to be the seat of œdema.

So much, then, for the proximate cause of anasarca, as it occurs in the acute forms of these diseases—sthenic, acute anasarca—which I have attempted to show is dependent more on the matters retained in the blood, and the inflammatory erethism which they exert, than to other physical qualities of the blood. The proximate cause of the same symptoms in the chronic forms is more multifarious; both the physical and chemical qualities of the blood are now altered, as well as the relation which they bear to the extra-vascular fluids. These relations of the fluid within the vessels to those without the vessels have been too much overlooked in explaining the proximate cause of dropsy, chronic or asthenic anasarca, as we may term it. The blood in its ordinary healthy condition is admirably adapted with respect to density and composition for producing and maintaining an endosmotic current, and in this way to favour or promote absorption rather than effusion. As has been well observed by Lehmann, "We find united all the conditions for rendering the circulating system by means of the blood, a most perfect suction-pump, which performs its duties without stop-cocks or valves, without mechanical pressure, nay without regular canals or passages for the transmission of the fluids." The blood-corpuscles—white and red, as also those of lymph and chyle, are well adapted for exciting and maintaining an endosmotic current in the circulating channels themselves. So far, then, as mere density alone is concerned, especially when aided by its chemical and anatomical composition, the blood is admirably fitted for preventing any osmotic current out of the blood-vessels; and were it not for the constant arterial and impulsive cardiac pressure exerted upon the arterial capillaries, there would probably be no transudation outward of the *liquor sanguinis* for the nourishment of the tissues. In dropsy, however, especially in the condition of the blood as we find it in the chronic forms of Bright's Disease, this arterial pressure drives out more than is wanted for the system, and a fluid ill-adapted for its wants. And not only this, the blood at the same time is deprived of those properties and that composition which are calculated to set up or maintain an osmotic force in the opposite direction, in a manner so well described by Lehmann. We have found the blood, in these chronic forms of Bright's Disease poor, thin, watery, containing much less albumen, less red corpuscles, than in health, and also containing extraneous, offensive matters—urea and the extractives. Now, as I have shown, there is always a small amount of

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urea in at least that part of the blood which lies in the large veins, the heart and lungs, and especially in the lymphatics on its way to the blood; but it is reasonable to suppose that this small quantity is much less prejudicial than a sudden and great accumulation from partial or complete suppression of the secretion as in the acute forms, or from the gradual and long-continued retention in the whole circulating system, as we find it in the chronic forms. This poor, thin blood, containing, as it does, more or less urinous excrement, is ill-adapted to facilitate the circulation. On the contrary, its inevitable effect must be to retard the circulation. Poiseuille and all other experimenters upon the circulation, have clearly shown this. It is well known that a great increase in the proportion of water alone has a tendency to produce œdema. It has been produced artificially by the injection of water into the blood-vessels. Poiseuille attempted to pass water through the capillary network of an organ (as I have often done with the same result), and he found that the water injected into the artery did not return quickly by the vein, as it did and does in the case of glutinous saline injections, but a great part of it escaped into the tissues, and produced infiltration there—a dropsy, in fact. On adding albumen to the water, or employing normal serum, this infiltration did not occur, showing clearly that the albumen alone, when in normal quantity, may hinder to some extent the effusion; and it is absolutely necessary that the albumen should be in sufficient quantity, for if the water be in excess the fluid will still infiltrate through the tissues. It shows, at least, that the absence or great diminution of albumen is eminently calculated to favour the escape of serum through the attenuated capillary vessels. Bernard and Poiseuille have both observed that fibrin, when in intimate mixture with a due and normal proportion of albumen, facilitates the movement of the blood; but if the fibrine be withdrawn, the blood-globules fall to the most dependent part, and obstruct the capillary circulation. "When we," says Bernard, "examine under the microscope the capillary circulation in the web of a frog's foot, we see the globules circulate suspended nearly uniformly in the serum. But if we examine this circulation in an animal whose blood has been defibrinated, we see the globules fall to the most dependent part, whilst at the superior parts pure serum alone circulates. If a horizontal vascular trunk bifurcates into two divisions, not situated on the same horizontal plane, the lower branch will be plugged by the accumulation of the globules, while the upper branch will be full of serum." Now, although there is an excess of fibrin in some of these states, yet there is a great diminution in the proportion of albumen, which doubtless holds it in solution, and it is probable that it is by no means calculated to promote the circulation in the way stated by Bernard. Probably it is much more likely to coagulate spontaneously in the living body, and in this way actually to add impediments to the free transmission of the blood through the capillary system. The fibrine in these cases of Bright's Disease—in this asthenic form of anasarca, resembles probably that alteration which takes place in it when the blood has been rendered thin by repeated bleedings. Although the proportion of fibrin is evidently increased by bleeding, yet, according to the observation of M. Frémy, it is very much altered in quality. The fibrin in the blood taken by the first bleeding is filamentous, elastic, and resisting; but that which is in the blood taken after repeated successive blood-lettings, becomes less and less elastic, and acquires a soft consistence, and is rapidly dissolved in tepid water. The fibrin after these repeated bleedings has not arrived at its full stage of perfection for want of time. The same may reasonably be said of this principle in this disease, from the presence of urinous excrement and from want of the normal proportion of albumen.

I repeat, then, that seeing the condition of the blood in chronic, asthenic anasarca, the cause must be manifold. In the first place, the paralysing influence of the urinous excrement upon the heart, the smaller arteries, and the capillaries, although smaller in amount and less virulent in quality than in sthenic anasarca, cannot fail to produce its retarding influence, especially upon the capillary circulation. Secondly. The watery, inelastic state of the blood itself adds its element to increase this retardation. Thirdly. The lax condition of the smaller arterial branches and the capillary vessels from innutrition, the direct result of the circulation through their nutrient arteries—the vasa vasorum—of thin poisoned blood, adds another contribution to this delay in the blood circulation—all these causes, combined as they are in the chronic forms of the diseases which we are now considering, leads to distension of the capillaries and small venous radicles, and thinning of their walls. Now, with all this, if the blood had been healthy, probably there would be no dropsy. You see every day, in the Wards, varicose veins of enormous size, with coats thinned and ready to give way at any moment, and yet no œdema. The blood is, in a manner, healthy in this case. But let the blood be thin and watery as in these affections, and the serum transudes more or less rapidly, in some cases with enormous rapidity. These, then, are the proximate causes of asthenic dropsy.

ORIGINAL COMMUNICATIONS.

DISCUSSION

IN THE

SWEDISH SOCIETY OF PHYSICIANS,

ON THE DEATH-WOUND OF KING CHARLES THE TWELFTH.

Abridged from the Original

By WILLIAM DANIEL MOORE, M.B., M.R.I.A.
Honorary Member of the Swedish and Norwegian Medical Societies.

A report of the above interesting discussion occupies 125 pages of a supplemental number of the *Hygiea* for March, 1860, and is illustrated with five well-executed plates, representing respectively the Royal corpse as it lay in the coffin when opened, with a wreath of laurel round the head; the right side of the head and face in profile, exhibiting the hole caused by the ball; a fuller view of the face, taken from the left side, showing the larger opening near the outer angle of the left eye; and two views, right and left, of a bared skull, as nearly as possible resembling the King's in form and size, on which the injuries caused to the bones have been imitated.

It would appear that on August 26, 1859, his present Majesty, King Charles XV. was pleased by an Order in Council, to grant the prayer of a petition presented by Professor Anders Fryxell, that King Charles XII.'s sarcophagus and coffin might be opened, and his death-wound examined by scientific and competent persons, with a view to obtain more accurate information as to the mode in which the King was killed. On the 31st of the same month the examination was accordingly made in the presence of his Majesty; H.R.H. the Duke of Ostergothland; several of the great officers of state; Dr. Fryxell; Professor Scholander, of the Academy for the Fine Arts, who sketched the body, etc.; by the late distinguished Hr Retzius, Professor of Anatomy and Physiology in the Carolinean Institute; Hr C. G. Santesson, Professor of Surgery in the Institute, Surgeon-in-Chief to the Seraphim Hospital; and Hr D. V. Lundberg, Principal Physician-in-Ordinary to the King.

Professor Fryxell opened the proceedings by stating, in the following terms, the reasons for, and the immediate objects of, the investigation he had suggested:—

"The mode of King Charles XII.'s death has long been the subject of various conjectures and reports. One of the causes of this state of things must certainly be an imperfect knowledge of the nature of the fatal wound. To the present date no trace has been discovered of any scientific examination of the latter having been made at the time of the occurrence. Such an investigation may, perhaps, have then been thought unnecessary, because public opinion took it for granted that the King had fallen by a hostile ball from the besieged fortress. But against this assumption one conjecture after another, one report after another, rapidly arose,—sometimes with such an appearance of truth that even eminent historians have been led to form very different views upon the subject. In the year 1746 an examination of the Royal corpse was indeed made, but was not sufficiently complete to be of value in its bearings upon history. Notwithstanding a subsequent, in many points successful, attempt to free the Swedish nation from the suspicion of a regicide, several questions important for the attainment of the truth remain unanswered; for example, whether the fatal shot came from

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the right or left side; in what direction it passed through the head; what was the shape and nature of the missile; whether, according to one conjecture, there were two balls; and whether, according to another, any part of the shot remained in the head, the discovery of which might throw light upon the subject. These, and some others, are the points which it is hoped the present inquiry may clear up."

The official report of the examination made on July 12, 1746, was then read, on which occasion the body had been found in the following condition:—A cushion of white linen, filled with aromatic spices, covered the King's head; beneath this, and in contact with the face, was a handkerchief. The head was without a cap, but in place of the latter was a wreath of laurel. The hair was quite unchanged, of a light brown colour, as long as the little finger, brushed straight up on both sides, but the vertex and upper parts of the head were bald. On the right side, immediately below the temple, a piece of plaster was so strongly attached that it could with difficulty be removed, under which was seen and felt an oblong transverse opening, inclining downwards to the back of the head, seven lines in length, and two in breadth. On the left side, beneath another piece of plaster of the same size, the whole temple was carried away, and the edges of the bone were so shaped that the shot must necessarily have passed out through them. The face was decayed, the mouth was slightly open, and some teeth were visible. Under the head were several white linen cushions filled with spices. On the sides and arms lay long white bags filled in like manner; the arms were laid along the body, and the hands, covered with white gloves, were drawn towards one another; the shirt was of coarse Silesian linen, the shroud of Holland.

On opening the coffin on August 31, 1859, the position of the Royal corpse and the arrangement of the grave-clothes were found to correspond to the foregoing description. After the investigation, what had been taken out of the interior of the skull for more minute examination was again replaced; the integuments which had been drawn aside to expose the external injuries were returned to their former position, and were retained in it by means of linen bandages. Everything in the coffin was arranged as before; in doing this there was met with on the left side, near the feet, deposited in the shroud, a small embroidered bag of blue silk, in which was found tied up with blue silk thread, a bone, apparently an exfoliated os metatarsi, the upper or tarsal end being wanting. It was supposed that this was one of the small bones taken out of the King's left foot after the wound he received during the siege of the town of Pultowa. The coffin was closed and replaced in the sarcophagus.

The following are the official details of the examination:—

External Appearance of the Head.—The vertex was encircled with a withered wreath of laurel. The posterior part of the head and the region above the ears was covered with thin, light brown hair, here and there interspersed with gray, from an inch to an inch and a-half in length. The remaining part of the head was bald. The face was shrunken, particularly below the malar prominences. The inferior cartilaginous portion of the nose at the side was collapsed and sunken beneath the surface of the nasal bone. The margins of the eyelids were somewhat separated; between them were seen shreds of lint, probably inserted in the process of embalming, to prevent the eyelids sinking in, which was successful. The upper lip was somewhat raised in consequence of desiccation, exhibiting the four incisors and part of the two canine teeth. The under lip was more prominent, completely covering the teeth in the lower jaw. The skin over the latter was on both sides pushed somewhat upward by the cloth wound round the neck. The middle of the forehead was observed to be somewhat depressed over a triangular surface, the base of which corresponded to the root of the nose and the greater part of the arches of both eyebrows, while the apex fell about at the usual seat of the commencement of the hair in the middle line, the depression depending on the fracture of the skull hereafter described. The integuments were everywhere dried and parchment-like. The colour of the skin over the forehead and the bald crown of the head was a light greyish-yellow; on the face it was darker, of a dirty greyish-brown, and spotted.

In the right temporal region, one inch in front of the upper part of the external ear, there was seen in the integuments an almost circular opening, covered with a round piece of plaster, the plaster being spread on the wrong side of a portion of black velvet. Around this opening the skin was thinner and of a darker colour. The diameter of the opening was scarcely half an-inch. Through the hole the little finger could easily be passed into the cavity of the skull.

The left temporal region exhibited in the integuments a large, rather oval opening, situated in the anterior and inferior part of the temporal fossa, quarter of an inch external to the outer commissure of the eyelids. It was covered with a piece of plaster of the same appearance and nature as above described. The longer diameter of the opening was 1·7, the shorter 1·3 inches. The edges were dark-coloured, hard, and turned in, on which account they were also thicker than around the opening on the right side. The hole under the plaster was plugged with a roll of linen partly filled with powdered spices, which was for the most part pressed into the cavity of the skull.

Examination of the Interior of the Head.—After the desiccated integuments around the hole in the right temporal region had been dissected and thrown back, an opening was seen in the skull, the longest extent of which passed obliquely from the upper boundary of the external ear to the outer angle of the orbit, and amounted to 2·4 inches. The greatest height (breadth) of the opening, which fell about the middle, was 1·6 inches. Its upper margin in the temporal region was felt to be loosened, moveable, and somewhat depressed. With the finger introduced through the opening the posterior part of the temporal bone, above the external auditory process, was found to be fractured, the fracture extending through the petrous portion downwards and backwards toward the sigmoid fossa for the transverse sinus, so that the entire of this part was felt to be moveable. The lower edge of the opening was on a level with the base of the skull; its margins were everywhere uneven. The larger splinters of bone attached to the inferior and anterior margin of the opening were moveable and directed rather inwards; the posterior and inferior margin, on the contrary, which passed through the upper part of the mastoid process and the base of the pyramid, was pressed decidedly outwards. The fracture of the bone was here oblique, the outer lamina of the skull being broken externally to and further backward than the internal, in consequence of which the latter was more prominent, and the diploë was visible to a greater extent.

The injury on the right side of the skull, therefore, occupied the entire of the inferior and a great part of the superior half of the temporal fossa, extending further forwards through the outer edge of the margo orbitalis, where the processes both of the os frontis and the os zygomaticum were fractured—and posteriorly through both the pyramid and mastoid process of the temporal bone.

After the integuments around the hole in the left temple had been opened and reflected, an opening was seen in the skull, commencing posteriorly 0·8 of an inch above the external meatus auditorius, extending thence with its longest diameter forward where it joined the orbit, the orbital margin being entirely wanting. The greatest height (breadth) of the opening was 2·2 inches, and it was continued downwards through the roof of the orbit and the fossa media cerebri, which was completely comminuted. The maxillary sinus was opened, the bottom of the orbit having been broken into several small bits. From the superior and anterior margin of the opening at the arch of the eyebrow a fracture passed through the os frontis toward the situation of the great fontanelle; the outer and upper margin being raised, the inner and inferior, on the contrary, being depressed. From the upper boundary of this fracture passed another, curved downward towards the upper arch of the eyebrow on the right side, terminating in its free margin at the supra orbital foramen. The outer margin of this fracture also projected over the inner, producing the above mentioned triangular depression in the middle of the forehead observed on the external inspection.

On examination with the finger through both the left and right openings the entire of the anterior half of the base of the skull, from the upper and inner part of the skeleton of the cavity of the nose anteriorly, to the body of the sphenoid bone posteriorly, both inclusive, was felt to be broken up into a number of small portions.

The cavity of the skull contained, partly folded and rolled up, pieces of linen of various sizes, with, for the most part, crumbled remains of aromatic spices employed in the embalming, partly remnants of the dura mater, and a substance of

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wax-like consistence, of a whitish-grey colour on the surface, brownish within, which on section exhibited thinner, whitish-grey passages, giving to the whole a laminated appearance. This substance lay in the bottom of the two posterior fossæ of the cerebellum, and formed in each of them a cake shaped after the inside of the fossæ, the greatest thickness in the middle amounting to about 0·4 inch, the cake having been produced by the drying and shrinking of the blood-saturated cerebral mass with its fine membranes. Mixed with these remains were found a number of loose portions of the skull, among which could easily be recognised a piece constituting the greatest part of the body of the sphenoid bone, two corresponding alæ majores of the same bone, several pieces of the squamous parts of the temporal bone, and of the laminæ orbitales of the os frontis, etc. The interior of the skull, which could be very well inspected through the large openings in the temporal regions, after all the loose bodies were taken out and examined, presented no trace of any foreign body having remained.

From the foregoing, Professor Retzius, Professor Santesson, and Hr Lundberg deduce the following answers to the questions above propounded :

1. The injury was instantly fatal and was caused by some description of gun.

2. The shot entered on the left side at the outer angle of the margin of the orbit ; thence in an almost horizontal direction, it passed through the anterior half of the cerebral cavity, along its base obliquely backwards to the region in front of the right ear, and there came out. Should any deviation from the horizontal plane of the line of transit of the shot possibly have taken place, this would seem, to judge from the injuries in the bones of the skull, to have consisted in an inclination towards the place of exit ; thus indicating that the shot was discharged from a point situated higher than the spot on which the King stood when he was hit.

3. With respect to the form and nature of the fatal missile, nothing decided can be said. Most probably it was a musket or grape-shot ; possibly, although less probably (to judge from the form of the hole in the integuments on the right side), a piece of a case-shot or splinter of a bomb shell. But in the last mentioned two cases the wounding body has had at least as great an extent as the section of either of the balls named.

4. If the missile was a ball or a portion of a case-shot, the shot must have come from so great a distance, that when it encountered the King's head it was somewhat spent,—that is, its primitive velocity was diminished, although the speed was still sufficient to drive the projectile completely through the head.

5. There is no ground for the supposition that two balls struck the King and caused the injury.

6. No portion of the shot was found remaining in the skull in the examination now made.

7. It would appear that the report of the investigation of July 12, 1746, is imperfect and incorrect both with reference to the dimensions of the injuries in the bones of the skull and to the direction of the shot, which evidently depends upon the fact, that the examination was made without the integuments having been previously opened, as was now done, and whereby alone it was possible to fully inspect the injury in the entire of its extent, and correctly to estimate its nature.

Professor Santesson assigned reasons for each of the foregoing conclusions. It is only necessary to remark that he admitted that the inclination towards the point of exit, alluded to in the second proposition, might also have been due to an accidental inclination of the head at the moment when it was struck by the ball.

Hr Liljevalch dissented from the views of the committee, being of opinion that the projectile passed not from left to right, but from right to left. His opinion he based

1. Upon the fact that the opening in the skull on the left side was considerably larger than that on the right,—and this notwithstanding that on the right side two blows took place.

2. Upon the fact that the opening in the skin on the left side was three times larger than that on the right; and, lastly,

3. Upon the report in the official document drawn up in the year 1746, that the edges of the bone on the left side were so shaped, that the shot must necessarily have passed out through them.

To these objections Professor Santesson replied, and an interesting discussion ensued, in which, in addition to these speakers, Herrar Lemchen, Hil. Wistrand, Cederschjöld, Ekströmer, Rossander, A. Retzius, Düben, Malmsten, Tholander and Hök, took part. In this discussion great ability and research were displayed on both sides, but although I have retained the original heading to this article, it would be impossible to enter into a full consideration of the debate without greatly exceeding all reasonable limits. It will be sufficient, therefore, to state, that while there was some difference of opinion as to which side of the head the ball entered at, the members of the Society were unanimous in concluding that King Charles XII. did not fall by the hands of an assassin.

To use the words of Baron Gustaf von Düben,—"The examination of the fatal wound of Charles XII., so long desired by science, has now at last taken place. The Society of Physicians assuredly sees with satisfaction that three of its members have thus been placed in a position largely to contribute to the refutation of the unjust suspicion, to the erasure of the corroding slur which malice or thoughtlessness would fix upon the Swedish name, in asserting that Charles XII. had fallen before a Swedish ball. It now seems clear that death at the enemy's hand, which in distant countries he had in so many battles escaped, finally struck Charles XII. on the confines of that land, which at the present moment with joyful homage hails Charles XV."

I have already said that the plates which illustrate the foregoing interesting subject, have been admirably executed. That in particular, representing a profile view of the deceased monarch's face, in the aquiline nose, the retracted upper lip displaying the teeth, in the sunken features and the calm repose of death, conveys such an idea of reality, that in looking at it one feels as if really gazing on "that earth, which kept the world in awe." And when we remember how completely not only his own greatness, but generation after generation of our race have passed away since Charles, near Leipzig, at the head of a victorious army of Swedish veterans, had the eyes of all Europe fixed upon him, we are forced to reflect how truly it is written, that "all flesh is as grass, and all the glory of man as the flower of grass." But there is another point of view in which the discussion which has just occupied the Swedish Society of Physicians, may interest us as Englishmen, the consideration, namely, of the question whether if Charles, after having split upon the rock which was destined, a century later, to prove nearly fatal to another mighty conqueror—the attempt to carry warfare into the heart of the vast Russian Empire—had been permitted to retrieve his fortunes, he would have carried out the design he is said once to have entertained, of invading England in favour of the exiled Stuart, and if he had done so, what, in the then divided state of parties in this country, might have been the result. In this point of view we may perhaps class the shot, the effects of which we have just been studying, and which committed such havoc in the Royal cerebrum, among the numerous interpositions of Providence, which have from time to time protected the integrity of our Empire, and will no doubt continue to protect it, if only we are faithful to what, considering the distribution of our possessions throughout every quarter of the habitable globe, and the organisation and operations of our religious Societies, would appear to be England's exalted mission: "Go ye into all the world, and preach the Gospel to every creature."

REPORT OF A CASE OF SATURNINE PARALYSIS.

By CHARLES TAYLOR, M.D.
Resident Physician of Walton Lodge Asylum, near Liverpool.

W. H. G., male, aged 47, married, a ship captain, came under my care on December 14, 1859,—a melancholy-looking, emaciated man, with cadaverous complexion and yellow conjunctivæ, vascular and respiratory organs normal, functions of abdominal viscera well performed ; pulse 65, tongue moist, steadily protruded, no defect of articulation, skin clammy, senses and sensibility normal ; gait steady. The breath has a peculiar fetor, and the gums are marked with a blue line at their junction with the teeth. Urine loaded with lithates, free from albumen, and yielding, on analysis, a trace of lead.

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States that he has had good health all his life, with the exception of an attack of fever, which occurred twenty years ago. It is upwards of a year and a-half since he left the sea, and resided at Egremont, where his wife and himself habitually used rain-water that was stored in a leaden cistern. The effects of this water (which I found on examination to contain lead) were developed in both cases within seven months, when my patient began to feel ill, complaining of loss of appetite, dull gnawing pain in the epigastric region, succeeded by vomiting and obstinately constipated bowels. Two or three Medical gentlemen were consulted; but not improving, he applied to the Northern Hospital, and on September 8, 1859, was admitted into the Royal Infirmary, where he remained upwards of two months. The principal symptoms were relieved by the treatment adopted, and he was discharged at the end of that time, suffering from complete wrist drop of both hands.

On desiring the patient to stretch out the superior extremities, the wrists fall in a straight line, and are neither adducted or abducted (indicating equal paralysis of the extensor carpi ulnaris and extensor carpi radialis). In this position he finds it impossible to extend the fingers, but on supporting the first phalanges, the second and third are readily extended by the interossei and lumbricales muscles. The forearms generally are emaciated, and the thenar and hypothenar eminences are atrophied to a marked degree. He states that complete wrist-drop has existed for six months. On proceeding to ascertain the effect of the electric current on the paralysed muscles, I found the whole of the superficial layer of the posterior brachial region unaffected by the most powerful current, with the exception of the anconeus and supinator longus, in which the excitability was normal. Of the deep layer the supinator brevis was the only muscle on the right side that preserved its contractility; but on the left the extensor ossis metacarpi pollicis, extensor primi internodii, and extensor secundi internodii pollicis, in addition, acted readily. These and the supinators of both arms were also subject to the will. The muscles of the anterior brachial region acted well, as did, to a less degree, those of the thenar and hypothenar eminences, while in the palmar regions, the interossei and lumbricales preserved their electro-muscular contractility.

I commenced the treatment on December 14, 1859, by passing a strong, rapidly-interrupted current, from primary and secondary wires, through each paralysed muscle in the posterior brachial region, for the space of two or three minutes; and this operation, with occasional omissions, which it is needless to detail, was repeated thrice weekly up to February 20, 1860, when the natural tension and voluntary motion in these muscles was restored, although they still remained quite unaffected by the most powerful Faradic current. Those of the hand were not subjected to the electric stimulus, and remained in much the same condition, although slightly improved.

This case appears to me to present some points of interest, to which I will briefly call attention:—

1. The atrophy and paralysis of the muscles of the thenar eminences in both hands, as a result of the imbibition of lead, is worthy of note, as being opposed to a recent observation of Dr. Duchenne of Boulogne, who attributes this atrophy, as formerly noticed by writers on saturnine disease, to the compression exercised by the handle of the paint-brush, in that class of workman most frequently the subject of the affection. He says:—"Je viens de dire que les muscles de la main ne sont pas ordinairement atteints par le poison. Il est vrai que j'ai vu deux or trois fois les muscles de l'éminence thénar considerablement atrophiés du côlé droit, chez des peintres atteints de paralysie saturnine, les muscles, quand ils ne sont pas entièrement transformés, conservent leur contractilité électrique. J'attribue cette atrophie à la compression exercée par le manche de la brosse, et non à l'influence toxique du plomb."

2. The exemption of the supinators, although receiving their nervous supply from the same source as the affected muscles, is almost constant in these cases, although I have seen the contrary stated; but the fact that the three extensors of the thumb were paralysed only on one side, is somewhat singular, and worthy of note.

3. The subjection of muscles to the influence of the will by frequent applications of the electric current, although still rebellious to the most powerful shocks of that agent, is a singular fact that has been noticed by Duchenne and others, and might be a means of enabling us to diagnose pre-existing lead disease after recovery of the patient.

4. The return of voluntary power in the wasted and completely paralysed muscles, by the treatment adopted, while those only partially affected, and not subjected to the electric stimulus, remained in *statu quo*, is illustrative of the value of Faradism as a therapeutic agent in such cases.

5. The ease with which the electric stimulus may be localised in deep seated parts was well illustrated by this case, as I could readily pass a current through the superficial and deep layer of insensible extensors, causing violent contraction of the excitable flexors on the other side of the arm.

6. I beg also to direct particular attention to the value of elastic straps in supporting the hand, in patients suffering from saturnine paralysis. The idea of employing these substitutes for splints was original, and I, at the time, believed it to be a novel contrivance. I learned, however, subsequently, that Dr. Inman of this town had used an instrument precisely similar four years ago, which he described in the first volume of the *Liverpool Medico-Chirurgical Transactions*; nevertheless, although vastly superior to splints, it does not appear to be generally known. I may, therefore, mention that it consists simply of a piece of flat elastic, stitched by one end to the back of an ordinary glove, the other being tied by tape above the elbow; it costs a few pence only, and when applied, effectually supports the wrist, and permits the extensors to be exercised in proportion to their power; it does not interfere with the action of the flexors, and by the support afforded to the first phalanges materially facilitates free play of the second and third. Its contractile nature also assists the patient in voluntary efforts to move the paralysed muscles, which *gymmastique nerveuse* to no slight degree aids in their restoration.

The accompanying sketch is from a photograph, showing these supports in operation.

Walton.

GUY'S HOSPITAL.—MEDALLISTS AND PRIZEMEN, 1859-60.—Examination of Students in Medicine and its allied Sciences, July 28th, 1860. *Third Year's Students.*—E. Beckit Truman, first prize, 40*l.*; F. Mark Cann, second prize 35*l.*; E. Beckit Truman, the Treasurer's Gold Medal for Clinical Medicine; F. Mark Cann, the Treasurer's Gold Medal for Clinical Surgery. *Second Year's Students.*—Thomas Holmested, first prize, 35*l.*; James F. Stamper, second prize 30*l.*; P. R. J. B. Minns, third Honorary Certificate; John Makens, fourth Honorary Certificate. *First Year's Students.*—Thomas Stevenson, first prize, 30*l.*; J. St. T. Clarke, second prize, 25*l.*; J. H. Evans, P. Procter, W. R. Grove, Joseph Willes, William Murdoch, Henry Hicks, Joseph Lamb, J. A. Taylor, Robert Slade, Candidates to whom Honorary Certificates were awarded (in order of merit.) Entrance Examination in Classics, Mathematics, etc., October, 1859. First and second prizes—William Murdoch, T. D. Welch, equal, 22*l.* 10*s* Third prize—A. G. Wilks, 15*l.* J. St. T. Clarke, T. Stevenson, Joseph Willes, F. Woodman, Candidates to whom Honorary Certificates were awarded (in alphabetical order).

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REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY
JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

REPORT ON THE TREATMENT OF CASES OF EXTRA-UTERINE FŒTATION EXTENDING BEYOND THE FULL PERIOD OF PREGNANCY.

(Concluded from page 107.)

GROUP E.—*Cases in which Primary Abdominal Section was Performed.*

THE following Group includes all the cases which I have been able to collect in which primary abdominal section was performed for the removal of a fully developed fœtus. Most of them were mentioned in the table given at page 56, but too briefly to allow the reader a fair opportunity of forming his own judgment as to their respective teachings.

Case 1.—*Death of Fœtus at Full Time—Subsequent Pregnancy and Delivery, Inflammation of Extra-uterine Fœtal Cyst with much Constitutional Disturbance—Abdominal Section and Removal of the Fœtus—Recovery.*—Mrs. S., aged 28, pregnant for the second time. Labour came on at the full time, but the symptoms passed off. There remained a large indolent moveable tumour inclining a little to the right side. The menses returned and she was regular for five months. She conceived again and was delivered of a healthy child after a short and easy labour. Five days after this delivery she began to suffer pain, etc., followed by hectic and diarrhœa. At the end of nine weeks fluctuation was felt in the tumour. The cyst was opened by a longitudinal incision towards the right rectus muscle over the most prominent part of the tumour. Much pus was evacuated and a fœtus of full size extracted: the placenta was dissolved in pus. The patient quickly recovered—the wound being cicatrised in ten weeks—and regained good health.

Case 2.—*Extra-Uterine Fœtation — Primary Abdominal Section—Removal of a Fœtus and the Placenta—Severe Hæmorrhage—Death.*—A woman, at the full period of pregnancy, had symptoms of labour. On being examined, however, the os uteri was found very high up, undilated, the cervix not shortened. The pains continued eight days, when, no progress being made, a consultation was held. The following particulars are in the words of the narrator, Mr. Clark, of Northampton; date 1792:—The woman being considerably exhausted by the long continuance of the pains, and the child being probably alive, it was determined to cut into the belly, as the only means of delivering the child or preserving the mother. An incision was accordingly made into the abdomen, on the side where the child lay, just enough to extract it. Unfortunately the child was found dead. The child being taken away, the placenta was found adhering generally to the kidneys, intestines, etc.; it was agreed that it also should be brought away, which was done. The woman, who had already lost much blood during the operation, lost more in the delivery of the placenta; and, weakened by the discharge, she died in about four hours after the operation. Indeed, it seems hardly possible that, under these circumstances, a woman can recover, because if the placenta be brought away, she must inevitably fall a sacrifice to the consequent flooding; and if the placenta be left behind, we are warranted by experience to expect that such a mass of dead matter remaining in the cavity of the abdomen can hardly fail to produce the worst effects.

Case 3.—*False Labour at the Full Time of an Extra-Uterine Pregnancy—Recovery—Fœtus in a Quiescent State for Ten Years—Inflammation of the Cyst and Abscess threatened—Abdominal Section and Removal of Fœtus—Favourable Progress up to the Fourth Day.*—Mrs. C. became pregnant for the third time, and at the proper period was seized with symptoms of labour, which passed off. She was ill for some time, but ultimately regained health and strength, the tumour remaining in a quiescent state. Ten years later, after an attack of influenza, the abdominal tumour began to be painful, and was accompanied by slight redness and inflammation about the navel. An incision was made through the abdominal wall, and a fœtus, equal in size to one of nine months, was extracted. No navel string or placenta could be found. On the fourth day of the operation the patient was doing well.

Case 4.—*Removal of an Extra-Uterine dead Fœtus—Placenta not removed—Death on the Thirty-Eighth Day.*—A peasant, aged 36, in whose abdomen an induration was felt four fingers breadth above the crista illi. A longitudinal incision was made over the indurated body, and a fœtus extracted, which had been retained beyond the usual term. Thirty-eight days after the operation, the woman died. A placenta was found adhering to the external and anterior part of one of the tubes, and but slightly to the omentum.

Case 5.—*False Labour at the Full Period of an Extra-Uterine Pregnancy—Abdominal Section Thirteen Months afterwards, the Patient being in Good Health—Profuse Suppuration—Recovery.*—The age of this patient is not stated. At the full period of her pregnancy labour pains came on, but after a time they ceased, she regained perfect health, and she was able to resume her ordinary occupations, but the removal of the fœtus being urged on her by her Medical attendant she submitted to abdominal section thirteen months after its death. The fœtus was taken away piecemeal. No placenta was found. Profuse suppuration followed. At the time of the report the woman had left her bed and was recovered with the exception that a small sinus still remained.

Case 6.—*Extra-Uterine Fœtation in a Quiet State for Three Years—Pregnancy and Delivery During the Period—Subsequent Inflammation of the Fœtal Cyst and Constitutional Derangement—Abdominal Section—Removal of Fœtus—Recovery.*—"An abdominal enlargement had existed for three years, during which period the patient conceived and brought into the world a well-formed child. Very serious derangement in the system at length disclosed the presence of a fœtus in the abdominal cavity. Gastrotomy being practised gave issue to another child, in which the prolonged residence in its mother's womb had induced partial putrefaction. The patient, after an illness of fifty-five days, from the time of the operation, was eventually cured."

The above is the abbreviated account given in No. 3 of the *Edinburgh Journal of Medical Sciences*. It is condensed from a French source to which we have not been able to refer.

Case 7.—*Removal by Abdominal Section of a Full-grown Fœtus shortly after its Death—Death on the Second Day.*—A woman, aged 30, conceived in September, 1810, and enjoyed excellent health until the 18th of the following June, when pains like those of labour supervened. The pains ceased after two days, and the fœtal movements were not felt afterwards. Some time after gastrotomy was performed, and a putrid female fœtus was extracted. The patient sank on the second day. In this case the woman was extremely ill at the time when the operation was undertaken. Ulceration into the rectum had already taken place; but it did not appear probable that she could live through the exhausting process of spontaneous expulsion. She lived only twenty-four hours after the operation.

Case 8.—*Removal by Abdominal Section of a Living Extra-Uterine Fœtus at the Full Period of Pregnancy—Death of the Mother from "Slow Fever."*—A woman, aged 38, who had been four times pregnant, conceived for a fifth time in February, 1814. She suffered much from pain in the abdomen, which became very severe in the third month. In the ninth month she passed, after much suffering, a vesicular mole as large as an egg. The hand applied to the abdomen easily discovered the head of the fœtus. Abdominal section was performed, and a well-developed living female child removed. "The wound cicatrised regularly, but the patient died of a slow fever." The placenta had not been removed, and was ascertained, at a very incomplete autopsy, to be adherent to the fundus of the uterus, the ovary, and the Fallopian tube. No details are given in this case as to the duration of the patient's life after the operation, or the exact state of the parts. It is evident, however, that she sunk as the direct result of the operation; and it is improbable that the wound had wholly closed, as the placenta was still retained.

Case 9.—*Removal of an Extra-Uterine Fœtus shortly after its Death—Subsequent Inflammation of the Cyst—Death of the Patient on the Eighteenth Day.*—A young negress, aged 20, became pregnant in April, 1819. In December a false labour

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occurred, and after three days the pains and fœtal movements ceased. An incision was made through the abdominal parietes, and a putrid fœtus extracted. The account states that intense febrile disturbance supervened on the fifth day. The suppuration was fetid, and there was delirium and extreme anxiety. The woman died on the eighteenth day. At the autopsy it appeared that the conception had been partly parietal and partly tubal.

Case 10.—*Removal of an Extra-Uterine Fœtus within a short period of its Death—Death of the Mother on the Eleventh Day.*—The following are all the particulars which we can glean respecting a case recorded by Paul Calvo. The woman was at the ninth month of pregnancy. M. Calvo ascertained, by examination of the cervix uteri, that it was impossible that labour should progress, although he had not diagnosed the exact state of things as regards the extra-uterine fœtation. The abdominal tumour was punctured, and serum was evacuated, after which he determined cautiously to lay it open. The fœtus was extracted in a semi-putrid state. The patient died on the eleventh day. The case is recorded as having been one of tubal pregnance (a).

Case 11.—*Death of an Extra-uterine Fœtus about the Seventh Month—Removal of the Fœtus by Abdominal Section Seven Weeks subsequently.*—The following particulars are taken *verbatim* from Campbell's work, as the original is not accessible:—"A woman, aged 22, complained of pain in the hypogastric region, inability to lie on the left side; supposed to be seven months pregnant, but, on examination, uterus felt empty. Fœtal movement ceased, but size of the abdomen increased enormously. Fœtus, when supposed to be seven weeks dead, extracted by an incision through the abdominal parietes, and the patient died eleven days after the operation. Left tube was ascertained to have constituted the cyst of the fœtus."

Case 12.—*Death of the Fœtus at the Full Period of Pregnancy—Abdominal Section some Months afterwards, the Patient being in good Health—Removal of the Placenta—Death on the Fifth Day.*—A healthy negress, aged 38, had symptoms of labour at the full period of pregnancy, but they passed off, and she regained her usual health. No symptoms of irritation in the fœtal cyst occurred, but the operation of abdominal section was urged upon her by her Medical attendants. To this she, being at the time in good health, consented. The operation was performed, and a fœtus weighing one pound and seven ounces was extracted, together with a placenta which weighed two pounds and five ounces (*sic*). "The membranes had formed considerable adhesions to parts in contact, but were easily separated. The placenta, and that portion of the membrane connected with it, were partially lodged in the cavity of the right Fallopian tube, which was dilated at the extremity to the diameter of two or three inches, grasped and adhering very firmly to that part of the placenta contained within its cavity and fimbriæ." The patient died on the fifth day.

Case 13.—*Death of an Extra-uterine Fœtus at the full Period of Development—Removal of the Fœtus by Abdominal Section, six Months afterwards, the Patient being in good Health—The Placenta not Removed—Recovery.*—This case is the one now under the care of Dr. Ramsbotham and Mr. Adams, of which we have given the full details at page 57 of this Journal, for July 21, ult.

Case 14.—*Death of an Extra-uterine Fœtus at the full Period of Pregnancy—Extreme Constitutional Disturbance from Suppuration of the Fœtal Cyst—Abdominal Section under urgent Circumstances five Weeks after the Death of the Fœtus—Recovery.*—This case is the one recorded by Dr. Stutter at page 55 of this Journal, for July 21, ult.

Case 15.—*Death of an Extra-uterine Fœtus at the full Period—Puncture of the Tumour six Weeks afterwards—Emaciation and Hectic—Enlargement of the Fistula two Months after the Paracentesis and Extraction of the Fœtus — Recovery.*—A woman, under the care of Mr. Francis Hutchinson, whose pregnancy had been attended with other unusual features in respect to violent attacks of spasmodic pain, considered herself in labour, at what was thought to be her full period. Labour pains lasted more or less for three weeks, and then ceased, together with the movements of the fœtus. Six weeks later Dr. Ramsbotham saw her. She was then much emaciated and suffering from great irritability of stomach, had a dry tongue and rapid pulse. The first diagnosis was that of ovarian dropsy, and the operation of paracentesis was performed, and six pints of thick fluid removed. The aperture did not heal, and a fortnight later a lock of fœtal hair escaped. Two months later, the woman's health having in the meanwhile got much worse, and she being in a state of hectic, the operation of removal by abdominal section was performed. The body of the fœtus was removed entire, and as the placenta was adherent no attempt was made to take it away. The woman did well after the operation. The placenta came away on the third day. The patient regained perfect health.

Case 16.—*Ventral Pregnancy—False Labour in the ninth Month and Death of the Fœtus—Removal of Fœtus and Placenta by Abdominal Section eight Months after its Death—Death on the Twenty-fourth Day.*—A healthy negress, pregnant for the first time, under the care of Professor Johnson, United States. Pregnancy commenced in December, 1848, and the fœtus died in August, 1849, after a short false labour, which was followed by phlegmasia dolens. She subsequently got about again, though still suffering from pain in the loins and abdomen. It was not till May, 1850 (nine months after the death of the fœtus), that she was admitted under Dr. Johnson's care. A large uniform tumour occupied the abdomen. The abdominal cavity was laid open from the umbilicus to near the pubes, and after the escape of a pint of sero-purulent fluid, a full-sized fœtus was exposed and removed. The containing sac was of organised lymph and completely separated the fœtus from the viscera. The placenta was shrunken but adherent, and required careful detachment. Its separation was not attended by loss of blood. The child weighed nearly nine pounds and had no fetor. The patient appeared to be doing very well during the first sixteen days, when an attack of diarrhœa occurred, under which she sunk on the twenty-fourth day. At the autopsy the interior of the sac seemed gangrenous. The gestation had been abdominal.

It will be seen that the question as to the treatment of these cases has gradually narrowed itself as I have proceeded with the enumeration of the cases which bear upon it. No one can doubt that in cases in which processes of suppurative ulceration have already been set up, that it is the Surgeon's province to assist in the removal of the decomposing body to which the disturbance is due. The facts in favour of secondary abdominal section are conclusive. The question which remains is, therefore, respecting one class of cases, that namely in which no symptoms have as yet been caused. Let us suppose a woman in perfect health with an extra-uterine fœtus of full growth, and dead, retained in her abdomen. She has probably passed the date at which labour was expected, by several months, and is quite free from all uterine disturbance, her menstruation being again regularly established. Ought the Surgeon in such a case to perform primary abdominal section, or ought he to advise the patient to let present well alone, and not submit to operative interference until it should become needful? On the one hand is the fact that a large number of cases similar to our supposed one have been followed by no ill consequences whatever, and their subjects have lived to old age, becoming meanwhile the mothers of living children; on the other hand, we have seen that in a considerable majority of cases the retained fœtus does set up irritation, and in not a few of such a character as to cause the death of the mother. If no opportunity for surgical interference was likely ever to occur again, there might be valid reason for urging the immediate operation. But the fact is as we have shown, that while *primary* abdominal sections are very fatal, those performed subsequent to spontaneous ulceration are followed by a large proportion of recoveries. The difference between the two operations is very great indeed; in the one, in all probability, a healthy peritoneal cavity is laid open, while in the other, adhesions having formed, the incision amounts to little more than opening an abscess. In the one, the decomposing fragments of the placenta, the fetid pus, etc. will have access to the peritoneal sac; while in the other, they are shut off from all chance of effusion into it. In the one a healthy woman is subjected to all the danger of a sudden and most severe operation, for which her system has been in nowise prepared; in the other, a source of irritation is removed from the organism at the very time when it was becoming felt to a degree almost incompatible with the continuance of life.

Whoever will indeed carefully examine the cases will come

(a) See "Hist. de l'Acad. Roy. des Sciences," 1714.

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to the conclusion that the longer the interval allowed to elapse between the death of the fœtus and the operation, the less is the risk attending the latter. Dr. Campbell speaks of the operation not being advisable until after the "system of the parent has been restored to its unimpregnated condition, and Nature has evinced a disposition to remove the extraneous mass." The difference in risk incurred at different times and under different circumstances has probably much more to do with the state of the peritoneal sac as regards adhesions than with any other condition. The longer the operation is deferred, and the longer continued the inflammation of the cyst have been, the more likely is it that the incision will open merely an abscess cavity, from which the peritoneal sac will be shut off.

The lesson of facts is very strongly in favour of the precept laid down by Dr. Ramsbotham in Mr. Adams' recent case,—not to remove the placenta unless the latter structure be found quite loose. In several of the fatal cases (see Case 2) the forcible removal of the placental mass would appear to have greatly added to the patient's risks.

THE RADCLIFFE INFIRMARY, OXFORD.

OLD STRICTURE COMPLICATED WITH ABSCESS —RETENTION OF URINE—PERINEAL SECTION— COMPLETE RECOVERY.

(Under the care of Mr. SYMONDS.)
[Reported, with remarks, by Mr. F. GRAY, House-Surgeon.]

W. H., a labourer, aged 62, was admitted into the Radcliffe Infimary, under Mr. Symonds' care at 6 p.m., on April 12, 1858, having had complete retention of urine since about the same hour of the previous evening. The bladder was distended nearly to the umbilicus.

History.—He had had stricture for the last fifteen years, but actual retention only once before, about twelve years previously. On that occasion he was relieved by warm baths and medicine, the Surgeon being unable to pass a catheter. On subsequent occasions many attempts were made to pass a catheter, but without success. The week previous to admission, he had caught a cold, and had since experienced gradually increasing difficulty in passing his urine. For the last twenty-four hours he had been unable to pass any at all.

Treatment.—After giving him a warm hip-bath, Nos. 7, 5, 3, and 1 silver catheters were tried in succession; but about midway in the urethra their further passage was prevented by a hard, unyielding stricture, which he said had always been the point of obstruction. Externally one could feel that from this point onwards towards the prostate, there was considerable enlargement and induration in the course of the urethra, sufficient to cause some bulging in the mesial line of the perinæum. Hoping that the bladder might yet relieve itself, Mr. Symonds determined to do nothing more for the present, and ordered a full dose of opium with calomel. to be followed by castor-oil, and warm fomentations to the abdomen. The following morning, April 13, he had still passed no urine. Bowels not open. The distension of the bladder, as well as the swelling in the perineum, had much increased. The latter was most prominent a little anterior to the anus, and pressure made upon this point gave a sensation of deep-seated fluid. His general condition was such as to admit of no further delay.

The bowel being first cleared out with an enema, he was put under the influence of chloroform, and in the position for lithotomy. The following operation was then performed:—An incision was made for three inches along the mesial line of the perineum, terminating an inch anterior to the anus. The tissues immediately subjacent were divided to the same extent; then a small opening having been made in the deep perineal fascia, a portion of a tense sac bulged into the incision, and on being punctured with a scalpel, discharged with a strong gush several ounces of ordinary pus, unmixed with urine and free from smell. On introducing the finger, it was found that this abscess extended backward in a series of small cavities, for about two inches and a-half in the direction of the urethra, the corresponding portion of which was converted into an irregular, thick, gristly mass. On account of the urgency of the symptoms, it was thought advisable to relieve the bladder at once and leave the stricture for future treatment. Mr. Symonds accordingly cut into the dilated "membranous portion" beyond the stricture, and through the incision passed a female catheter into the bladder. About two pints of urine were drawn off besides the large quantity which of course escaped through the incision at the first gush. The catheter was secured with tapes, and during the rest of the day the urine came through it freely. To have two grains of opium. For the next three days urine escaped freely by the catheter, and the man's general condition was very satisfactory.

April 16.—The stricture was found still impassable; it was therefore resolved to wait.

April 23.—Since last date the man has progressed favourably. The short catheter has been kept in the bladder, and the urine has come away freely. To-day Mr. Symonds made another attempt to pass an instrument (a small grooved staff) through the stricture. Failing again in this, he freely divided with a scalpel the under surface of the strictured portion, from the point of the staff in front to where the catheter entered the urethra behind. Hæmorrhage so severe followed this incision that he was obliged to desist from completing the operation. The staff was withdrawn, the short catheter left in the bladder, and the bleeding stopped by plugging the wound tightly with lint. Another week was allowed to elapse before attempting further interference.

April 30.—To-day Mr. Symonds completed what the hæmorrhage on the last occasion obliged him to leave undone, viz. he passed a No. 8 elastic catheter through the divided stricture till its point could be felt in the perineal wound. He then removed the short catheter and in its place passed the point of No. 8 on into the bladder and left it there.

The presence of the catheter was tolerated without much discomfort and the urine escaped freely, it was not removed till May 18, when a No. 9 elastic was passed without any obstructions and retained. The wound meanwhile was gradually closing. His general condition, which was extremely feeble, was supported by a generous diet, with wine, bark and ammonia. The catheter was changed again on May 25th, June 1st and 11th, after which he ceased wearing it, and merely had it passed at first twice a-day then once a-day.

July 14.—He was discharged—his general health greatly improved. He has perfect command over his bladder and makes water in a good stream. A No. 10 catheter can be passed with ease. The wound in perineum is healed except at one little point. No urine comes through it. About two months after his discharge he was able to go to work. Perineal wound was then quite healed, his health good, and cure perfect. Twelve months later (in September, 1859), he was still well; a catheter was being passed for him occasionally, and there was no sign of recurrence of stricture.

Remarks.—The two great considerations in this case were:—1. How to relieve the retention. This done, 2. How to treat the remaining stricture. With regard to the first. Seeing that it was necessary under any circumstances to make an incision into the perineum (to evacuate the fluid there collected), it seemed a safer course to relieve the bladder through the wound so made, than to tap it either by the rectum or pubes. The urethra was accordingly opened beyond the strictured position. With regard to the second. Usually, when a stricture even the most obstinate is relieved of the pressure *a tergo*, it gradually relaxes so as to admit of dilatation. In this case it did not relax, at any rate after the lapse of a fortnight it still resisted the most careful attempts to pass even the smallest instrument. Section of the stricture, therefore, seemed the only alternative. This was no easy matter, since some two and a-half inches of urethra having almost a cartilaginous consistence had to be divided without any staff to cut down upon and serve as a guide to the knife.

It is worthy of notice that the abscess in the perineum was not an urinary abscess. It had no connexion with the urethra. Its cause may have been partly the irritation of the hard gristly stricture, partly the pressure of the distended urethra beyond.

TRANSIENT RETENTION OF URINE— PERINEAL SECTION SUBSEQUENTLY DONE FOR RELIEF OF THE STRICTURE—SUCCESSFUL IN IMMEDIATE, FATAL IN SECONDARY, RESULTS—AUTOPSY.

(Under the care of Mr. SYMONDS.)

D. D., aged 55, was admitted at 10 p.m., on July 2, 1858, with complete retention of urine of about fourteen hours' duration; the bladder distended up to umbilicus.

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History.—He had long been, and was still, a man of most intemperate habits; had had stricture for the last six years, but actual retention never before. On many occasions a catheter had been passed, but always with some difficulty. Just before admission, a Surgeon made a long attempt to pass a catheter, but failed. He had a scrotal hernia on the right side, so large as to press considerably upon the urethra when it descended into the scrotum.

Treatment.—He was put under chloroform, and silver catheters, Nos. 7, 5, and 3, were tried in succession, but would not pass. They seemed to go into false passages about the bulbous portion of the urethra. He was ordered an enema immediately, hot bath afterwards, and forty minims of tincture of opium after the bath.

July 3.—In the course of the night fourteen ounces of urine dribbled away, and in the course of to-day thirty ounces more, so that by the evening he was quite relieved. For the next few days he had no further trouble except that he required a long time to empty his bladder, the stream of urine being fine and (to use his own most graphic expression) "uncommon corkscrewy." On the 12th, 16th, and 19th, careful attempts were made to pass a catheter, but without success, the urethra at the seat of stricture being so beset with false passages.

22nd.—The stricture still resists the catheter, even under chloroform. Taking into consideration the circumstances of the case (viz., the existence of a stricture complicated with false passages, impassable by instruments, and liable for the future to perpetual aggravation from the man's intemperate habits and destitute condition, unless something were done for its relief), Mr. Symonds thought it best to perform perineal section. To-day, at one p.m., after clearing the bowels with an enema, he was put under chloroform in the position for lithotomy. Then one of Fergusson's small, hollow staffs having been passed down to the stricture, an incision, two inches long, was made in the mesial line of the perineum. Guided by the left forefinger, a scalpel was made to cut from the point of the staff, through the stricture, into the sound urethra beyond it. The stricture proved to be about an inch long, and very tough. The staff was now easily passed onwards, an elastic catheter, No. 6, was slipped over it, and left in the bladder.

For the next fortnight he progressed favourably. The urine came freely through the catheter, which was tolerated without much discomfort. It was changed for a No. 8 on the 26th, and this again for a No. 10 on August 6, the old catheter on each occasion being withdrawn and the fresh one introduced over a very firm stillette. Meantime, the perineal wound was gradually closing, very little urine escaping by it. His chief discomfort arose from the rupture, which no truss could keep up for any length of time. When down, its pressure against the urethra used to cause much pain. He kept his bed; was taking no medicine; and had the ordinary house diet.

August 8.—This afternoon (seventeenth day after operation) he had a rigor, followed by headache and feverishness, Urine still free. Ordered a saline draught every four hours, and a pill of James's powder and colocynth.

9th.—Bowels freely opened. In the course of to-day the feverish symptoms quite subsided. To stop medicine.

10th.—Ceased wearing the catheter, and henceforward merely had it passed once a-day. Perineal wound is nearly closed; no urine comes through it.

17th.—The last week he has been up for a few hours each day, and has regained strength. He has perfect command over his bladder. A No. 9 silver catheter is passed daily without the least obstruction. This afternoon (the twenty-sixth day after operation) he was walking gently about the ward when he felt a sudden sharp pain over the head of the right fibula. The skin over it was hot and red. Towards bed-time he became feverish, and had slight diarrhœa. To have milk diet. A linseed-meal poultice to be applied to the side, and to take a mixture containing liquor potassæ, tincture of colchicum, and camphor mixture.

19th.—Feverishness and diarrhœa continue. He has frequent severe paroxysms of pain in the knee, which is becoming distended from effusion into its cavity. No other joints affected. A powder containing three grains of mercury with chalk, and eight grains of Dover's powder, was given at bed-time, and diluted sulphuric acid, in mixture, three times a-day.

23rd.—He has no trouble with his water, and the perineal wound is quite closed. The knee remains the same; but the whole thigh above it is œdematous, and the absorbents on the inner side are inflamed. The fever has gone. As the acid does not affect the diarrhœa, and he is becoming feeble, he is ordered a mixture containing aromatic confection, compound tincture of cinchona and chloric ether. He was directed to have a little meat, and six ounces of wine daily.

28th.—Diarrhœa better, but still troublesome. A small abscess has formed in perineum, and to-day discharged its contents (thin pus unmixed with urine) through the cicatrix of the old wound. A swelling is forming on the inner aspect of the right thigh, about two inches above, but apparently independent of, the knee-joint.

30th.—Fluctuation perceptible in the swelling. It was accordingly opened, and discharged about three ounces of pus. Knee-joint still distended with fluid.

After this there was a profuse daily discharge from the abscess in the thigh, and dead bone could be felt at the bottom of it. Towards the end of September another abscess formed on the inside of the leg just below the knee. It was opened, and a large quantity of matter let out, the distension of the knee-joint at the same time subsiding. The discharge from the abscesses, and the obstinate diarrhœa, seemed gradually to exhaust him, and he died on October 20, just three months from the day of the operation. The treatment in the meantime consisted of various remedies tried in succession to check the diarrhœa, such as aromatics, opiates, mineral and vegetable astringents, etc. He had as much food, wine, and brandy, as his impaired appetite would allow him to take. Up to the last the urethra remained clear, a No. 10 catheter passing with ease. The opening in the perineum had quite closed up.

Autopsy.—The viscera: heart, lungs, and pleuræ healthy; liver in an advanced stage of fatty degeneration; kidneys, and other organs healthy. The leg and thigh: a burrowing abscess, containing dark, and most offensive matter, almost encircled the lower two-thirds of the femur, isolating it from the surrounding tissues, and continued thence behind the knee-joint (with which it communicated), under the calf-muscles, down to the heel. Most of the femur involved in the abscess had perished. The knee-joint was quite disorganised, its cartilages gone, and the subjacent bones dead. The urethra: bladder and urethra were removed whole and carefully dissected. Muscular coat of former much hypertrophied. No enlargement of prostate. Urethra clear in its whole length. Exactly along the mesial line of its floor, for an inch anterior to the "membranous portion" was a slight depression, the cicatrix of the old incision. Two or three little loose shreddy bits of membrane along the side of this cicatrix were the only traces of the stricture. There were two very small valvular orifices in the left wall of what had been the strictured portion. These examined with a probe proved to be the entrances to the false passages, one of which was nearly closed up, the other was still pervious for about one inch and a-half.

Remarks.—This case in its result stands in unfortunate contrast to the preceding. It would, however, be detrimental to the cause of Surgery, as well as morally unfair, to publish only successful, and suppress unsuccessful cases. In defence of the treatment adopted, we may observe first, that for reasons stated in the narrative it was most desirable to relieve the man's stricture somehow; secondly, that the Surgeon did not undertake the operation of section till he felt convinced, by careful and repeated trial, that he could not effect his object by other means.

THE ABERDEEN ROYAL INFIRMARY.

TWO CASES OF EXTRA-UTERINE PREGNANCY.

(Communicated by Dr. DYCE, Senior Physician to the Infirmary, and Lecturer on Midwifery.)

ABSTRACT OF CASE:—*Extra-Uterine Pregnancy—Death at the Full Time—Fœtus retained Eight Years in its Cyst, during which period the Woman bore Two healthy living Children—Ultimate Death of the Mother from Inflammation of the Cyst—Autopsy.*

Mrs. S., aged 39, a thin, spare woman, wife of a contractor. In the year 1844 she was pregnant for the first time; during the early months she suffered greatly from sickness, and from an inflammatory attack in the abdomen, which confined her

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to her bed for six weeks, and although she ultimately got well, she was never wholly free from pain in her bowels. Nothing unusual occurred for the remainder of the nine months. Labour came on at the expected period, and with severity, but after continuing for nearly two days, the pains gradually subsided, as well as the movements of the child, and she was consoled by her Medical attendant by the assurance that it must have been wind, and that she never had been pregnant. However, the abdomen never entirely subsided, though it became less For a time she had a bloody discharge; had pain in passing her urine, and frequent uneasiness in the lower part of her belly. At length her health was completely restored, every organ performing its proper function. In 1850 (six years after) she removed to Aberdeen, and finding herself pregnant, she consulted Dr. Will, of that place, who delivered her on January 2, 1851, of a healthy living female child. The labour was in every respect natural, and her recovery perfect. Her previous history was only now communicated to Dr. Will, which led him to make an examination. He found a tumour rather to the left side fully larger than a child's head, moveable, painless, and irregular to the feel. Little was heard of her by him until he was called to attend her in her next confinement, which took place in February, 1854. It is presumed, therefore, that she had continued in good health. The labour was equally favourable and expeditious; a living male child was born. Upon placing the hand upon the abdomen after delivery, it was easily insinuated deep between the contracting fundus and the tumour, which was undiminished in size since the previous examination, and showing that they were quite unconnected. On the third day symptoms of peritonitis came on, especially referred to the site of the tumour, but of a subacute character. These were in some measure subdued, but she shortly became hectic, had wasting diarrhœa, which carried her off in May, 1854, between three and four months after her last labour.

Autopsy.—The body was opened fifty hours after death. Externally, her abdomen was tense and tympanitic, and a solid, hard, nodulated and circumscribed tumour occupied the umbilical and adjacent regions. On opening the abdomen, a quantity of very offensive gas escaped; and on laying the parietes freely open, a mature fœtus of yellowish-white colour was brought into view: it lay with its head upwards, and its back towards the right side of the mother. It was lifted out *en masse* without resistance, as it was lying free and unattached in a cyst. The cyst adhered to the parietes around, and it glued firmly the whole of the intestines which were behind and at its sides, and here and there bulged into it. A good deal of very offensive fluid feculent matter was contained in it, which was found to have escaped from the bowels by three openings. No placenta or membranes could be detected. The uterus was normal in every respect, both as to size and situation, lying behind the cyst, but no connexion could be traced between them. Both Fallopian tubes and the *right* ovary were natural, but the *left* ovary could not, after minute search, be recognised.

The fœtus when cleaned was a full-sized female, several parts of which were destroyed. Its position was natural, compressed into the smallest bulk—the head down upon the chest, the arms crossed in front, the legs bent upon the thighs, and these pressed upon the belly. The integuments of the head had disappeared, so that the two parietal bones were lying loose, but nearly *in situ*, the left eye and corresponding portion of the frontal bone and temporal were absorbed. The phalanges of the fingers and toes were all injured, the bones only remaining. The surface of the body generally was covered by integument, but was converted into thick adipocire, and when this had been removed—viz. on the outsides of the thighs, the calfs of the legs and arms—the muscles could be seen, clean and healthy-looking. On carefully extending the limbs, about a foot of the umbilical cord was found lying upon the abdomen, not in the least degree destroyed—in fact, quite fresh-looking.

EXTRA-UTERINE PREGNANCY—TUBAL—FOURTH MONTH.

Jane M., aged 30, married, mother of three living children, of a pale, cadaverous appearance, was admitted into Mary's Ward, on December 6, 1845, complaining of acute pain in the left side of her belly, extending over a space bounded by the groin, crest of the ileum, and navel. Pressure gave her intense suffering. The pain was constant, though at times much more severe than at others, but at no time was she able to make the slightest motion or exertion without increasing it. There was a perceptible fulness at the pained part, but no defined tumour. She had also frequent attacks of sickness and retching; pulse very rapid and small, tongue white, no appetite, breathing habitually slow.

History.—States that, about six weeks ago, she received a kick from a man at a cattle market on the belly, near the situation of the present pain; that she fainted at the time, and was with a little assistance conveyed home. That ten or eleven days afterwards a good deal of blood, with pain, passed off from the vagina, which, as she knew she was pregnant, she took for a miscarriage, but that she did not think all was right, as she was sure, she said, "something that ought to come had not come away." From this time she has scarcely been able to leave her bed from the abdominal pain. Two days ago it became so violent as to make her scream. She was then bled from the arm and took a purgative of calomel and colocynth, and since then she has been easier. After her admission leeches were twice applied to the belly, and calomel and opium administered. From the 6th (the date of her admission) to the 9th she manifestly improved. The pain had gone, unless on pressure; the pulse became less quick; and, altogether, she seemed progressing towards recovery. I had just dictated to my clerk a detailed report of her state, and was visiting the other patients in the ward, when she was noticed to be unusually pale and bloodless about the lips. On inquiry she replied that she was very sick, but had no pain anywhere. Some wine was given her, which she swallowed greedily. Her pulse became almost immediately thready, and in a minute or two ceased at the wrist. Restlessness, jactitation, with a distressing sort of scream, followed, the pupils were greatly dilated, and in nine minutes from the first notice of her being sick she was dead.

Autopsy twenty-four Hours after Death.—On opening the abdomen a large coagulum of blood was observed partially obscuring and covering some of the viscera. The clot extended from the pubes to the umbilicus. There was, besides, a large quantity of fluid blood in the cavity among the viscera; this, with the coagulum, when measured exceeded sixty ounces. On removing the blood several apparently recent adhesions were observed, connecting the omentum, uterus, and intestines together. The uterus was enlarged to fully double its natural unimpregnated size, and lay to the right of the mesial line connected with the uterus, or rather appearing as a part of it, and bulging from its left side was a tumour of a softish consistence, the greater part of the tumour was smooth on its surface, but posteriorly there was a spot about the size of a crown piece, which was jagged and rough, and looked like the fibrin of blood, but on more minute examination the rough mass was found to be placenta, in which, on tracing it down into the pelvis, there was discovered an opening or rent admitting easily the finger, and which came in contact with the limbs of a fœtus. The case was now explained,—it was one of extra-uterine pregnancy, of the tubal variety. The tube had ruptured, and as a consequence fatal hæmorrhage had occurred, no doubt brought on by the kick, and the subsequent inflammation. The fœtus corresponded with the account given by the mother, that she was in her fourth month: it was full grown. The uterus contained a small coagulum. The whole cavity was rough and floculent, but no other mark of deciduous membrane was apparent. A tenacious gelatinous matter filled the cervix and os uteri.

TESTIMONIALS TO PROFESSOR MORTON.—At a large meeting of the members of the Veterinary Profession, held at the London Coffee House, Ludgate-hill, on the 3rd inst., J. Wilkinson, Esq., Principal Veterinary Surgeon to the Army, in the Chair, Professor Morton was presented with an elegant silver salver, weighing 146 ounces, value nearly £100, and a purse containing 135 guineas, on his retiring from the Professorship of Chemistry and Materia Medica at the Royal Veterinary College, an institution with which he had been connected for thirty-five years. The students of the College, just before the close of the last session, also presented to the Professor a handsome ormolu time-piece, a splendidly carved library chair, and a microscope.

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Medical Times and Gazette.

SATURDAY, AUGUST 11.

THE TORQUAY MEETING.—THE POLITICAL SIDE.

The Annual Meeting of the British Medical Association held last week at Torquay may be considered as the most brilliant gathering of the kind as yet accomplished in the whole twenty-eight of the series. The attendance was good, the weather delightful, the scenery glorious, the reception princely, and the display of intellectual strength admirable. The meeting, too, commenced well. The President, in an oratorical effort which would have called forth a tempest of applause in the Commons, and would have carried the Lords by storm, threw into the after proceedings—as every President should do—a spirit of emulation and enthusiasm which was irresistibly contagious.

There was, moreover, one peculiar characteristic of the meeting which the most casual observer could not but have seen, viz. a marked sentiment and prevailing expression towards equalisation of professional right and professional knowledge. In that meeting, representing two or three thousand members of the body Medical, mere collegiate rank found its level, pride its quietus, and talent its force. Year by year we have seen this progress in the only representative Medical assembly of the land; but never as on this last occasion.

A variety of political subjects of interest were discussed by the Members—some internal, *i.e.* exclusively Associational; others external, and extending over the Profession at large. We forbear at this time from touching on the former of these topics; with the latter it is our duty to be concerned.

Dr. Macknesy, of Waterford, brought forward an address for securing a more adequate representation of the Medical Profession in Parliament. Entirely agreeing with him in principle, we regret that he did not enter into sufficient detail to show how this desirable object was to be obtained. It is not probable that any Government would give representation to a fluctuating body such as the British Medical Association, wide as is its representation; while the influence of a representative in the Lower House from a corporate body is not quite so pleasant a prospect as some would have us to believe. Dr. Davey, who followed Dr. Macknesy, though equally fluent on the advantages, was equally tacit as to "the way how to do it;" nor did Sir Charles Hastings mend the position when, with Mr. Propert's seconding, he carried so general a resolution as the subjoined:—

"That considering the numbers, respectability, and special acquirements of the Members of the Medical Profession in these kingdoms, neither are their interests fully attended to, nor their views on sanitary arrangements adequately represented, in Parliament."

That it did no harm for the meeting to pass such a list of truisms is probable; the mind Medical, indeed, requires an occasional roll in the barrel of spikes; but we would rather see a meeting of the kind discussing so great a problem on a more concrete basework. If, for instance, the meeting had said that the idea of getting special Medical boroughs for Medical men is not feasible—not in accordance with the genius of the age; that the lawyers get into Parliament although the Inns of Court have no representatives; that the procuring of a seat is a matter of individual exertion, and that Doctors, like other citizens, can really get in if they try; then we think the assembly would have said something *ad rem*—something to have been read, marked, learned, and inwardly digested.

On the next external Medico-political question, a vote was given by the Association which deserves record as being as decidedly concrete as its predecessor was of the sand sandy. The subject this time was Medical Reform. It is not to be suppressed that the prevailing feeling of the meeting was to the effect that the Medical Act, under which we at this moment pant—the weight of our purses transferred by a sort of moral metastasis to our hearts—that this Act is anything but salt, and its properties everything except preservative. It was a cruel sight, yet denoting a Brutassian philosophy, to see the Association which claimed in other and happier days this little Act as its own child, tearing it now into very rags, and secreting it wholesale in such obscure earth.

We have been affected—who has not?—with the touching words of the Thebesian mysteries, but less so than on the occasion of seeing the sight we have described. Perfectly heartless; regretting, indeed, that the fatigues of the day reduced the energy which he would have liked to devote to the task, Dr. Richardson moved, without an eyelid in the whole room moving, the reappointment of the Medical Legislation Committee. And to what end? It was to work at the amendment of the present Act, or to prepare a new Bill altogether. In performing this duty it was to receive from the meeting as instruction these principles:—(*a*) The removal of all further power from the Corporations to institute special and pseudo-Medical qualifications. (*b*) The introduction into the Medical Council of a larger proportion of members unconnected with the Corporations and Universities. (*c*) The suggestion of a plan which should save the Profession from the necessity of individually enforcing the penalties enacted by Clause xlvii. of the Medical Act, against those who illegally assume Medical titles. The resolutions found a ready seconder, and the last one unanimous assent. The two first met with opposition from head-quarters, for Sir Charles Hastings could not serve on a Medical Committee thus instructed. But the mover had the meeting with him, and knew it. It was a pity, a loss, a personal anxiety, but it must be so; if Sir Charles Hastings could not take such instruction, he must be neutral, or retire from the committee, and Sir Charles had to bow to the majority, for the majority confirmed the resolutions in their entirety. We have not as yet obtained full breath to consider all these formidable points with true measurement. We do not profess to believe in the overwhelming power of the Medical Legislation Committee now reorganised; nor do we despise it. It will succeed or not according to the collective opinion and demonstration of the Profession at large; nominally it is instructed by an Association; virtually it must take instruction from the Profession altogether. Now, if we at all comprehend the general feeling extant, we are bound to say that in this case the Committee will have a very extensive and powerful support. The resolution about the sales of pseudo qualifications is preventive against future and not improbable attempts at the extension of an unworthy trading speculation. The frustration of such attempts would have the concurrence of nearly the whole Profession, if all were canvassed. We have, indeed, as journalists, never before known so powerful an under-current of feeling as on this one point. The introduction of a larger

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liberal element into the Medical Council is, again, in accordance with the prevailing tone. If the resolution is wanting, it is so in that the general feeling is for even a more decisive movement; in other words, is for the entire reconstruction of the Council: while the last resolution, which aims to transfer the prosecution of quacks from the Profession to the Crown, will be hailed by all classes as a measure calculated to save us all from the mistaken charges of jealousies, selfishness, and oppression. On the whole, we congratulate the Association on the determined step which its members have taken on the Medical Reform question. A continuance in the same courageous course will give to it a place in the ranks of Physic it has never held. Wherever there is stability and a purpose, there will the wayfarers gather and rest.

The third and last point of external policy considered at the Torquay Meeting related to Special Hospitals. We are gratified to know that the question mooted was discussed with becoming candour and fairness. The two sides of the dispute were fully admitted; the evils, whatever they may be, of specialisms were probed mercilessly to the root, and in such manipulation the General Hospital system, deeply reached, was discovered as the fretting cause. The meeting, unwilling to condemn by a direct vote either Special or General Hospitals, nominated a well-balanced Committee to report on the whole subject. To this Committee we willingly intrust so grave a responsibility. If it is prepared to meet the whole question in open field, to expose every hidden fault, to listen with the same ear to the weak and the strong, to suggest an equalization of public charity and professional skill, to gather up into its true position the disputed point whether the sick poor are most benefited in the General or the Special Institution; and by all these inquiries, to calm that feeling which makes one-half of the Profession wear the mask of a selfish tyranny, and the other half the mask of obtrusiveness;—if the Committee shall accomplish these ends, the meeting of last week will count as something more than a professional holiday.

THE WEEK.

The question of Special Hospitals underwent an important discussion at the meeting of the Medical Association at Torquay. There was a general feeling exhibited by the members adverse to these Institutions. But, while admitting and condemning the evils attached to them, it was also felt that General Hospitals and Dispensaries were not free from evils highly prejudicial to the interests of the Profession at large. After much discussion, an amendment to a proposition which was made on the subject—proposed by Dr. Markham, and seconded by Sir Charles Hastings—was unanimously carried. It was to the following effect:—

"That a Committee of twelve gentlemen be appointed to investigate and report upon the present condition of our Medical Charitable System—to point out the proper objects of these charities, their right uses, and their abuses, and the reforms required in their administration."

The following gentlemen constitute the Committee:—London: Dr. Markham, Chairman; Dr. W. Ogle, Dr. Richardson, Dr. E. Smith, Dr. Stewart, Mr. Hutchinson. Provincial: Sir Charles Hastings, Dr. Radclyffe Hall, Dr. Lochee, Dr. Melson, Dr. Vose, and Mr. Norman. We need hardly say that this proceeding meets with our warmest approbation. We have long endeavoured to open up a way for the consideration and removal of the enormous abuses inherent in our present Hospital Medical System; and we sincerely trust that this Committee will, by its labours, effect this most desirable end. The Committee is to report to the next annual meeting of the Association. There can be no doubt whatever that if this question is thoroughly investigated by the Committee, and the evils referred to boldly stated, and boldly and practically attacked, an immense service will be done to the Profession. The Report, as we understand it, is to be drawn up, not for the Profession only, but also for the benevolent public. It is to teach the Governors of Hospitals the principles which ought to guide their charity towards the sick; and the means by which it can be most properly carried into effect. We have just referred to this topic, and we may hereafter state what we consider to be the chief abuses attached to our present Hospital system; and the means which we propose to alleviate them. The Association did not consider itself at all justified in singling out any particular Special Hospital for reprobation. Dr. Stewart put it in this light: that the Profession had been for a long time highly dissatisfied with these Hospitals, and that the establishing of a new one was like the feather which broke down the camel. He did not reprobate any one of them in particular. Dr. W. Budd, of Bristol (whose opinions received very general assent on the matter), boldly stated that there ought to be no Special Hospitals, excepting for the accommodation of those cases which, for proper and sufficient reasons, cannot or ought not to be received into General Hospitals. His opinion is well worthy of attention; for it is plain and simple enough. According to Dr. Budd, then, it is clear, that Ophthalmic Hospitals, which were referred to in a letter signed by Sir B. Brodie as being the only Special ones which were at all necessary, ought also to form part of the General Hospitals. We are glad to recognise the fact that the British Medical Association refused to make itself a party to any remonstrance addressed to one especial object, when so many other objects of an exactly similar nature ought to have been, according to the rules of the simplest justice, included in the remonstrance.

Two attendants of the Lunatic Asylum at Colney Hatch have been charged with "feloniously killing and slaying" one of the inmates of the Asylum. As the prisoners are under remand it would not be proper to say more than that they were seen to knock down and kick the deceased, and that on a post-mortem examination the sternum was found to be fractured and eleven of the ribs, five on the left side and six on the right, were fractured or separated from the sternum. The pleura was perforated, the liver lacerated, and two or three pints of blood were found in the peritoneal cavity. Two medico-legal points were raised during the investigation,—first, the power of a magistrate to receive evidence from a lunatic; and secondly, the possibility of such severe internal injuries resulting from kicks or blows without external marks of such violence; and the possibility that they might be caused by "squeezing, rather than by blows," according to the opinion of the gentleman who made the post-mortem examination. These questions will, doubtless, be fully discussed.

Dr. Page, in his Harvæan Oration, speaks thus of the stimulant treatment of disease, and of Dr. Todd:—

"Medicina, varia et mutabilis semper, nunc hoc nunc illo medendi methodo gaudet. In hujusce sæculi initio Depletio omnigena medicis quàm plurimùm placuit. Stimulantium hodiè, Vini præsertim, spiritûs Vini Gallici et similium obtinuit largior usus. Hujusce methodi auctorem multi Toddium asserunt. Verùm enimverò non Toddio, non uni aut alteri debemus hanc curandi rationem, quæ gradatim, mutatis aeris forsàn, necnòn corporum, conditionibus prævaluit. Nosocomii cujusvis annales hæc, ni fallor, planè demonstrant. Cuivis in Sancti Georgii Nosocomii annales per annos jam actos triginta servatos inspicenti hæc vicissitudo patet. Venæ sectio per id tempus singulis annis ibi rarior fit. Cucurbitulorum, Hirudinum usus, quotannis diminutus, hodiè vix ullus est. Vini contrà, spiritûs Vini Gallici, cerevisiæ expensa, perpetuò aucta, suprà modum jam ampliatur. Toddius fortasse stimulantium usum largum, et insolitum in inflammatione, suaserit; et nobis certè

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periculum est, nè plus quàm commodum, immò temerè, hunc medendi methodum prosequamur. Sed Toddium idcircò, necnon Brightium, mortuos, vix nostris oculis amotos, contumeliis fœdis lacessere, facinus est indignum; nec causa aut ratio adduci potest quin omnium liberalium exprobatione tale flagitium castigetur."

We have been requested to notice the fact that the "Tutorial system" is to be largely combined with the "Professorial" in the ensuing Session's arrangements at St. Thomas's. Two Medical Tutors are appointed—one Medical, the other more specially Surgical in bias—who are to divide the subjects of the lectures among them, and to go over privately without form what the lecturer has given formally. They will also, by constant examining, discover how far the teaching has been taken in. As this point has lately been mooted at the Universities, it is not without interest.

We announced during the last session of the Medical Council the proposed retirement of Sir James Clark, and the probable appointment of Dr. Baly in his place. This arrangement has been carried out, and the following official notice has been gazetted:—

"At the Court at Osborne-house, Isle of Wight, the 1st day of August, 1860, present the Queen's Most Excellent Majesty in Council.

"Whereas there was this day read at the Board a letter to the Lord President of the Council from Sir James Clark, Bart., resigning his appointment as a member of the General Council of Medical Education and Registration of the United Kingdom; and whereas it has been represented to Her Majesty that William Baly, Esq., M.D., is a fit and proper person to be appointed a member of the said Council of Medical Education in the place of Sir James Clark, resigned, Her Majesty was thereupon this day pleased, by and with the advice of her Privy Council, in pursuance of the provisions contained in the 4th section of the 21st and 22nd of Victoria, chap. 90, to appoint the said William Baly, Esq., M.D., to be a member of the General Council of Medical Education and Registration of the United Kingdom."

At page 85 of this volume the reader may find some remarks on the pamphlet by Dr. Long against the Dublin Cow-pock Institution. The Directors of that Institution have lately replied to certain queries addressed to them by Government in consequence of the attack of Dr. Long, and we have been requested to notice their reply. It seems that the Government grant is not sufficient to support the expenses without some additions from subscriptions, and the Directors say that they have been

"Anxious to do away with all subscriptions from public Institutions, and they are equally anxious not only to reduce the price of, but to remove the charges for, vaccine lymph even to private Practitioners, for the vaccination of those for whose vaccination they are either directly or indirectly paid. The Directors will be glad to be placed in such a position by Government as to give, gratuitously, guaranteed vaccine lymph, to all who may require it."

Our contemporary the *Dublin Hospital Gazette* comments severely on Dr. Long's attack, and says, very fairly:—

"After these grave charges there remains but one step to be taken. Nothing that could be said by anyone connected with the Cow-pock Institution can remove the stain cast upon it by Dr. Long, in the eyes of the public at large; and therefore it but remains that an inquiry, and a public one, should be held as to its organisation. The Lord-Lieutenant is the patron of the institution, and surely he is called upon to look into the matter. Should he order an inquiry, we have been informed that neither directors nor officers will shrink from it. And if on this inquiry the Cow-pock Institution of Ireland is found to 'have' betrayed its trusts in the unwarrantable manner described by Dr. Long, we are of opinion that it ought not to be continued. But we have a well-grounded hope that such cannot be the result—the more searching and the more minute the inquiry, the more valuable will this Institution be proved to be."

A "Veterinary Surgeon," probably unknown to the Veterinary College, named Kendall, has just been tried before Mr. Baron Martin for manslaughter. It seems that the prisoner

"Had been in the habit of attending people afflicted with swellings, cancers, and tumours, and had a considerable reputation for skill among the people of the district. The deceased, Joseph Gregg, had been for some months afflicted with an aneurism of the aorta. The aneurismal sac had by pressure caused the absorption of a large portion of the sternum, and of the ends of the third, fourth, and fifth ribs, and having forced its way through appeared like a large tumour or abscess under the skin. The deceased had been to the Liverpool Infirmary, and had been told that his case was hopeless. He was in intolerable pain, and sought out the prisoner, who told him he thought the abscess was not ripe, and he would see him in a week. The prisoner saw him, and the deceased begged of him to lance the tumour, as he could not bear the pain. The prisoner accordingly applied his lance to the surface of the tumour, and a quantity of yellow fibrine escaped, followed by clotted blood, and eventually by arterial blood. The prisoner tried to stanch the bleeding by sewing up the wound, and by applying flour and cobwebs to it. The deceased said he felt great ease from the operation, but appeared very fait. The bleeding not stopping, he sent for Dr. Thompson two days after, and told him what had been done. The deceased lingered from February 25 to March 3, when he died from exhaustion. On the part of the prosecution it was contended that it was most improper treatment to lance an aneurism, and doing so betrayed such gross and culpable ignorance and rashness that, the man having died in consequence, the prisoner was guilty of manslaughter. On the part of the prisoner it was contended that he was a person not devoid of skill; that he had acted in good faith, and had exercised his best skill at the request of the deceased, and that the fact of his not being a Medical Practitioner made no difference in point of law. It was elicited in the cross-examination of the Medical witnesses that except from the pulsation of such an aneurism it would be very difficult to distinguish it from an abscess or a carbuncle, and that, covered as it was by fibrine and coagulated blood, the pulsation would be very weak, and on this evidence it was contended by the learned counsel for the defence that the prisoner bringing fair skill, and acting only at the urgent request of the deceased, was not guilty of either gross ignorance or culpable rashness, and, although he had made a mistake in the treatment of the deceased, acting to the best of his skill and ability, he was not on that account to be convicted of manslaughter. His Lordship in summing up referred to the *dictum* of Lord Ellenborough in Williamson's case—'that to substantiate the charge of manslaughter the prisoner must have been guilty of criminal misconduct arising either from the grossest ignorance or the most criminal inattention. One or the other of them was necessary to make him guilty of that criminal negligence and misconduct which are essential to make out a case of manslaughter.' His Lordship left it to the jury to say whether the evidence led them to either conclusion. The jury almost immediately found a verdict of *Not Guilty*."

Had a qualified and registered Practitioner made a similar mistake, and been put on his trial for manslaughter, or had an action been brought against him for malpraxis, it is not likely that a jury would have been as lenient as they were to this blundering farrier.

The rights of our Medical brethren in the Army still require persevering maintenance; as may be seen from the following extract of a letter from China:—

"The old order relative to officers' baggage and tents has been lately published here. Each officer is allowed two Chinese coolies to carry his baggage, which must not exceed 120lbs. One bell tent is allotted to each field officer, to a captain with his two subalterns, to a Surgeon with his three assistants. So the Doctors do not derive any advantage from

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the Royal Warrant published in their favour. The Surgeon, who ranks, or rather is supposed to rank, with a field officer, not only does not receive the consideration shown to the officers of that rank, but he is positively worse off than even the captain, who ranks below him. However advisable it may be to economise in the number of tents to be carried, yet it is quite unjustifiable that the special duties of Medical officers should be lost sight of, and their claims and privileges encroached upon more than those of any other officers. A regimental Surgeon may have to spend several hours, not only of the day, but of the night, in the Hospital marquee, surrounded by an atmosphere tainted by disease. This alone ought to exempt him from being overcrowded in his own tent, and I cannot but think that the order arises solely from ignorance of the nature of the duties performed by Medical officers in the field."

BRITISH MEDICAL ASSOCIATION.

ANNUAL MEETING AT TORQUAY.

The Meeting of the British Medical Association at Torquay has been a decided success. The charming scenery, the hospitality of the President and the Profession at Torquay, and the interest of the proceedings generally, caused the meeting to pass over to the satisfaction of all concerned.

On the 1st inst. Dr. Radcliffe Hall, the President, opened the proceedings with an address, which was given without notes, and which charmed and captivated his audience.

On the 2nd inst. the meeting met at a public breakfast. The New Sydenham Society, which, we are happy to say, is in a highly flourishing condition, transacted its business. Dr. Barham delivered the address in Medicine, choosing for his subject "Climate." On Friday the address in Surgery was read by Mr. De La Garde, of Exeter. On both these days interesting papers were read on different subjects. To one or two of these we shall have occasion to refer more fully. Mr. Pengelly, the enthusiastic geologist, gave the Association a most interesting Lecture on Geology, explaining in particular the condition and history of the Caves of Devon, with their remarkable contents.

It was decided that the next annual meeting of the Association should take place at Canterbury, under the presidency of Dr. Lochee.

A committee of inquiry into the present condition of our Medical Charitable System was appointed to draw up a report, to be presented to the next annual meeting.

Dr. W. Budd, of Bristol, presented a series of most beautiful photographic specimens of morbid anatomy. He pointed out in very clear and forcible language the great service which might be rendered to the Profession by the application of this system in pathology. He referred, for example, among other points, to the very interesting and instructive details which might be obtained by collecting a series of photographs of the brains of idiots, at such places as Redhill Asylum; remarking that from these disordered phases of Nature's operations we often obtain some of the highest information in reference to the natural functions of parts. He exhibited also a specimen of much interest at this present moment. He himself drew no conclusions whatever from the specimen—he only signalised the fact. Mr. Owen had (as we all remember) stated at the British Association that the brain of the lowest type of man infinitely surpassed that of the highest species of monkey—the gorilla. In the monkey, the posterior lobes of the cerebrum are undeveloped, the cerebellum uncovered, and the cerebral convolutions very shallow. Now, here was the brain of an idiot, who had been for several years under Dr. Budd's observation. She was in all propensities a perfect animal, though completely idiotic; and her brain presented all these signs—uncovered cerebellum, undeveloped posterior cerebral lobes, and shallow convolutions, which Mr. Owen had stated to be distinctive between man and monkey. Dr. Budd offered the case as suggestive to the consideration of the physiologist and palæontologist.

At the request of the Bishop of Exeter the Rev. Chancellor Martin introduced the subject of the Medical Diaconate. The idea was that there might be established a combinate of the two characters—curer of souls, and curer of bodies—in one. We need hardly say that the proposition met with no kind of favour from the Association; and will doubtless return quietly into the limbo of the Bishop's good intentions.

THE NEW SYDENHAM SOCIETY.

ANNUAL MEETING.

The New Sydenham Society held its second annual meeting in the Club-room, at Torquay (a), on Thursday, the 2nd inst. The Chair was taken by Sir Charles Hastings, one of the Vice-Presidents. The room was crowded.

The minutes of the former meeting having been read and confirmed, Mr. Hutchinson, the Secretary, proceeded to read the annual report. Among the chief items of information conveyed in the report were the following:—1. That the Society now numbers 2850 members, and is still steadily increasing. 2. That the second edition of the first year's volumes had been almost exhausted, and that it had reimbursed the expenses attended the reprinting. 3. That the Council had finally decided on the issue of an Atlas of Illustrations of Skin Diseases, to be selected chiefly from those published by Hebra, of Vienna. 4. The issue of the first fasciculus of these Portraits will take place for the current year, and will probably be ready in December. 5. The Council hopes to be able to issue for each year's subscription the Annual Year-book and a Fasciculus of the Portraits, and, in addition to these, two translated volumes. 6. Among the works at present in course of preparation are the second volume of "Frerichs on Diseases of the Liver;" "Vogel and Neubauer's Handbook on the Examination, etc., of the Urine;" "Casper's Medical Jurisprudence," and a reprint of "Smellie's Midwifery," with preface and annotations by Professor Simpson, of Edinburgh.

In concluding the report the Council urged upon the members generally the desirability of still further increasing the Society's numbers in order to enable it to accomplish yet more for the promotion of Medical literature. It also desired to impress upon all that in order to enable to executive to be prompt in carrying out the objects of the Society, it was absolutely essential that the subscriptions should be punctually prepaid.

In reply to a question, the Secretary stated that students, and all others connected with the Profession, were eligible as members, and that no form of proposal was needful, the payment of the year's subscription being all that was required in order to obtain the books.

The adoption of the report and balance-sheet having been moved by Mr. Southam, of Manchester, and seconded by Mr. Cartwright, of Oswestry, was carried unanimously.

The following gentlemen were declared duly elected as office-bearers for the ensuing year. Those to whose names the asterisk is affixed were not in office last year:—*President*:—C. J. B. Williams, M.D., F.R.S., etc. *Vice-Presidents*:—Sir Henry Holland, Bart., F.R.S.; James W. Cusack, M.D., A.M., Dublin; Robert Ferguson, M.D.; H. W. Acland, M.D., F.R.S., D.C.L., Oxford; John Macfarlane, M.D., Glasgow; Thomas Mayo, M.D., F.R.S., Presidents of the Royal College of Physicians; J. Y. Simpson, M.D., Edinburgh; *Thomas Turner, Esq., F.L.S., Manchester; *Sir Henry Marsh, Bart., Dublin; Thomas Watson, M.D., F.R.S.; *George F. Evans, M.D., Birmingham; William Fergusson, Esq., F.R.S.; Sir Charles Hastings, Worcester; James Paget, Esq., F.R.S.; *Thomas B. Peacock, M.D.; T. P. Teale, Esq., F.L.S., Leeds. *Council*:—*William Baly, M.D., F.R.S.; Robert Barnes, M.D.; John S. Bristowe, M.D.; Robert Druitt, M.D.; J. G. Fleming, M.D., Glasgow; W. T. Gairdner, M.D., Edinburgh; George Johnson, M.D.; W. S. Kirkes, M.D.; W. M'Ewen, M.D., Chester; *M. Martin de Bartolomé, M.D., Sheffield; J. Moore Neligan, M.D., Dublin; John W. Ogle, M.D.; *Edward L. Ormerod, M.D., Brighton; Richard Quain, M.D.; *George Rolleston, M.D., Oxford; W. Sedgwick Saunders, M.D.; Robert W. Smith, M.D., Dublin; William H. Stone, M.D.; Thomas H. Tanner, M.D.; *Hermann Weber, M.D.; E. R. Bickersteth, Esq., Liverpool; *William Bowman, Esq., F.R.S.;

(a) In order to give to its members generally an opportunity of being present, one of the laws of the Society enacts that its General Meeting shall be held at the same place as that of the British Medical Association.

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Charles Brooke, Esq., F.R.S.; *Henry Clark, Esq., Bristol; *Edward Cock, Esq.; *Prescott G. Hewett, Esq.; Peter Hood, Esq; George M. Humphry, M.D., F.R.S., Cambridge; Jas. S. Millar, Esq., Edinburgh; *Edward Ray, Esq., Dulwich; *William S. Savory, Esq., F.R.S.; Henry Thompson, Esq.—*Treasurer*:—G. Hilaro Barlow, M.D., 5, Union-street, S.E.—*Secretary*:—Jonathan Hutchinson, Esq., 14, Finsbury-circus, E.C.

The fact having been brought before the meeting, under the instructions of the Council, that the Council of the late Sydenham Society had unanimously voted its residue funds (about £300) to its successor, and that the same had been gladly accepted, it was moved by Mr. HADLEY, of Birmingham, seconded by Mr. SODEN, of Bath, and carried by acclamation:—"That the special thanks of this meeting be conveyed to the Council of the former Society for its very liberal act in transferring its residuary funds to the New Sydenham Society."

As auditors of the Society's balance sheet for the current year the following gentlemen were appointed:—Dr. Stewart, Dr. W. M. Cooke, and Mr. Thomas Bryant.

It was moved by Dr. HENRY and seconded by Mr. SOUTHAM, "That the warm thanks of the meeting should be given to the Hon. Local Secretaries of the Society to whose exertions in so large a measure it owed its present very prosperous condition."

After votes of thanks to the retiring Council, to Mr. Hutchinson, the General Secretary, and to Sir Charles Hastings, for his kindness in presiding, the meeting adjourned.

REVIEWS.

Small-Pox and Vaccination. By A. COLLINSON, M.D. 8vo. London: 1860.

In this work Dr. Collinson appears to have collected from various sources materials for forming an opinion as to what is necessary to be done to prevent the increasing mortality from small-pox. It is quite obvious that the mass of materials which have been accumulating on this important subject, especially the valuable and comprehensive report of Mr. Simon, admit of being condensed, and presented to the public in an abstract form. To this Dr. Collinson has addressed himself with much success, and, although a great portion of the contents of his work will be familiar to such of our readers as have had the opportunity of perusing Mr. Simon's report, yet Dr. Collinson has the merit of having collected much interesting information together, after careful consideration of the subject. We must, however, express our belief that neither students nor practitioners will, on a matter of such importance, rest satisfied with any outline, except as a guide to enable them to go to the sources from which information is derived. We must also hesitate to sanction the opinion that the prevalence of small-pox after vaccination is chiefly due to "bad vaccination," without some qualifying statement. Such a belief is not only a very serious imputation on a large body of professional men, but is formed, we think, to a great extent on hypothetical grounds. There should be, we think, a distinction made when speaking on this subject, between those exceptional instances of want of due care, and the generally skilful manner in which there can be no doubt vaccination is performed by those to whom these duties are intrusted, and to whom, in Mr. Simon's report (page 76), we observe a proper, and a needed tribute. This we feel to be the chief omission in Dr. Collinson's sketch,—that while bad vaccination is broadly stated to operate as the chief cause of the danger of small-pox among unvaccinated persons, scarcely a word will be found respecting the deficient degree of susceptibility to vaccine inoculation, which must also, in many cases, according to our experience, be taken into account. We readily admit that this view of the imperfect performance of this duty rests on high authority, and is as old as vaccination itself, but it requires at the present time a careful revision. We beg to be understood, not as wishing to deny the existence of imperfect vaccination; we only hesitate to ascribe to it, in the same degree as Dr. Collinson appears to do, the increased prevalence of small-pox after vaccination. He states "the inference to be drawn from the various authorities I have stated, and the facts they have collected is that inattention on the part of vaccinators to the essential conditions of efficient vaccination must have produced a degeneration of the fluid used for vaccination, and the result has consequently been a system of bad vaccination, which, perpetuated by repetition from the same imperfect matter, has diffused itself for many years past throughout the length and breadth of the country. Hence the present unprotected state of our nominally vaccinated population,—hence the diminished permanence of the protective efficacy of infantile vaccination, and hence also the extended spread of small-pox among us." This is a very fearful picture, and we doubt much whether it is quite correct. That an operation described as so simple as to be learnt "from a minute's teaching and an hour's practice," and the rules laid down for insuring success in which are so easy, can be so rarely well performed as to have led to degeneration of the vaccine lymph throughout the country we cannot readily believe. We conceive that a spurious vaccine vesicle would not be indefinitely transmissible, but would as rapidly fail in infective powers as it would in the normality of its course and appearance. Nor do we think Dr. Adam's success in producing a mild form of small-pox without eruption has been so sufficiently corroborated as to found an argument on for the unascertained transmissibility of the vaccine disease without its peculiar protective qualities. While, therefore, we beg to acknowledge the attention which Dr. Collinson has paid to this subject, and to agree with him in reference to the desirableness of renewal of our supply of lymph, whenever, as Mr. Ceely states, "the vesicles are unusually rapid in their course, are at their greatest development on the seventh day, yellowish on the eighth, with turbid lymph, followed by a central desiccation on the ninth, and with a miserably small crust falling on the fifteenth or eighteenth, the lymph will be found uniformly deficient in infective property, and that common prudence dictates its discontinuance, and the adoption of a new supply,"—we yet think that the view he has taken is scarcely comprehensive enough. Although this may detract from the scientific value of his work, yet it must be considered a timely and well written summary of the views which he has adopted, and as such we recommend it.

Health Resorts of Britain; and How to Profit by them. By SPENCER THOMSON, M.D. London: 1860. 8vo. Pp. 330.

DR. THOMSON does not profess this book to be a complete guide, but rather a "guide-post, pointing the way to, and giving some idea of the locality most likely to afford health and pleasure." He makes four divisions of health districts in England,—Southern, West, North, and Midland and East Coast divisions. A good deal of information will be found on each of these districts, and on the principal "health resorts" they contain; and the work is concluded by three chapters on Health Seeking and Health Resorts in Scotland. Bearing in mind the modest aim and limited professions of the author, his work may be safely recommended as a good and useful one to those who are about to

"Fly the rank city, shun its turbid air."

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the Council held on Friday, August 3, Rawdon Macnamara, Esq., F.R.C.S.I., was elected Professor of Materia Medica, in the room of the late Dr. Williams. The chair of Materia Medica in the College was formerly for many years ably filled by the new Professor's father, the late Rawdon Macnamara, Esq., Surgeon to the Meath Hospital and County Dublin Infirmary.

NEW CANCER CURERS.—Three Llama Medical Practitioners from the Kirghis steppes, a vast region situated between the Russian and Chinese frontiers, have recently arrived at St. Petersburg. Highly esteemed in their own country, they professed to have brought with them a specific for the cure of cancer. The Academy of Medicine, of which they had demanded a permission to try their remedy upon the patients in the Hospitals, has solemnly refused it, on the ground that the lives of the patients are a sacred trust, and that it would be highly culpable to deliver them over to such experimenting. (Why do they not try one of our London Hospitals?)

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

M. TARDIEU'S REPORTS ON HYDROPHOBIA AS OCCURRING IN FRANCE.

The Reports of M. Tardieu delivered to the Paris Hygienic Committee are continued by the present one to the year 1858, and relate to 239 cases of hydrophobia. From an examination of these figures, the following facts result:—1. With respect to sex, 175 of the victims were males, and 64 females,—a difference sufficiently explicable by the habits of the two sexes. 2. Every year confirms the fact that the most tender age is not proof against the contagion. There were among the 71 cases which have occurred within the last four years 11 children of tender age. 3. As to the animal inflicting the bite, it was the dog in 188 cases, the wolf in 26, the cat in 13, and the fox in 1. 4. The seat of the wound is noted in 145 cases, being on the upper extremities, chiefly the hands in 79, the face in 37, and the lower limbs in 20. 5. A very very important point, especially in relation to police measures, is the period of the year when the development of the disease usually takes place. This is noted in 181 cases only: viz. in June, July, and August, in 66 cases; March, April, and May, 44; December, January, and Februry, 40; September, October, and November, 31. Dividing the year into two parts, we have 110 cases for the hot months, and 71 for the cold months. 6. It has been a particular object of the Committee to ascertain the proportion of the persons bitten who became the subjects of hydrophobia. The ascertaining of the point has, however, often been a matter of great difficulty; but confining attention to well verified cases, there would seem to have been 112 persons who have contracted the disease among 198 who have suffered from virulent bites—*i. e.* about 4 in 10 have escaped. But before this statement attained practical value, it would be necessary to examine under what conditions these persons have been bitten, as regards the seat of the bites, their infliction after other bites, the reality of the inoculation, whether the poison was spontaneously generated in the animal, or had undergone several transmissions, the preventive means employed, etc. 7. The establishment of the *period of incubation* is of great importance in regard to the appreciation of the probable effects of suspected bites. The facts which have been accumulated during ten years by the committee are now numerous, viz., 147, in which the exact period has been accurately ascertained. The incubation was of less than one month's duration in 26 cases; from one to three months in 93; from three to six months in 19; and from six to twelve months in 9. The important fact becomes more and more demonstrated, that the effects of the contagion of rabies are scarcely to be looked for after some weeks, it being quite exceptional for hydrophobia to appear after the third month. But another important fact is, that the duration of the incubation has appeared to have been shorter in proportion as the subjects were younger. During the last four years the period has been reduced to a month in most of the children from 2 to 10 years of age, and to even 24, 26, 27, and 28 days, in five children of 2½, 7, 10, and 11 years of age. It is not, doubtless, an absolute rule: but the fact is constant enough to call for notice. 8. In all the cases observed death has been the result, and in 161 of these, in which the duration has been carefully observed, confirmed hydrophobia has not lasted longer than two days in 34 cases; four days in 98; six days in 24; seven days in 2; eight days in 2; and nine days in 1. 9. The remaining point to be examined is that which is of the greatest practical interest, and one upon which not only Practitioners but the public should be able to make up their minds upon. This is the absolute utility or relative efficacy of the means designed to *prevent the development of the disease* in persons who have been bitten by mad animals, and especially cauterisation by means of the various caustics. There are, however, great difficulties in the way of acquiring complete certainty in the matter, and indicating the part which various causes may exert in influencing the consequences of virulent bites, and neutralising their effects. In the opinion of the Committee the sole refuge is the immediate and effectual cauterisation of the part bitten by the actual cautery. (The excision of the part, so much preferred in this country, is not even mentioned.) 10. With respect to all prophylactic and curative measures, the Committee professes the most entire incredulity; and they report that even the imposition of a tax on dogs, from which a diminution of the number of cases was anticipated, has not been attended with any such result. 11. At the request of the Committee, the Minister of Agriculture and Commerce had addressed a circular in 1856 to the various *savants* who occupy sanitary posts in the Levant, instructing them to inquire more precisely than had hitherto been done, whether hydrophobia prevails in the East or not. Although some cases had been formerly met with at Alexandria, and by the French army in Africa, these facts were only exceptional; and M. Fauvel had declared that the disease did not prevail in Constantinople: but the answers to the above circular show that the disease is occasionally met with in Egypt and Syria, while twenty-five cases have been observed in the Hospital of Smyrna, or neighbouring localities. Still, the disease is infinitely more rare than in Europe. In all particulars as regards incubation, symptoms, course, and results, the disease pursues exactly the same course as with ourselves. —*Gazette Hebdomadaire*, 1860, No. 3.

ON IODISM.

By M. RILLIET.

In this paper M. Rilliet, of Geneva, takes a review of the recent discussion upon this subject which has taken place in the French Academy. This originated in a paper by M. Boinet, in which he maintained the power of iodized alimentation to effect all the good derivable from iodine administered medicinally, as also its absolute innocuity. This produced a note from M. Rilliet (a), in which he stated that the absorption of small doses of iodine during a long period of time sometimes gives rise to a cachectic condition which he terms "iodism," and he related three cases in which this state had been brought on by the consumption of iodized salt during several weeks. M. Boinet having flatly denied the accuracy of the statement, M. Rilliet set himself to work, with the aid of other Swiss Practitioners, to produce a full memoir upon the subject, containing accounts of sixteen cases, thirteen of them occurring in persons the subject of goitre, and three in those who were not goitrous. This memoir was made the subject of an able but adverse report by Professor Trousseau, and thereupon a lively discussion ensued.

M. Rilliet did not confine himself to his own personal experience. But found that this was corroborated by the testimony of various authors who had written on iodine from Coindet downwards. However, his facts were disputed by M. Piorry, and his explanation of them by M. Trousseau. With regard to the facts he is contented to leave them undefended, observed as they were with care, consciousness, and professional publicity. M. Trousseau well knew the amount of reliance to be placed upon the powers of observation of the celebrated author of the *Traité des Maladies des Enfants;* and therefore, while admitting in the cases observed the emaciation, bulimia, palpitations, enervation, and agitation described, denies that iodine has been the cause of such persistent, and sometimes such grave, functional disturbances. He is disposed to attribute these symptoms to the so-called exophthalmic cachexia. He said he had met with cases of anæmic exophthalmia, which presented every analogy with the cases described by M. Rilliet. But the latter declares that in none of his cases was this condition of the eye present. The patients before taking the iodine exhibited no signs of any cachectic condition, the cachexia appearing in different degrees, only after taking it for a more a less long period, and not recurring unless the drug was again administered. While, too, many instances of iodism were observed at Geneva in 1820, six months after Coindet's discovery, and have been seen frequently since, none of the Practitioners of the town have met with an instance of cachectic exophthalmia. On the other hand, it is very possible that some of the reported cases of exophthalmic cachexia observed elsewhere were in fact examples of iodism. In fact, this so-called cachexia does not always seem to have exhibited well-defined characters. As has been well observed by Stokes, the exophthalmia and the thyroid enlargement are both epiphe-

(a) *Medical Times and Gazette*, vol. xl. page 173.

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nomena, resulting from active or passive sanguineous congestion. There are also notable differences between the two cachexiæ. In the exophthalmic cachexia the derangement of the health usually precedes the appearance of the exophthalmia and the goitre, the cachectic symptoms attain their maximum at the period of the greatest development of the protrusion of the eyes, and of the enlargement of the thyroid, and it is a disease of continuous progress, accompanied by frequent exacerbations, during which every symptom becomes aggravated. In the iodic cachexia, although the patients may have their thyroid glands enlarged, the general health has been good, it is just at the period when the goitre diminishes that the iodism manifests itself, and once cured, it does not recur unless iodine is again administered. The one is a disease of years, the other, at most, of a few months; the gravity of the two affections being also markedly different. Even the individual symptoms are not alike in the two cases; for not only is the exophthalmia wanting in the iodism, but there is not in it the same vascular development in the thyroid. On the other hand, emaciation and bulimia are not always observed in the exophthalmic cachexia, and the nervous symptoms are not alike in the two affections. As, however, persons of a nervo-sanguineous temperament are especially those who are liable to iodism, it is no wise surprising that a morbid condition like exophthalmic cachexia, which is only an exaggeration of such temperament, should sometimes act as a predisponent to it; and, in fact, iodine has several times acted with disastrous effect in exophthalmic cachexia.

In answer to M. Trousseau's objection, that cases of iodism are of rare occurrence, M. Rilliet admits the fact, though not to the extent stated by the reporter. Slight cases exhibiting iodic susceptibility are of constant occurrence at Geneva, and many of these would proceed to confirmed iodism if the use of iodine were persisted in. Even with this limitation, the author has been enabled to collect in two months in Geneva, a town of 30,000 inhabitants, accounts of sixteen well-marked cases, being a very small portion of those observed since the time of Coindet; while M. Charcot, who has collected all the observations on exophthalmic cachexia contained in Medical literature, has not been enabled to get together more than forty cases. Again, when it is objected that the small doses of iodine exhibited at Geneva are not competent to produce this slowly poisonous effect, it is replied that if doses of the iodide of potassium varying from 1-18th to 1-36th of a grain are competent—of which there can be no doubt—to cure goitre at Geneva, why should they not, in certain pedisposed subjects, induce this cachectic condition termed by M. Rilliet "chronic iodism."—*Gazette Médicale*, Nos. 17 and 18.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM ASSOCIATION.

LETTER FROM MR. GRIFFIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—In my last communication I laid before you a summary of the number of patients attended by each Poor-law Medical Officer. I now forward to you a list of thirty Unions, extracted from one out of the eleven divisions into which the Poor-law Board have divided England and Wales. In this list will be apparent the entire want of any plan in fixing the salaries of the Medical Officers, and the absolute necessity that exists for an Act of Parliament to determine the course to be pursued by the Poor-law Board and Boards of Guardians on the subject. At present the payments are capriciously made—the man with the least to do having, in many instances, the highest salary. This it is that prevents unanimity among us, and enables the Guardians to tyrannise over us, and the Poor-law Board to disregard our complaints. Within the last few days I have had remitted to me from ten officers of the Grantham, Auckland, and Narbeth Unions subscriptions to the amount of £4 5s. I have also received from the Students of the Manchester Royal School of Medicine £2, which assistance I value exceedingly as it has been spontaneously afforded, and comes from gentlemen who are only indirectly interested in the success of our appeal for justice. I trust the Poor-law Medical Officers generally will see the necessity of supplying the Association with pecuniary assistance, as £200 at least will be required to enable me to lay before the Members of the Legislature early next Session the calculations I have already made, and without which I fear the influence of the Guardians will have more weight than that of the Medical Officers.

12, Royal-terrace, Weymouth, August 6, 1860.

I am, &c.
RICHARD GRIFFIN.

SOUTH-EASTERN COUNTIES.

Name of Union.	Number of Patients.	Distance of Farthest Patient.	Medical Officer's Salary.	Average Payment per Case.	Name of Union.	Number of Patients.	Distance of Farthest Patient.	Medical Officer's Salary.	Average Payment per Case.
		Miles.	£	s. d.			Miles.	£	s. d.
Epsom ..	1000	5	26	0 6	Hailsham ..	167	4	44	5 3
	171	3½	30	3 6		161	5	80	9 11
Guildford ..	335	8	60	3 4	Ticehurst ..	1080	8½	44	0 10
	162	3	60	7 4		394	5	52	2 7
Hambledon ..	227	4	22	1 11	Uckfield ..	447	7	65	2 10
	109	3	21	3 10		250	6	70	5 7
Croydon ..	1715	5½	100	1 1	West Firle ..	152	4	25	3 3
	943	3½	100	2 2		53	5	20	7 6
Kingston ..	905	5	60	1 3	West Hampnett	230	4½	45	3 10
	775	3	100	2 6		43	4½	42	19 6
Malling ..	284	6	66	4 7	Midhurst ..	395	6	30	1 6
	169	5	66	7 9		132	5	38	5 9
Sevenoaks ..	736	6	100	2 8	Westbourne	116	6	25	4 3
	303	4	100	6 7		135	5	45	6 8
Tonbridge Wells	1551	4	75	1 2	Portsea Island	1146	2	42	0 8
	813	5	105	2 7		447	2½	42	1 10
Hollingborne	561	4	75	2 8	Fareham ..	167	5	38	4 6
	309	4	80	4 10		89	5	47	10 5
Cranbrook	154	5	30	3 10	Isle of Wight	1377	8	70	1 0
	158	4	43	5 5		90	5	60	13 4
Tenterden ..	225	3	28	2 5	Lymington	1648	5½	50	0 7
	91	2	30	6 7		95	5½	32	6 8
Sheppey ..	161	4	50	6 4	Fordingbridge	666	7	56	1 8
	61	5	75	24 7		490	6	90	3 8
Eastry ..	71	4	35	9 10	South Stoneham	202	5½	50	5 0
	35	5	30	17 1		110	3	50	9 3
Dover	230	6	35	3 0	Andover ..	1350	7	55	0 9
	37	6	25	13 6		198	7	65	6 6
Elham ..	120	1	32	5 4	Wantage ..	278	4	30	2 1
	11	1½	28	50 10		137	4	50	7 5

These figures prove that a gross robbery is committed either on the ratepayers or the Medical Officers.

HEREDITARY SYPHILIS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In reply to some observations on syphilis by Mr. Weeden Cooke, which appeared in the reports of the Harveian Society of this year, I beg leave to make a few remarks; but it is far from my intention to enter much into the subject, as it would occupy more time than I can spare from an arduous practice.

I must join issue with Mr. Cooke, when he asserts that "It is a recognised fact that secondary syphilis is conveyed through the father to the fœtus *in utero*, and from the fœtus to the mother." No doubt in some isolated cases such is the mode of contamination; but from twenty-seven years' experience of the disease I am persuaded, that as a general rule, it is first produced in the mother either by a primary, or secondary sore, or what is more common, by the semen of the male without the intervention of a sore, or a single drop of matter. Nor do I think that his assertion is by any means borne out by "the case of the lady who had two syphilitic children without being herself infected, but who on the birth of the third exhibited all the signs of a severe constitutional attack," for no doubt exists in my mind as to her having been infected previous to the birth of the first, although she may not have exhibited any visible symptoms of the disease, save the pockey offspring; as we frequently meet with syphilitic parents, the only proof of whose condition being the state of their progeny—and who only cease to beget diseased children on both having been previously submitted to appropriate treatment: moreover the late appearance of the affection in this lady might be otherwise satisfactorily accounted for.

It is by no means requisite that the discharge from a secondary sore in order to communicate the disease should come in contact with a raw surface; for it is a well-known fact, that the crack or sore on the lip, the drinking out of vessels used by the infected party, the sore mouth of the child applied to the nipple of a healthy female, and many other

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causes have in their turn propagated the disease without the existence of a raw surface on the previously healthy subject. Many cases illustrative of this fact may be seen recorded in the able work on syphilis by the late Mr. Colles of this city.

From the hour I entered the Profession I have been taught to look upon secondary syphilis as contagious, and I believe that every well-educated Surgeon in Ireland holds that doctrine.

Some twenty years ago a highly practical and scientific course of lectures on this subject emanated from the pen of Mr. Porter (the distinguished Professor of Surgery in the Royal College of Surgeons in Ireland), and were afterwards published in the *Dublin Medical Press* for the year 1847, and the late Dr. Johnson, in the *Medico-Chirurgical Review* for July, 1847, page 67, thus speaks of them:—"For some excellent criticisms upon the views of M. Ricord, as well as for a most masterly estimate of the various debateable points in the history and treatment of this disease, we beg to refer our readers to Mr. Porter's lectures, published in the *Dublin Medical Press* of the present year." More recently, in the *Dublin Quarterly Journal of Medical Science*, a series of essays on the same subject appeared from the pen of the same author, and of which it would be difficult to say whether they are more remarkable for their practical learning, their logical reasoning, their elegance of diction and style, or their truthfulness.

Mr. Cooke's apparent ignorance of the writings of such men as Colles and Porter (for to this cause alone can I attribute his neglect of their labours), argues a want of research on the subject on his part.

Mr. Cooke, when speaking of primary symptoms, says:—"Differences of opinion exist as to the infectious nature of the soft and hard chancre." Now, Sir, I believe their contaminating powers to be equal, and that, although "hardness" is a general pathological condition of all venereal sores, that is, all such sores have a firmness of base unknown to the ordinary ulcer, yet even this symptom is greatly influenced by the structure in which the sore exists; indeed, if I remember aright, M. Ricord's arguments, although unintentional on his part, would lead to a similar conclusion. He speaks of the "Chancre parcheminée," where the hardness is very trifling, and is evidently modified by structure, and he also states, that this hardness often disappears on slight causes. Even on his own showing it is a most uncertain diagnostic.

I am, &c.

Dublin, July 30. PHILALETHES.

"WHO IS A DOCTOR?"

[To the Editor of the Medical Times and Gazette.]

SIR,—Since your favourable notice in your Journal of June 9, of my little *brochure* "On the False Assumption of Medical Titles," printed for private and limited distribution, I have observed one or two instances of dissent from your conclusions and my own.

My desire has been, if I had known the address of the writers, to send them a copy of the pamphlet, which they had not seen, and therefore could not judge of, nor of the grounds on which its conclusions were founded.

Ignorance on my part of the address of your correspondent M. R. C. P., prevented my having the pleasure of sending him a copy. But I may state, in reply to his line of argument, that I would willingly have excepted from my remarks the Licentiates and Members of the London College, could I have done so consistently. Their admission into that College had taken place after examination, before the passing of the Medical Act, was on a small scale, and might be considered at an end; and therefore the courtesy title of "Dr." to them might not have been openly or publicly objected to.

The irruption, however, of the Northern Licentiates, in such numbers, without examination, and their founding their claim to the disputed title on the unsubstantial precedent in London, involved in the resistance roused against their claims the London and other Licentiates who had not their degree.

In your number, however, of July 28, there is a communication from a correspondent, with the signature "T. H. B., Doctor of Medicine and Doctor of Physic." The circumstantiality of the address, and its peculiarity in making a distinction between terms which are strictly synonymous, have enabled me readily by means of the Register to identify the writer, and I have therefore had the pleasure of sending him a copy of the pamphlet.

There are only two points in your correspondent's communication which require comment. The first is his objection to my statement, "that the prefix Dr. is strictly synonymous with and implies that the bearer is D.D., LL.D., M.D., or Mus. D. of a University." He adds another, of Irish origin, of whose existence I was ignorant, whose abbreviation would be, Phys. D., or Ph. D., but which he writes at full length, lest we should be startled by its novelty. It is well known, that till a comparatively modern period, persons having the degree of M.D., instead of being styled as now in full "Doctor of Medicine," were styled "Doctor of Physic." In the general literature of this country, before the beginning of the present century, the title is always so given, and may still occasionally be heard.

More recently, the application of the general term of Physics to Natural Philosophy, has rendered convenient and necessary in the branch of science embracing "Medicine," the substitution of that word for that of "Physic."

It was from a confusion on this point, viz. the distinction between physic and physics, that there might be seen in the daily advertisements and puffs of the Russian conjurer, Frikell, or some such name, that he was "Physician" to the Empress of Russia! whereas the word thus translated was "Physicien," which by no means implied that he ever had the honour of prescribing for Her Imperial Majesty, nor that he belongs to our Profession, in which, however, *soit dit*, some little hocus pocus still lingers.

In the days, therefore, when George III., in the early period of his reign, renewed the charter to the King and Queen's College of Physicians, the corporation, consisting chiefly, if not entirely, of individuals possessing the degree of M.D. were styled in the document, if in English, "Doctors of Physic," as in our day they would be styled probably "Doctors of Medicine."

This is all that I can strictly infer from your correspondent's history of the charter. Nor does he show that the charter invests the College with the power of conferring the degree of M.D., or whatever else he chooses to translate into "Doctor of Physic." If I am wrong, perhaps he will kindly satisfy us by quoting the express words of the charter conveying this power, which I maintain still belongs exclusively to Universities, with the one exception I have admitted, viz. the Lambeth Doctorate.

How is it, too, I would ask, that King and Queen's College is not included in Section 10 of Schedule A, as possessing the power to grant degrees? Why does it not assert the rights of its graduates? But what is most strange, and a proof that your correspondent, if I am right in my selection, was not comfortable in his position of "Doctor of Physic" of King and Queen's College of Physicians, it appears, by the Medical Register, that having procured his boasted and legitimate degree of M.D. or Phys. D., from his College in 1858, he took the trouble, and incurred the inconvenience and expense, of passing an examination, and obtaining the equivalent — in his estimation — degree of M.D. at St. Andrew's, in 1859!

In conclusion, I accept meekly and without reply the "severe rebuke" your correspondent says I deserve for having suggested the absurd proposition, that Licentiates of the Apothecaries' Company have the same right to assume the title of "Dr." as the Licentiates of any other Corporation which has no more than that Company the power to confer a degree.

I am, &c.

THE AUTHOR OF THE PAMPHLET.

SPECIAL HOSPITALS.

[To the Editor of the Medical Times and Gazette.]

SIR,—With the general principles of the manifesto of some of the leading members of the Profession against Special Hospitals, which appears in your Journal of July 28, I, in common with all right-thinking men, must agree. But to every rule there are exceptions. Sir B. Brodie, in his letter accompanying the Protest, considers Ophthalmic Hospitals as lying out of the range of its censure. I write to claim excep-

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tion for another class of Special Institutions, namely, Orthopædic Hospitals.

Any arguments which can be alleged for the existence of special Ophthalmic Hospitals, apply with tenfold force in favour of the existence of special Orthopædic Institutions. Diseases and injuries of the eye are to a very large extent under the influence of the general principles of Medicine and Surgery; but not so the deformities which the Orthopædic Surgeon devotes himself to relieve. The mechanical appliances indispensable for the successful treatment of these affections are numerous and complicated; and require the well-nigh undivided attention of the Surgeon. The inability of the already-overworked Surgeons of General Hospitals to devote the attention requisite for this class of cases would be acknowledged by all. Until Orthopædic Hospitals were established in London, the relief of the poor from deformity —save by the rude attempts of unscientific mechanicians— was a thing well-nigh unknown. The great benefit which this branch of Surgery is now able to hold out are due entirely to the labours of those who have made it their special study, and to the Special Hospitals at which they have acquired their tact, skill, and experience.

Even in that part of the Orthopædic art which may seem to fall under General Surgery—the subcutaneous division of tendons—the superiority of the Special Hospitals is manifest. Let any one contrast the mode of operating, and still more the after treatment of a bad case of talipes varus in the hands of the most eminent Surgeons of General Hospitals in London and Edinburgh, with the management of similar cases in either of the London Orthopædic Hospitals, and he will acknowledge the truth of my remark.

I venture, then, to claim for these Institutions an exemption from the censure of Sir B. Brodie and his fellow-protesters. Whether Orthopædic Surgery will always require Special Hospitals is another question. But even if it may ultimately become part of the practical attainments of every General Practitioner, this can only be by the labour bestowed on it now by its special cultivators. When in their hands its difficulties have been surmounted, and its practice rendered a simple matter, then it may find its place in the general body of Surgery. Any premature attempt to attain this end will but check its progress, and make of no avail its resources for the relief of suffering humanity. I am, &c.

RICHARD HUGHES,
Surgeon to the Brighton Orthopædic Hospital.

Brighton, August 6.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26, 1860.

F. C. SKEY, Esq., President, in the Chair.

A paper, by Dr. SYDNEY RINGER, was read, on

THE RELATIVE AMOUNT OF SUGAR AND UREA IN THE URINE IN DIABETES MELLITUS.

Two cases, patients in University College Hospital, under the care of Dr. Parkes, are given, in which the observations were made hourly over a considerable period, thus enabling the sugar and urea to be compared, under various circumstances, with greater accuracy. The following are the conclusions at which the author has arrived :—1st. That after the influence of food on the urine has entirely disappeared, a constant ratio is maintained between the sugar and urea. 2nd. That after a purely non-amylaceous and non-saccharine meal, both the sugar and the urea are increased, but that during this increase the same ratio between them is observed. This ratio is 1 of urea to 2·2 of sugar. 3rd. That under both these circumstances the sugar could only be derived from the nitrogenous elements of the body, and, therefore, that some such a ratio might on *à priori* grounds have been expected. The author next shows that after saccharine food has been taken, the sugar in the urine, as is well known, is increased, but that this increase of the sugar is accompanied by a decided increase in the amount of urea. Thus the sugar must cause a consumption of nitrogenous matter, probably resolving it into sugar and urea. Various kind of sugar were given, each of which caused an increase in the amount of urea, though whether one kind more so than another is not shown. These facts are sufficient to explain the cause of the loss of flesh in diabetic patients. The author next shows that the amount of urea excreted in proportion to the amount of sugar taken in as food varies in different patients, and in the same patients at different times; and that the severity of the symptoms is in proportion to the amount of urea eliminated through the influence of the sugar, while no relation necessarily exists between the amount of sugar excreted and the severity of the symptoms; indeed, as is well known, the quantity of sugar in the urine may greatly rise in amount with the improvement of the patient. The method of arriving at the influence of an ordinary mixed diet is to ascertain the ratio between the urinary sugar and the urea; at least this method is sufficient in comparing various days together, provided the diet on these days be tolerably similar; for, he states, it is possible to conceive that though the amount of amylaceous matter may cause a much smaller quantity of urea to be eliminated, yet by increasing the former in the meal, the latter may be maintained at the same amount, or even increased, but a more nitrogenous matter would have been taken in with the amylaceous; the proportion of the former consumed would be much less, and consequently there would be more left to nourish the tissues. From this he thinks it is evident that the ratio must be obtained; for as most, if not all, the sugar generally passes off, it can be taken as a fair guide to the extent of the meal. This will explain those cases in which the improvement of the patient is accompanied with a decided increase in the amount of urinary sugar. The author shows, from the above cases coupled with two others Dr. Garrod allowed him to take, that a ratio of 1 to 4 of urea to sugar is rapidly fatal; that life can be prolonged with a ratio of 1 to 8, while a somewhat rapid improvement is compatible with a ratio of 1 to 15. He next states that as the increase of the urea after a meal in health is probably due to the same cause as the increase under the same circumstances in diabetic patients, and as the sugar rises with it, maintaining the usual ratio (after a non-amylaceous meal,) showing that they both come from the same source, if it can be further pointed out to what this increase in the sugar is due, it will explain the rise of the urea in health. After stating that it is possible that it may come from two sources, that it may be either due to some organ endowed with this function, which in diabetes is altered, or be the product of the retrograde metamorphosis of the tissue, he advances arguments to show that in these cases the sugar is due to the former, probably the liver. He thence concludes that the ordinary rise in the urea in health after a meal is due to that organ, which, in diabetes, produces a less highly elaborated sugar, the urea passing off unconsumed with the sugar. The author concludes his paper with a few facts of lesser importance, showing that the sugar, after a mixed diet, reaches its maximum in the early stage of the disease, during the third or fourth hour; while later, the maximum is not arrived at till the sixth hour. That after taking sugar in solution, the maximum is reached during the second hour. That the duration of the influence is longer later in the disease than at an earlier period: thus, at the commencement of the disease, the influence was lost in nine hours, while later in the disease it still continued after fifteen hours had elapsed. He also shows that the urea has a tendency to pass off earlier than the sugar, probably because it is more pernicious. Lastly, charts are given, showing the elevation of the temperature on several occasions after meals.

A paper, by Mr. HUGH CROSKERY, was communicated by Dr. A. W. BARCLAY, being

OBSERVATIONS ON THE INTERMITTENT FEVERS OF THE WEST INDIES, AND ON THE ACTION OF QUINIA AS A SPECIFIC IN THEIR TREATMENT.

The object of the author in this communication was to point out the necessity of a sedative treatment during the hot stage, and free purgation before the administration of the specific. The mixture he had found most beneficial was composed as follows:—Solution of acetate of ammonia, two ounces; spirit of nitrous ether, and spirit of juniper, of each half-an-ounce; potassio-tartrate of antimony, four grains; tincture of hyos-

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cyamus, two drachms; tincture of opium, one drachm; to twelve ounces of camphor mixture. Of this a tablespoonful is given to an adult every half-hour until diaphoresis comes on. The mixture may be either preceded or followed by ten grains of calomel, with a saline aperient a few hours later. He considered that the action of the mercurial purgative tended to assist the subsequent action of the quinia. He condemned the administration of quinine in large doses, and stated that he had obtained the most satisfactory results from its employment in small doses at repeated intervals. He believed that to administer it in any form during the paroxysm was injurious, and that the exhibition of large doses at this period of the disease was fraught with the greatest danger. The formula adopted by the author for its administration is the following:—Disulphate of quinia, forty grains; tincture of oranges, half an ounce; dilute sulphuric acid, one drachm; to ten ounces of water. Of this mixture he gives to an adult a tablespoonful every hour during the intermission until singing in the ears or the presence of headache shows that the system is saturated by the remedy, when it is to be repeated at longer intervals, and even continued in small quantity for some days, so long as any unpleasant feelings are experienced at the time when the paroxysm ought to occur. He has found that in this manner from forty to sixty grains may be given before the recurrence of the attack, and that in the majority of instances the next paroxysm is either entirely prevented or is very much modified. One large dose of the salt very often produces disagreeable head symptoms, which prevent its repetition so as to get the system saturated with the remedy sufficiently early to obviate the return of the hot stage. In cases of severe quotidian he had occasionally given with benefit ten grains of quinine at once, along with the calomel; this, however, he considerered rather as the exception. The paper concluded with the narration of five cases illustrative of the author's method of treatment. Of these cases, four were adults, and one a child nine years of age. In most of these the attack was quite recent, but in one case it had continued six weeks. The author remarked that in such circumstances the prolonged use of quinine during convalescence was essential to ultimate recovery.

Mr. T. Holmes, M.A. Cantab., laid before the Society an

ACCOUNT OF THE RE-DISSECTION OE A PREPARATION OF TUBAL GESTATION WHICH WAS PRESERVED AND DESCRIBED BY THE LATE DR. JOHN CLARKE.

The paper describes a recent dissection made of a case of tubal gestation, which was described and figured by Dr. John Clarke in the "Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge," in the year 1793. Dr. John Clarke's description pointed out only two membranes—the amnion and chorion—around the ovum in the tube. The principal object of this paper is to call attention to the existence of another membrane, external to the chorion, separable into two layers, and not forming part of the wall of the tube. The paper was accompanied by the orginal preparation, and a careful drawing of it in its present state.

If we are to believe a correspondent of the "Times," Red Tape still holds his ground firmly, in the shape of soldiers' stocks and shakos, in many parts of Her Majesty's dominions. We read:—"The dress of our soldiers in tropical stations cries aloud for reform. Regiments are sent to Ceylon or Mauritius for ten years, or West India for three or four, and there, under a burning sun, may be seen the British soldier marching up and down on sentry, or lying exhausted in his guard room, dressed in the thick red broadcloth tunic lined with serge, the hard leather stock, that intolerable shako, precisely the same as at Aldershott on a cold winter day."

August 1st was the "Capping-day" of the Edinburgh Graduates. Fifty-seven Graduates underwent the process. At the close of the ceremony of "capping," medals were awarded to Dr. Thomas Annandale, Dr. Alexander Dickson, and Dr. William C. M'Intosh, for their dissertations. Professor Bennett then delivered a very eloquent address, chiefly referring to the subject of Medical Reform, and the status of the Profession in society.

MEDICAL NEWS.

DEATHS.

Campbell.—July 20, at 221, Gallowgate-street, Glasgow, suddenly, from the bursting of a blood-vessel in the head, James Campbell, L.F.P.S. Glasgow, aged 50.

Henry.—June 27, at his residence, Belleville, Canada West, Walter Henry, M D., late Inspector-General of Hospitals, aged 69.

Knight.—June 14, at Bijnore, East Indies, Dr. R. C. Knight.

Lamb.—June 21, at Mussoorie, East Indies, Dr. M. B. Lamb.

Mackesey.—June 21, *en route* for Calcutta, Dr. Wm. Mackesey, aged 32.

Rendell.—July 30, at 111, Euston-road, William Rendell He was Surgeon in the army in the Peninsula under the late Duke of Wellington. He also served in the Walcheren Expedition and in Canada.

Roberts.—May 14, suddenly, at Butcher's Island, Bombay, William O. Roberts, Assistant-Surgeon to H.M.S. *Retribution*, aged 26.

Robiquet.—Edmond Robiquet, Professor at the Paris School of Pharmacy, and one of the most distinguished Pharmaceutical Chemists, has just died, in the 38th year of his age.

Schlossberger.—July 9, at Stuttgart, Dr. Julius Schlossberger, Professor of Chemistry at the University of Tübingen, formerly Assistant to the late Professor Gregory, Edinburgh.

Turner.—August 4, at Bexley Heath, Kent, John Cusson Turner, formerly of Brighton, M.D., etc., aged 47.

Wright.—June 17, at Ootacamond, East Indies, Senior Apothecary John L. Wright, late in Medical charge of Vingoria.

Dr. George Buchanan has been appointed Surgeon to the Glasgow Royal Infirmary. The other candidate was Mr. Lister, Professor of Surgery in the University of Glasgow. Dr. Buchanan has been Surgeon to the out-patients for the last three years.

The Library of the Royal Medical and Chirurgical Society will be closed from Monday, August 13, to Saturday, September 8, both days inclusive.

Coal-Tar.—At a recent meeting of the French Academy of Sciences a memoir by Dr. Lemaire, on a new compound of coal-tar and its uses, was read. He says that coal-tar owes its properties to phenic acid, benzine, and naphthaline. Alcohol separates from coal-tar its active properties. When saponine, which dissolves fatty matters, is added, the result is a substance stated to be exceedingly valuable for its applications in hygiene, therapeutics, and natural history. The process is a discovery by M. Lebeuf, a Chemist of Bayonne. Saponine is a peculiar principle extracted from saponaria officinalis, or soapwort.

A Correspondent writes thus to a weekly periodical:—"Of the terrible Crimean war little memory now remains, among the new conflicts of Europe, save in the hearts of the bereaved, and may we not add also among those who have been aided to freer labours by the example of Miss Nightingale? Probably the most permanent result in England of that awful struggle, is in the new life it has infused into the women of our country to fulfil the task so peculiarly belonging to them, of alleviating the sufferings, physical and moral, of their fellow-creatures. Is it not affecting to hear that precisely the same result has followed in the great nation with whom we then waged such bitter strife? A band of Russian ladies (not bound by any monastic vows) devoted themselves to the service of the wounded in the Hospitals at Sebastopol. At the conclusion of the war, unwilling to disband themselves, they returned to St. Petersburg and have there continued to reside, attending the local Hospitals ever since."

Meteorology of the Second Quarter of 1860.—"The temperature of the air, barometrical pressure, rain and other elements of the wehther, which has been of unusual character, are minutely and skilfully described by Mr. Glaisher, in the appendix to this report. He states that both days and nights in April were remarkable cold; those in May were both somewhat warmer than usual; in June both were cold, particularly the high day-temperatures, which were lower than in May, though usually they are higher by seven degrees. April was colder than it had been previously in any year since 1839; and we must travel back to 1821 to find so cold a June. June was colder than May at Guernsey, in Cornwall and Devonshire, and near the sea, south of latitude 53°. The mean temperature of the quarter at Greenwich was 50°·5°, which is less by 2·3° than the average of the same quarter in 19 years. At Greenwich the rain-fall in June was

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5·8 in.; as far back as 1815 there is no instance of so large a fall in June. This fall was, however, greatly exceeded at stations south of Greenwich, particularly in Hampshire.—*Registrar General.*

INCREASE OF LUNATICS.—Is it real or only apparent?—"The experience of all countries has shown that the numbers of the insane increase so rapidly that the accommodation provided, however sufficient it may at first have appeared, has in a short time been found inadequate. In France, for instance, the number of the insane in public and private asylums amounted, on January 1, 1835, to 10,539; whereas, on January 1, 1854, they had increased to 24,524. In England and Wales the number of pauper lunatics amounted, in August 1843, to 16,764; of whom 3525 were in county asylums, 2298 in licensed houses, and 4068 in workhouses. On January 1, 1859, the number of pauper lunatics had increased to 30,318; of whom 14,481 were placed in county or borough asylums, 2076 in registered Hospitals and licensed houses, and 7963 in workhouses. It thus appears that in sixteen years the number of pauper lunatics in England and Wales had nearly doubled, and that in 1859 nearly as many were in public and private asylums as were on the roll in 1843."—*Report of Commissioners.*

M. BALBIANI has performed further experiments on the subject of fissiparous generation. According to him it is a very common, instead of a very rare phenomena as is sometimes thought. To witness its production, however, requires great delicacy of observation and manipulation. He says that he has seen one microscopic animal give birth by fissiparity to more than 2000 individuals in the course of seventeen days. M. Balbiani counts them by taking one from the number under the microscope, when they have reached fifty. He puts it in water containing none of the animals, and leaves it there until fifty more are formed, and continues thus as long as the phenomenon continues. He does not, however, consider the fissiparity as indefinite; a moment arrives when sexual generation becomes necessary for the transmission of life. A new argument this against spontaneous generation.

UNIVERSITY COLLEGE, LONDON.—At a meeting of the Professors and Students of the Medical Faculty, held yesterday in the Botanical Theatre of the College, Professor Williamson, F.R.S., Dean, in the chair, the result of the class examinations and competition for prizes at the close of the summer term of the Faculty was announced as follows:—Practical Chemistry.—Professor Williamson, F.R.S. (Dean).—Gold medal, Alexander Bruce, of London; certificates of honour, 2nd, Thomas Foggitt, of Sandhutton, Yorkshire; 3rd (equal), Frederic Fowke, of Ryde, Isle of Wight; Edward Thomas Tibbits, of King's Norton, Leicestershire; George W. Knox, of London; George Walker, of Wigan; Julian A. Evans, of Pinner; and Palemon Best, St. Ives, Cornwall. Materia Medica and Therapeutics.—Professor Garrod, M.D.—Gold medal, William Henry Griffin, of Banbury; 1st silver medal, Walter Rickards, of Leicester; 2nd silver medal, William Saul, of Banbury; certificates, 4th, George E. Walker, of Wigan; 5th, Thomas Griffiths, of Carmarthenshire; 6th, Edward Lloyd H. Fox, of Broughton, Hants; 7th, William M. Rogers, of the Mauritius; 8th, James Augustin Greene, of Calcutta; 9th, Alexander Bruce; 10th (equal), George A. Cubley, of Derby; and Reuben T. Warne, of Plymouth. Medical Jurisprudence.—Professor Harley, M.D.—Gold medal, Henry Charlton Bastian, of Falmouth; silver medal, William J. Smith, of Westheath, Hants. Midwifery.—Professor Murphy, M.D.—Gold medal, John H. Hutchinson, of Catterick, Yorkshire; 1st silver medal, Henry C. Bastian; 2nd silver medal, William Saul; certificates of honour, 4th, Edward C. Bury, of Mitchelstown, Ireland; 5th, James Augustin Greene; 6th, George B. Phillips, of Clapham; 7th, William Henry Brotherton, of London. Ophthalmic Medicine and Surgery.—Professor Wharton Jones, M.D.—Silver medal, William Pile, of Barbadoes; certificate of houour, 2nd, John Henry Bridgman, of Bridport. Botany (senior class).—Professor Lindley, M.D.—Gold medal, Thomas Griffiths; silver medal, Richard T. Key, of London; certificates of honour, 3rd, Thomas F. H. Green, of Burnley; 4th, Henry Curtis, of Wellingborough.

STATE OF THE PUBLIC HEALTH.—The following interesting paragraphs are from the last quarterly return of the Registrar-General:—"The deaths registered in the three months that ended June 30 were 110,878; a larger number than was returned in any previous June quarter (1848-59). The extent to which life was invaded and destroyed by causes that have been described, badness of weather and dearness of food, can be only partially discovered by comparing the mortality with an average derived from seasons both healthy and unhealthy; but it may be stated that the annual rate of mortality last quarter was 2·228 per cent. of the population, while the average of ten previous springs was 2·195. In other words, the mortality was such that if it had been maintained for a year, out of 100,000 persons thirty-three would have died in excess of the number to whom a season that could not be represented as healthy, but only of average character, would have been fatal. If the mortality had been at the rate of 17 in 1000 annually, which is ascertained to be the rule of selected healthy districts, instead of the actual rate (22), the deaths in the whole of England and Wales last quarter would have been 85,283; and 25,595 persons would, when the period had closed, still have formed as many units in the sum of human existence. An excess of deaths which is not decreed by inexorable fate may very properly be termed 'unnatural,' though it is quite true that, only the conditions being different, it is Nature that killeth as well as giveth life. It is a remarkable and interesting fact if two millions of acres on which the chief towns of England are situated, be distinguished from the remaining thirty-five that hold small towns and country parishes, it is found that the rate of mortality on the former (2·305 per cent. per annum) was below the average of last quarter, whereas on the latter the rate 2·155, was above the average. The average rates were respectively 2·346 and 2·028. Although the time may be distant when cities will be as healthful as rural districts, or the inferiority which our English poet ascribed to 'the town' as the handiwork of man become much less apparent in point of salubrity than it is at present, it cannot be questioned that large populations have even now advantages of a nature favourable to health which villages do not possess. The highest attainable health is probably to be sought in a happy combination of both states—*rus in urbe*. The words of an excellent popular writer may prove to be no dream, but a well-founded expectation; he believes that we shall ultimately obtain 'a complete interpenetration of city and country, a complete fusion of their different modes of life, and a combination of the advantages of both, such as no country in the world has ever seen.' But it may be asked, whether it is forbidden by this last expression to accept as a perfect model even Nebuchadnezzar's Babylon, which the distinguished writer himself has extolled."

VITAL STATISTICS OF LONDON.

Week ending Saturday August 4, 1860.

BIRTHS.

Births of Boys, 921; Girls, 831; Total, 1752.
Average of 10 corresponding weeks, 1850–59, 1534·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	546	501	1047
Average of the ten years 1850–59	573·7	551·0	1124·7
Average corrected to increased population ..	..	..	1237
Deaths of people above 90	1	3	4
Deaths in 15 General Hospitals	46	24	70

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria.	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	..	6	10	1	6	1	5
North ..	490,396	4	10	3	2	5	1	13
Central ..	393,256	1	2	6	2	8	5	17
East	485,522	..	15	8	1	5	2	20
South ..	616,635	1	14	6	4	6	6	10
Total	2,362,236	6	47	36	10	30	15	65

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TO CORRESPONDENTS.

A Lecture by Dr. Simpson on Puerperal Mania is in type.

Dr. Kidd's Letter on Recent Deaths from Chloroform is unavoidably postponed.

Papers by Mr. Michell Clarke, Mr. Gaffney, etc., will appear next week if possible.

Dr. Remak.—The book was reviewed in this journal for April 9, 1859, page 372.

North Lincoln.—1. Holden on the Bones. 2. Fownes's Manual of Chemistry. 3. Pereira's Materia Medica. 4. Balfour's Manual of Botany. 5. Golding Bird's Natural Philosophy.

M. D. sends us something new in the Insurance way. An office in reply to his application says :—"This Company pays a fee for every Medical Report required by the Directors, but not at the option of the Proposer."

Mr. Nourse.—We think it would be unwise to publish the letter. Such matters are better kept within the range of the district Societies. The whole Profession can hardly be expected to act, or to form a correct judgment, in questions that are, to so large an extent, local.

Student.—At the British Association Dr. Darwin's theory of the Origin of Species came under discussion. Professor Owen observed that the brain of the gorilla—the highest of the quadrumana compared with man—presented more differences when compared with the brain of man, than it did when compared with the brains of the very lowest form of quadrumana. The deficiencies in cerebral structure between the gorilla and man are immense. To this Professor Huxley took exception. He denied altogether this great difference as stated by Professor Owen. He maintained that the difference between man and the highest monkey was not as great as between the highest and lowest monkey; and he believed that the great feature which distinguished man from the monkey was the gift of speech.

Foreign Degrees.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—You may perhaps consider, with me, that the following advertisement is worthy of a place in your journal :—

I am, &c. M.D.

"The Medical Faculty of the University of Bonn receive, every year, some applications from General Practitioners and Surgeons for the diploma of M.D., without examination. To prevent trouble and disappointment, the Medical Faculty beg to announce that the diploma of Doctor of Medicine is granted only to those who pass the examination before the Members of the Faculty.

"The Dean of the Faculty, Professor M. NAUMANN, M.D.

"Bonn, July, 1860."

Leprosy.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Seeing in the *Medical Times and Gazette* of July 28, that Professor Virchow, of Berlin, wishes to receive any contributions however small, regarding the subject of Leprosy, etc., I beg to refer him to the following elaborate articles in Rees' Cyclopædia, viz. :—Articles "Leprosy" and "Elephantiasis." Also to the article "Lazarettos," in the same work.

As I fancy that Rees' Cyclopædia is not in the possession of the majority of persons, I have ventured to refer the Professor to that work, in the hope that he may find it of some slight use. I may state that in the article "Lazarettos," a work is referred to, entitled "An Account of the Principal Lazarettos in Europe," etc., by John Howard, Esq., published in 1789, quarto. Hoping that the above references may be acceptable,

I am, &c. H. L. MAYSMOR, M.D., &c.

Springfield-lodge, Park-village East, Regent's-park, August 7.

The Morley Convalescent Hospital.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The late Mr. Morley, of Morley's Hotel, Trafalgar-square, London, being formerly a Medical student, left by his will a large portion of his property to Medical charities, amongst others a considerable sum for endowing a Convalescent Hospital a convenient distance out of London, which in my opinion is required more than any other Institution or Special Hospitals, which are begging for means to proceed with. Can you give any information as to whether the trustees are proceeding to carry out the beneficent intentions of the donor? Perhaps a hint from you will be of service. This would be an excellent opportunity for the committee of Miss Nightingale's Fund.

I am, &c.

AN INQUIRER.

Health Resorts for Invalids.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I am a two years old General Practitioner, and located in an eastern suburb of London, and during my short experience have several times felt the want of an Institution where I could send delicate patients requiring change from chronic ailments or convalescent from more acute ones. An Institution after the stamp of the Hydropathic, but without its humbug. A healthy situation, large and well ventilated apartments, a good staff of officers, including a legitimate Medical Superintendent, and with all the etceteras conducive to health in the way of amusements. Such a resort I feel sure if well conducted, would find plenty of inmates, and pay well those who might embark capital therein. If I, in a comparatively speaking poor neighbourhood, could have sent half-a-dozen cases in two years, able to pay two or three guineas a-week, those in more extensive practice and better positioned could have sent many more; and the co-operation of a dozen Medical men in good London praccos would ensure, I think, success to the undertaking, though I believe there is room for several, each being peculiarly fitted from position for certain classes of patients. In a recent tour through Derbyshire, where sundry Hydropathic Establishments flourish, I thought—Could such mansions be raised without any quackish pretences, simply framed, and advertised on honest principles, the eyes of the people might be opened as to what brought about cures, without ascribing undue influence to water; and legitimate Medicine might receive a lift in the estimation of reasonable folks. At this moment I have a young lady whom I wish to winter in a sheltered and warm situation, who will not go without a companion, except into a family. Had there existed (say, in the Isle of Wight), something after the style to which I have alluded, she would have gone there. The want will be more and more felt as quackery increases, based as it too often is on something good.

I should be glad if your readers would think over what I have hurriedly written.

I am, &c. F. M. C.

Ipecacuanha v. Opium.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you do me the favour of giving insertion to the following note in your periodical?—In number 518 of your journal an "Inquirer" wants to know whether the operation of opium on the system is modified by combination with ipecacuanha, and in the following number the question is answered in the affirmative by Mr. Ewens and in the *Medical Times and Gazette* of June 23, 1860, Dr. Cregeen relates a case in which ten grains of Dover's powder was given by mistake to an infant thirteen months old, "with no other effect than a few hours good sound sleep." Dr. Cregeen's communication elicits a letter from Mr. Chambers, guarding young and inexperienced Practitioners against the use of Dover's powder "in dangerous doses," and from reading his letter one is led to infer that half-a-grain of pulv. ipecac. co. caused severe convulsions to an infant in less than an hour after its administration. I am inclined to think the spasm was the result of gastric or intestinal irritation rather than the unusual effect of Dover's powder, and might have been prevented by the opportune use of a gentle purge

I am, &c.

2, Montague-place, Duncan-terrace, N. JOHN SHARMAN.

Qualified and Unqualified.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your appropriate and just remarks in a late number, on the absurdity of requiring old Practitioners to undergo an examination, have called forth observations from several of your readers, viz.—"A Surgeon of thirty-five years' standing," "A Pure Physician," B. Barrow, Esq., &c. Since the time the old Practitioner commenced, very many changes and improvements have taken place in the Profession. After long efforts we have got a Reform Bill, and although not perfect it will in time work good to the Profession and the public. The "highly penal" clauses could no have been intended to apply to legally-qualified Practitioners distinguished and known as successful Surgeons or Physicians, as the case might be. This appears to me evident from the 7th Section of the Medical Act. If men in practice before 1815, without any qualification, are free, why apply the Act to those with a legal qualification from the above date to 1858? Mr. Barrow's letter and that of Sir B. Brodie reflect great credit on their authors. Whilst the Medical Education Council are using a power conferred upon them by their liberal brethren, it will be well for them to deal gently with those who entered the Profession in less favoured times. In our desire to put down quackery in every form, we should cherish liberal and kind feelings to every qualified Practitioner.

I am, &c.

M. PATTERSON.

COMMUNICATIONS have been received from :—

Professor SIMPSON; M. CLAUDE BERNARD; Dr. OLLIER; Mr. LE GROS CLARK; Dr. GOODFELLOW; Dr. MOORE; Dr. OGLE; Dr. LEWIS, Philadelphia; REGISTRAR-GENERAL; Mr. HUGHES; Mr. W. M. CLARKE; Mr. GRIFFIN; Mr. GRAY; Mr. C. WILLIAMS; Mr. STOCKER; Dr. HALL; Dr. FAIRLESS; Mr. MAYSMOR; Dr. CREGEEN; Mr. WHITE; Mr. HOCKLEY; Mr. M'GOWAN; Mr. MORTON; and Mr. WILLIAMS.

APPOINTMENTS FOR THE WEEK.

August 11. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

13. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

14. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

15. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

16. *Thursday.*

Operations at St. George's, 1 p.m; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

17. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

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ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary Examinations for the diploma, were admitted Members of the College, at meetings of the Court of Examiners on the 31st ult., and 1st and 2nd inst., viz. :—

Adair, James Jackson, Douglas, Isle of Man
Adair, Ponsonby Kelly, Lincoln's-inn Dispensary
Atwood, William Alban, Aberystwith, Cardiganshire
Bartlet, George, Culsalmond, Aberdeenshire
Bell, Thomas, Uppingham, Rutland
Bennett, William Shepheard, Plymouth
Blake, Thomas William, Hurstbourne Tarrant
Burrows, Robert Thomas, Westbourne-park-place
Cape, Joseph Thomas, Cheltenham
Chune, Henry Charles, Colebrookdale, Shropshire
Colby, George, New Malton, Yorkshire
Coleman, Edmund Walter, Portsdown-road, Maida-hill
Comerford, Edmund Henry, Kilkenny
Dutton, Douglas John, Bristol
Fagge, Charles Hilton, Guy's Hospital
Foley, James Joseph, Cork
France, William Henry, Sheffield
Grant, Bernard John Mark, Newcastle-on-Tyne
Griffith, Gorrequer, Dublin
Hammond, Francis James, Sherborne, Dorset
Hocking, Joseph, St. Ives, Cornwall
Houghton, Frederick William, Portsmouth
Iliffe, Robert, Coventry
Keating, Thomas Auchmuty, Springfield, Guelph, Canada West
Keele, Charles Ferdinand, Highbury
King, John Henry Charles Erridge Portsmouth
Lovegrove, James Francis, Maidenhead, Berkshire
Lyon, Isidore Bernadotte, Euston-square
Mallett, William James, Bolton-le-Moors
Marsh, Henry Thomas, Upton-on-Severn
Merry, Robert Rosier, Hemel Hempsted
Monckton, Alfred, Brenchley, Kent
Nedwill, Courtney, Magherfelt
Neil, Alexander, India
Nowell, Arthur Henry, Richmond
Pocklington, Evelyn, Walesby, Notts
Pridham, John Williams, Llanelly, Carmarthenshire
Rason, Cornthwaite Hector, Eastbourne
Rew, James, Exeter, Devon
Richards, John Smith Crosland, Bedford-square
Rush, William Arthur, Southminster, Essex
Sequeira, James Scott, Jewry-street, Aldgate
Smith, Absalom Harvey, Palermo, Canada West
Smith, Robert Harman, Halifax
Smith, Samuel, Coseley, Staffordshire
Sprague, Charles Gordon, Kimbolton
Staples, Francis Patrick, Wexford
Stone, Charles Henry Hilton, Manchester
Tanner, Mark Batt, Exeter, Devon
Tofts, Henry, Cambridge
Trotter, Arthur Edwin Hutchinson, Stockton-on-Tees
Truman, Edgar Beckit, Nottingham
Williams, Richard, Kingston-Bagpuize
Williamson, William Henry, Wimbledon
Winter, William Thomas, Cosham, Bristol.

APOTHECARIES' HALL.—Names of gentlemen who passed the Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, August 2 :—

Cronin, Eugene Francis, Kennington
Fletcher, Adam, Bury, Lancashire
Haynes, Allen Lankester, Evesham, Worcestershire.

The following gentlemen also on the same day passed their First Examination :—

Bogg, Thomas Wemyss, Louth, Lincolnshire
Dustan, John, Jersey
Holmested, Thomas, Guy's Hospital
Pocock, Crawford John, Guy's Hospital
Thorp, Sidney, Guy's Hospital.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN.—The Degree of M.D. was conferred on the following gentlemen, after Examination, on August 3rd :—

Barron, George Brotherton, Lancashire
Beaton, Daniel, Isle of Wight
Bindon, Henry Vareke, Staff-Surgeon, Chatham
Billinghurst, Henry, Islington
Blakeley, Samuel, Tyrone
Blakeney, Edward Hugh, Deputy Inspector-General of Staff.
Bolton, Edwin Henry, Surrey
Bourke, Miles Vernon, Limerick
Broadbent, Lewis George, Bamburgh
Candy, John, Sussex
Clarke, John, Assistant Surgeon, 95th Regiment
Connon, William, Aberdeenshire
Coward, William, South Shields
Coutts, James, Aberdeen
Cooke, William Harry, Staffordshire
Corbould, Francis John, Kent
Crowther, Thomas, Yorkshire
Cutfield, Alfred Baker, Deal
Dess, David, Inspector-General of Hospitals and Fleets
Deamer, William, Newcastle-upon-Trent
Evans, Oliver, Deputy Inspector of Hospitals, R.N.
Fleming, Albert, Sussex
Forster, Thomas Balle, Devonport
Gibson, George, Chester-le-Street
Greig, John, Kincardineshire
Harvey, Alfred, London
Hayne, Leonard H. J., Greenwich Hospital
Hanna, Harrison, Belfast
Jackson, George Henry, Tottenham
King, David, Ayrshire
Kitching, Alfred, Hull
Lawrence, James, Ayrshire
Le Grand, Frederick William, Staff-Surgeon, R.N.
Logan, Thomas, Ayrshire
Maybury, Augustus Kingston, Richmond
Mactyre, William, London
Macnab, John, Lanarkshire
Mackern, Thomas, London
Metcalfe, James Bell, London
Millar, Samuel Smith, Enfield
Milman, Alfred M'Kinlay, New Galloway
Morison, John, Durham
M'Harg, Michael, Co. Antrim
Murphy, Thomas John, 60th Rifles
O'Connell, John, Cork
Phillips, Thomas Bacon, Brighton
Raines, John, Manchester
Rae, James, R.N. Haslar Hospital
Rix, Joseph, Huntingdonshire
Slesser, Charles, Aberdeenshire
Somerville, Charles, Staffordshire
Sommers, John Augustus, Liverpool
Spencer, Lawrence, Lancashire
Stephen, William, Aberdeen
Stewart, John Grant, Greenwich Hospital
Sutherland, William, Croydon
Sutton, John, Nottinghamshire
Taylor, John, London
Tebay, Thomas George, London
Thomas, John Henry, London
Thursfield, William, Shropshire
Turner, Charles William, Gloucestershire
Tulloch, John, 10th Regiment
Tylecote, Edward Thomas, Staffordshire
Watt, James, Aberdeen
Warrwick, William, Belfast
Waterworth, Thomas Henry, London
Windowe, Samuel Jardine, H. M. Indian Medical Service.

Royal College of Surgeons, EDINBURGH.

Surgeons' Hall, Edinburgh, August 2, 1860.

The following Gentlemen have obtained the DIPLOMA of the ROYAL COLLEGE of SURGEONS between Lammas 1859 and Lammas 1860 :—

SCOTLAND.

Allan, William Wright	Mid-Lothian
Anderson, William	Edinburgh
Buchanan, Alexander	Callander
Brotchie, Alexander Rainy	Aberdeenshire
Brown, Colville	Yetholm
Ballantyne, Alexander	Dalkeith
Clarkson, James	Melrose
Craig, John Stirling	Peebles
Connon, William	Aberdeenshire
Duncan, George	Dumfries
Erskine, Robert	Ayr
Farquharson, Duncan	Perthshire
Grigor, William Panton	Cromarty
Grant, Erskine Burnett	Aberdeenshire
Greig, John	Kincardineshire
Grant, Alexander	Aberdeenshire
Herd, John	Perth
Inglis, Andrew	Edinburgh
Jenkinson, James	Pennycuick
Johnston, William	Edinburgh
King, James Lumsden	Pittenweem
Munro, James	Caithness
Maclagan, Thomas John	Perth
Moir, William	Aberdeenshire
Marshall, James	Perthshire
Maclagan, David Philip	Edinburgh
Miller, George	Perthshire
Maclagan, Robert Craig	Edinburgh
Moir, John	Ditto
Mair, William	Ditto
Middleton, James	Ditto
M'Intosh, William Carmichael	St. Andrews
Nicoll, John Black	Fifeshire
Petrie, James	Dundee
Robertson, William Borwick	Orkney
Ross, Thomas Fraser	Ross-shire
Shearer, George	Thurso
Scott, Walter	Stirlingshire
Smith, George Stevenson	Ayr
Scott, Alexander	Aberdeen
Simpson, George	Musselburgh
Stephenson, William	Edinburgh
Thom, Alexander	Ditto
Thomson, Ebenezer	Stirling
Warden, Thomas	Edinburgh
Wyllie, Andrew	Ayrshire
Work, William	Orkney

ENGLAND.

Arnison, George	Stanhope, Durham
Ashford, Edwin Charles	Devonshire
Bayldon, John	Yorkshire
Bellyse, Edwin Swinfen	Cheshire

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Brody, William Turnbull	London
Fenton, John	Staffordshire
Goyder, David	Lancashire
Hunter, John Mitchell	Alnwick
Meredith, John	Cardiganshire
Read, Richard	Liverpool
Sheriff, William	Northumberland
Scott, William	Newcastle-on-Tyne
Turnbull, Alexander	London
West, Robert Uvedale	Lincolnshire
IRELAND.	
Boyd, James	Belfast
Burke, Martine Joseph	Co. Galway
Burke, Martin	Co. Limerick
Bradley, James	Co. Down
Cahill, Mark	Kilkenny
Crawford, Samuel Kirker	Co. Monaghan
Donovan, Jeremiah	Skibbereen
Fagan, Matthew Edmund	Kildare
Fisher, Robert Elliot	Co. Leitrim
Ferguson, Richard Patrick	Dublin
Godfrey, William	Co. Cork
Gillespie, Franklin	Cork
Jazdowski, Bronislas James	Dungannon
Jones, William Henry	Cork
Kerin, Thomas Gethin	Sligo
Lever, James	King's Co.
Moore, Michael James	Belfast
M'William, William Andrew	Co. Antrim
O'Connell, John	Cork
Purdon, Henry	Belfast
Redmond, William	Dublin
Reid, Patrick Richard	Kildare
Rahilly, Michael Joseph	Kerry
Rutherford, David John	Co. Tyrone
Simpson, Pierce Adolphus	Dublin
Telford, Thomas	King's Co.
White, Samuel Gamble	Donegal
ABROAD.	
Atwool, Henry Courtenay	Sydney, N.S.W.
Baxter, John	New Brunswick
Campbell, George Andrew	Toronto, C. W.
Lauder, Henry Scott	Rome
Renwick, Arthur	Sydney, N.S.W.
Smith, Edward Wurtele	Montreal
Shaw, John Cardy	Ceylon
Stevenson, Henry Cunard	New Brunswick

In addition to the above, the following Gentlemen have passed their FIRST PROFESSIONAL EXAMINATION :—

SCOTLAND.	
Adam, Harvey Hill	Aberdeen
Anderson, James	Perthshire
Anderson, John Ford	Banffshire
Bantock, George Granville	Sutherlandshire
Brebner, Alexander	Aberdeenshire
Browne, James Crichton	Edinburgh
Clouston, Thomas Smith	Orkney
Creyk, William	Banffshire
Canington, Athol F.	Dunkeld
Cunynghame, Robert J. B.	Edinburgh
Dewar, James	Edinburgh
Fairbairn, William John	Edinburgh
Gray, Thomas S.	Perthshire
Goldie, W.	Lanarkshire
Houston, Patrick C.	Morayshire
Hope, John	Roxburghshire
Hamilton, Archibald	Edinburgh
Herdie, James	Haddingtonshire
Kydd, David	Forfarshire
Kennedy, William	Strathdon
Keir, William	Keith
Macnair, R.	Paisley
Mackie, James	Aberdeenshire
Rutherford, Gideon	Sutherlandshire
Robertson, D—— Grant	Wick
Slesser, Charles	Aberdeenshire
Stephen William	Old Aberdeen
Skae, Francis D—— A——	Edinburgh
Simpson, John	Inverness
Watt, James	Aberdeen
Young, David M'C——	Kelso
ENGLAND.	
Hudson, Robinson	Sunderland
Rayner, John	Warwick
Selby, Robert B.	Berwick-on-Tweed
IRELAND.	
Bolland, John	Dublin
Callaghan, James	Cork
Fulton, Thomas	Co. Down
Gribbin, Hugh	Ditto
Macaw, Kennedy	Kilrea
Morrow, Hugh	Co. Down
Todd, Alexander	Tyrone
ABROAD.	
Douglas, C—— Mellis	Canada
Davidson, Thomas	India

The following Gentlemen have, during the same period, obtained CERTIFICATES of their Qualifications to Practise as SURGEONS in the ROYAL NAVY :—

Long, James	Londonderry
M'Bride, Alexander	Glasgow
Ramsay, David	Dundee.

Extracted from the Records of the Royal College, by
JOHN SCOTT, Secretary.

Hogg's Lithia Water, Super-CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.

Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.: Citrate of Potash, containing 30 grs. Citrate of Potash and Iron, 30 grs. and 5 grs.

Bicarbonate of Potash, 20 grs.; and Soda, 15 grs.

Seltzer, Vichy, Pulina, &c., from their respective analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-pl., Hyde-park-sq.

Aerated Lithia Water. — Messrs. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD'S instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain 2 grains and 5 grains in each bottle, either by itself, or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.

The following Waters as usual :—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains; Soda, 15 grains; Ammonia, 10 grains; Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Struve's Seltzer, Fachingen, Vichy, MARIENBAD, and other MINERAL WATERS.—ROYAL GERMAN SPA, BRIGHTON.—Under her Majesty's especial Patronage. The PUMP-ROOM and PROMENADES are now OPEN for the Thirty-sixth Season. The Bottled Waters are sold at the Pump-room and by GEORGE WAUGH and Co., Pharmaceutical Chemists to the Queen, 177, Regent-street, London, W., and by other respectable houses in London and the provincial towns, where a prospectus with the highest Medical Testimonials may be obtained gratis. CAUTION.—Owing to the use of Struve's bottles by other parties, please to observe that Struve's name is on the label, and red-ink stamp affixed to every bottle of Struve's manufacture.

The Mineral Water of Carlsbad is a searching and solvent Remedy, powerfully promoting the secretions of the liver, of the intestinal tube, of the kidneys and skin, operating beneficially in all chronic disorders of the abdomen, of which pure weakness is not the essential basis and cause; as also in those affections of the head, breast and nerves, whose seat and origin are to be sought in the same; likewise in disorders of the lymphatic and glandular system. It has maintained its great celebrity in opposition to the prevailing pathological theories, because it has cured diseases, which had baffled all other sanative remedies and mineral springs.

The experiments of distinguished CHEMISTS and PHYSICIANS have proved, that the CARLSBAD WATERS may be exported and kept for a long period, without undergoing any essential changes; the experience of several years has convinced the MEDICAL MEN OF EUROPE and likewise of other quarters of the globe, as well in private practice as in large HOSPITALS for the SICK and in LUNATIC ESTABLISHMENTS, that the exported CARLSBAD WATER operates in the same manner as that drunk at the source, although perhaps less vigorously.

Agents in London :—W. Best and Son, Foreign Wine, Spirit, and Mineral Water Merchants, 22, Henrietta-street, Cavendish-square, W.

Blancard's Pills of Unchangeable IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg,
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c
Favourably noticed at the Universal Exhibition of New York, 1853,
and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—Chemistry applied to Therapeutics, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works (a).

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c., and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, No. 40, Rue Bonaparte, Paris. General dépôt in England at M. Gabriel Jozeau's, French chemist, 49, Haymarket, London. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained retail from the principal Chemists.

(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine, &c. &c.

DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

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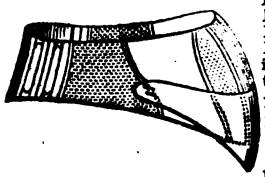

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Both tested and highly valued for their regenerating effects in extreme debility, &c.

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"DEAR SIR,—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by you, to *far exceed* all other preparations of the kind.

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"DEAR SIR,—Will you be so good as to deliver to the South London Ophthalmic Hospital two more bottles of your Solution of the Ergot of Rye, as, having met with some rather remarkable results from the first sample you sent me, in some cases of 'OPHTHALMIA,' I wish to give the remedy a more extensive trial. "Yours very truly,

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Solutions of purified Permanganate, for internal or external use. ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

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Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

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Oil of Horse-chesnuts. — Caution. —

Messrs. REW and CO. are compelled to Caution the Profession against the purchase of Spurious Oils, which are sold as Oil of Horse-chesnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark Sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address, as under.

LIQUOR CASTANEA EQUINA.—This preparation of the Horse-chesnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, 2 to 4 drachms.

LITHIA WATER, LITHIA with AMMONIA, and LITHIA with POTASH, prepared by the directions of Dr. Garrod.—These waters are most agreeable in flavour, and strongly effervescent. 5s. per Doz., with directions. A liberal discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

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HYPOPHOSPHITE OF QUININE,
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IN SCALES, PERFECTLY SOLUBLE,
SYRUP OF HYPOPHOSPHITE OF QUININE AND IRON,

which have been employed with highly satisfactory results in debility and low vitality.

LIQUOR NASTURTII (Fluid Extract of Watercress) of great therapeutic value in the various forms of scorbutic affections.

CARBONATE of LITHIA; Hypophosphite of Lime, Soda, and Ammonia; Syrups of Phosphate of Iron, Lime, Manganese, &c.

GENUINE MEDICATED COD LIVER OILS (introduced by Messrs. Savory and Moore), are also prepared in the Laboratory, 143, New Bond-street, London.

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Chemists to the Queen, 143, NEW BOND-STREET; 29, CHAPEL-STREET, BELGRAVE-SQUARE; and 220, REGENT-STREET, LONDON.

"Eye Douches are eminently useful in many affections of the Eyes, but their utility has been much restricted in consequence of the defective and inconvenient kind of Instrument hitherto made for the purpose.

"The New Douche effectually provides against these drawbacks, &c."—Lancet, March 31, 1860.

PULVIS JACOBI VER, NEWBERY'S.

GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D., Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"—

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol. i. p.* 319.

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the Newbery family in St. Paul's Churchyard, it is necessary to prescribe it as "*Pulvis Jacobi Ver, Newbery's*," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*), will be substituted for the original medicine. This, of course, cannot but have an effect other than that expected, and will thereby lead the practitioner totally to discard it from his daily Pharmacopœia, as a preparation whereon no dependance can be placed. We hope the above extract will prove that when the genuine medicine is used, faith may be reposed in it.—Yours faithfully,

F. NEWBERY & SONS.

45, St. Paul's Churchyard.

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Westminster Hospital School of

MEDICINE.—The INTRODUCTORY ADDRESS of the Session 1860-61, will be delivered by Mr. POWER, on MONDAY, OCTOBER 1, at Eight p.m., and after the Address a CONVERSAZIONE will be held in the Board-Room.

The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 175 Beds, and affords relief to about 20,000 Out-Patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Marcet, Dr. Reynolds.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr. Hillman, Mr. Power.
Surgeon-Dentist—Mr. Clendon.

LECTURES.

Descriptive and Surgical Anatomy—Mr. Holthouse.
Practical Anatomy—Mr. Heath and Mr. Gray.
Dental Surgery—Mr. Clendon.
Chemistry—Dr. Marcet, F.R.S.
Surgery—Mr. Bernard Holt and Mr. Brooke, M.A., F.R.S.
Physiology and Physiological Anatomy—Mr. Power.
Medicine—Dr. Basham.
Botany—Mr. Syme, F.L.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.
Materia Medica and Therapeutics—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Practical Chemistry—Dr. Marcet, F.R.S.
Midwifery—Dr. Frederic Bird.

Clinical Lectures.—In addition to the instuction given by all the Medical Officers during their Visits, Courses of Lectures on Clinical Medicine and Surgery, in accordance with the New Regulations of the Examining Boards, will be delivered during the Winter and Summer Terms by the Physicians and Surgeons.

Clinical Appointments.—The offices of House-Physician and House-Surgeon, are open to competition solely amongst Gentlemen who have been educated at the Hospital, and who are qualified to practise. They are appointed without the payment of any fee, and are provided with Board and Lodging in the Hospital free of expense. They hold office for one year.

Clinical Clerks and Dressers are selected from the most qualified Students, without additional fee.

The entire Course of Study (including Hospital Practice and Lectures) required by the College of Surgeons and the Society of Apothecaries, may be attended on payment of 75 guineas. Perpetual, 80 guineas.

Further information may be obtained on application to

F. J. WILSON, Secretary to the Westminster Hospital.

St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, OCTOBER 1st, at Eight o'Clock, p.m., with an INTRODUCTORY ADDRESS by Dr. TYLER SMITH, after which a Conversazione will be held in the Museum.

It is a distinctive characteristic of St. Mary's Hospital that its Medical Appointments are conferred upon the Pupils without additional fee. Three Resident Medical Officers are appointed for Twelve Months, and one, the Obstetric Officer, for Six Months, all of whom board free of every expense in the Hospital. The money-value of these Five Appointments far exceeds as many Scholarships of £50 each. Four non-Resident Medical Officers are also selected from the best-qualified Students.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. James Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee.
Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Clinical Medicine—Dr. Alderson, Dr. Chambers, and Dr. Sibson. Clinical Surgery—Mr. Coulson, Mr. Lane, and Mr. Ure. Medicine—Dr. Chambers and Dr. Sibson. Surgery—Mr. Coulson and Mr. Spencer Smith. Physiology and Morbid Anatomy—Dr. Markham and Mr. James Lane. Anatomy—Mr. James Lane and Mr. Gascoyen. Dissections—Mr. Gascoyen and Mr. Davy. Chemistry and Practical Chemistry—Mr. Field. Midwifery—Dr. Tyler Smith and Dr. Grailly Hewitt. Materia Medica—Dr. Sieveking. Botany—Dr. Dresser. Medical Jurisprudence—Dr. Sanderson. Ophthalmic Surgery—Mr. White Cooper. Aural Surgery—Mr. Toynbee. Dental Surgery—Mr. Sercombe. Comparative Anatomy—Dr. Grailly Hewitt. Natural Philosophy—Mr. Smalley.

The In-Patients are visited daily by the Medical Officers and the Out-Patients are also attended daily by the Physicians and Surgeons in charge of them. During the past year relief was afforded to 1549 In-Patients and to 13,727 Out-Patients. A Maternity Department is also attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers, in each session, during the last two years of their curriculum.

SCHOLARSHIP, PRIZES, ETC.—Besides the Medical Appointments mentioned above, a Scholarship in Anatomy of the annual value of £25, is offered to the Students. Examinations for Prizes will take place at the end of each Session.

The Fee for the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, is £89 5s., which may be paid by instalments.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in Practice near the Hospital willing to receive Pupils to reside with them.

GEO. G. GASCOYEN, Dean of the School.

St. Mary's Hospital, August, 1860.

PURE SPIRITS FOR THE FACULTY.

S. V. R. 56 O.P., 20s. net Cash.—

This quotation admits of neither credit nor discount, and 1s. per gallon must be added for packages, to be allowed on their return.

HENRY BRETT and Co., Old Furnival's Distillery, Holborn.

King's College, London. — Medical

DEPARTMENT.—The WINTER SESSION will commence on Monday, October 1, with an Introductory Lecture by Dr. JOHNSON, at Eight p.m.

Anatomy—Professor Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—Professor Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson.

KING'S COLLEGE HOSPITAL.

Physicians { George Budd, M.D., F.R.S. / George Johnson, M.D. / Lionel S. Beale, M.B., F.R.S. } With care of In-Patients.
W. A. Guy, M.B., F.R.S. ..... With care of Out-Patients.
Assistant-Physicians—C. Murchison, M.D.; Conway Evans, M.D.; A. B. Duffin, M.D.; E. S. Thompson, M.B.
Physician—A. Farre, M.D. .. .. } For Diseases of Women and Children.
Assistant-Physicians—T. H. Tanner, M.D.; A. Meadows, M.D. .. .. }
Surgeons { W. Fergusson, F.R.S. / Richard Partridge, F.R.S. / William Bowman, F.R.S. } With care of In-Patients.
Henry Lee, F.R.C.S. ..... With care of Out-Patients.
Assistant-Surgeons—J. Wood, F.R.C.S.; J. W. Hulke, F.R.C.S.

The Hospital is visited daily. Clinical Lectures are given every week by the Physicians and by the Surgeons. The Physicians' Assistants, Clinical Clerks, the House-Surgeons, and Dressers, are selected by examination from the Students of the Hospital.

WARNEFORD SCHOLARSHIPS.—Students who enter the Medical Department of King's College in October, 1860, will have the exclusive privilege of contending for the Scholarships founded by the late Dr. Warneford, for the encouragement of the previous education of Medical Students. There will be five, of £25 each, given this year—two to be held for three years, and three for two years.

The subjects of examination are the usual branches of school education—viz. Divinity, Classics, Mathematics, Modern History, and Foreign Languages; but any subject, except Divinity, may be omitted. The classical subjects are the same as those fixed for the Matriculation Examination at the University of London in July, 1860.

For full particulars, apply to J. W. Cunningham, Esq., King's College, London, W. C.

R. W. JELF, D.D., Principal.

The Middlesex Hospital Medical

COLLEGE.—The INTRODUCTORY LECTURE will be delivered by Dr. CHARLES COOTE, late Fellow of Pembroke College, Oxford, at Eight o'Clock on Monday Evening, October 1.

The Middlesex Hospital contains 305 beds, and has Special Wards for Cancer, for Venereal, and Uterine Diseases.

STAFF:—Dr. A. P. Stewart, Dr. Goodfellow, Dr. H. Thompson, *Physicians;* Dr. R. T. Frere, *Physician-Accoucheur;* Dr. F. Weber, Dr. C. Coote, *Assistant-Physicians;* Mr. Shaw, Mr. De Morgan, Mr. Moore, Mr. Henry, *Surgeons;* Mr. Nunn, Mr. Flower, *Assistant-Surgeons;* Mr. Tomes, *Dental Surgeon.*

LECTURERS IN THE MEDICAL COLLEGE:—Dr. A. P. Stewart and Dr. Goodfellow, on Medicine; Mr. Shaw, on Surgery; Mr. De Morgan, on Physiology; Mr. Moore, on Anatomy; Mr. Nunn and Mr. Flower, on Practical Anatomy; Mr. Taylor and Mr. Heisch, on Chemistry; Mr. Sibley and Dr. Murchison, on Pathological Anatomy; Dr. Priestley, on Midwifery; Dr. H. Thompson, on Materia Medica; Dr. Woodham Webb, on Minute Anatomy; Mr. Henry and Dr. C. Coote, on Forensic Medicine; Dr. Lawrence, on Botany; Mr. Taylor and Mr. Heisch, on Practical Chemistry; Dr. T. Spencer Cobbold, on Comparative Anatomy. Instruction in Modern Languages by Dr. Buchheim, Ph.D. Vienna.

The opportunities for gaining practical knowledge have been recently increased. There are now FIVE Appointments, with residence within the Hospital, and free commons, for which Students who have completed their education in the College are, under certain conditions, eligible.

In addition to Prizes for General Proficiency, the Governors' Prize of Twenty Guineas is given for excellence in Clinical Reports.

For the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, the fee is £86 4s., payable by yearly instalments, of which the two first are £35 each. A full prospectus forwarded on application.

T. W. NUNN, Dean.
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Iceland Moss Cocoa,

Manufactured by DUNN and HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen—or flesh-producing substance,—and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which is always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

TESTIMONIAL FROM A. H. HASSALL, ESQ., M.D.—"I have carefully examined both microscopically and chemically the preparation of Iceland Moss and Cocoa made by Messrs. DUNN and HEWETT; I find it to be carefully manufactured with ingredients of the first quality."

"The Combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses moreover tonic properties."

(Signed) A. H. HASSALL, M.D.

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South Staffordshire General Hospital, WOLVERHAMPTON.—ELECTION of PHYSICIAN.—Dr. Topham, one of the Physicians of this Institution, having resigned his appointment, Candidates for the office are requested to send in their Diplomas and Testimonials under cover to the Secretary, on or before MONDAY, the 3rd of SEPTEMBER next. The Election will take place at the General Board of Governors, to be held on the 11th September, 1860.

BENJAMIN SMITH, Secretary.

Wolverhampton, August 7, 1860.

Tower Hamlets Dispensary.— Election of MEDICAL RESIDENT.—A Special General Meeting of the Governors of this Institution will be held at the DISPENSARY, Commercial-road, on WEDNESDAY, the 29th instant, at Six o'clock in the Evening precisely, to Elect a Medical Resident in the room of Mr. Thompson resigned. No person is eligible unless he possess a Diploma or Degree as Surgeon from a Royal College or University in England, Scotland, or Ireland, and is a Licentiate of the Apothecaries' Company. Candidates must attend personally with Testimonials and Diplomas on Monday, the 20th instant, at the Dispensary, at Seven o'clock in the Evening precisely. Salary £100 per annum, with Residence, Coals and Candles. Further information may be obtained on application to

THOMAS STONE, Secretary.

6, Wellclose-square, August 7, 1860.

Wrexham Infirmary and Dispensary.— WANTED, a legally-qualified HOUSE-SURGEON and DISPENSER to the above Institution (unmarried). Salary, for the first year £80, the second £90, and the third £100, with furnished apartments, coals, candles, washing, and attendance. All applications to be addressed to the Medical Committee, at the Infirmary, on or before Monday, the 13th day of August next. The Election will take place on Tuesday, the 21st day of August next, when applicants must appear personally. To enter on duties early in October next.

Wrexham Infirmary, July 25, 1860.

Royal Berkshire Hospital, Reading.— The Situation of HOUSE-SURGEON to the above Institution is now VACANT. The number of beds at present available is nearly a 100, and the salary attached to the Office will commence at £60 per annum with board and lodging. It is necessary that any gentleman holding it should be unmarried, a Member of one of the Royal Colleges of Surgeons of Great Britain and Ireland, and also of the Apothecaries' Company. Testimonials as to character and efficiency to be forwarded on or before the 20th day of August, prepaid, addressed to the Secretary, from whom in the meantime any further particulars may be learned. The Election will be held on Tuesday, September 4th, when those Candidates whose presence is required will receive notice to attend. The gentleman elected will be required to enter on his duties on the 31st of October. N.B.—A personal canvass of the members of the Board of Management is strictly prohibited.

Reading, August 1, 1860.

Portland Town Free Dispensary.—The office of HOUSE-SURGEON and DISPENSER to this Institution having become VACANT, the Committee of Management will proceed to Elect a Candidate for the said office. Candidates must be of not more than 40 years of age, and duly qualified to practise. Salary £80 per annum, with a convenient residence in the Dispensary-house. The rules of the Institution require that the House-Surgeon shall attend to no Professional business whatever except that of the Charity, to the service of which he shall devote his whole time. Candidates are requested to forward their Applications and Testimonials to the Dispensary-house, Henry-street, Portland-town, by Saturday, the 25th instant. The undersigned will be ready to afford any further information that may be required.

J. W. MAY, jun., Hon. Secretary.

19, Clifton-road East, St. John's-wood, N.W., August 8, 1860.

Middlesex County Lunatic Asylum, COLNEY HATCH.—WANTED, an APOTHECARY for the FEMALE DEPARTMENT of this Asylum. He must be a single man and a Fellow or Member of the Royal College of Surgeons, and a Licentiate of the Apothecaries' Company. The Salary will be £100 per annum with furnished apartments, board, attendance, and washing. Information as to the duties, &c., may be obtained on application to the Medical Superintendent of the Female Department of the Asylum.

Candidates are requested to forward to me, at the Asylum, a letter of application stating age, and present or late engagement, together with their testimonials, on or before Saturday the 18th inst., and they will be required to attend before the Committee at the Asylum on Tuesday the 21st inst., at Two o'clock, when the Election will take place. The gentleman elected will be required to commence his duties immediately after his appointment.

JOHN S. SKAIFE,

August 8, 1860. Clerk to the Visitors.

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Dispenser.—Stockport Infirmary.— WANTED, a DISPENSER to this Institution. Salary £52 a year. He will be required to possess a good knowledge of Medicines and must devote the whole of his time to the duties of the office. Applications, with Testimonials, must be made to the Honorary Secretary, at the Infirmary, on or before the 16th of August.

S. W. WILKINSON, Hon. Secretary.

Board-room, August 7, 1860.

Twickenham House, S. W.— Dr. DIAMOND (nine years Superintendent to the Female Department of the SURREY COUNTY ASYLUM) has arranged the above commodious residence, with its extensive grounds, for the reception of Ladies mentally afflicted, who will be under his immediate superintendence and reside with his family.

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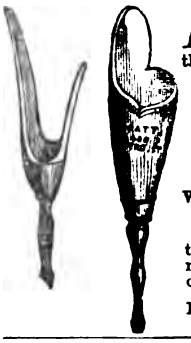

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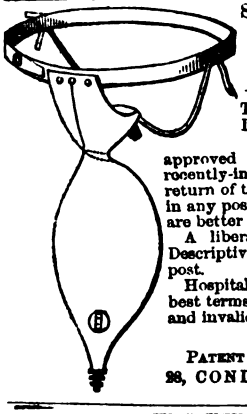

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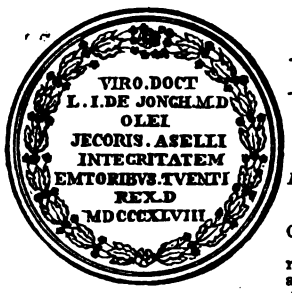

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ORIGINAL LECTURES.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

LECTURE XXIII.

EXPERIMENTAL PATHOLOGY— ON THE ANALOGY BETWEEN MORBID CAUSES AND POISONS—*continued.*

Summary:—The Progress of Morbid Anatomy has been of the highest utility to the Medical Sciences—The Result of Post-mortem Examinations are, however, often unsatisfactory—Extensive Lesions frequently occur within the Body, without having been attended with corresponding Symptoms during Life—Morbid Anatomy is therefore insufficient to account for all the Changes which occur within the Economy in a state of Disease—Various Instances adduced to the purpose—Bernard's experiments upon the Abdominal Nerves—Chossat's Experiments upon Starvation—Fatal Effects of a sudden Shock in Animals reduced to a state of great Debility from want of Food—Influence of Temperature upon the Duration of Life under such Conditions—Morbid Anatomy can only explain the Mechanical and immediate Causes of Death—Other Modes of Investigation are therefore required—The Effects of Poison entirely similar in this respect to those of Morbid Causes—There exist two distinct Classes of Toxic Agents—Firstly, those which enter into Chemical Combination with the Tissues; and Secondly, those which freely circulate in the Blood—The Effects of Poison belonging to the first Class are permanent and irremediable; those of Poisons belonging to the second, are only Transitory, the Noxious Substance being promptly expelled from the Economy, when Life has been protracted by artificial means.

GENTLEMEN,—From the earliest period to which our knowledge extends, it has been a favourite object with Medical philosophers to connect, as far as possible, the symptoms exhibited by patients during life, with the morbid alterations discovered in the various organs after death. In many instances these laudable efforts have been fully crowned with success; and the light thrown upon this branch of the Medical sciences, since the commencement of the present century, has, in no slight degree, contributed to the progress of the healing art. But, although in the majority of cases, the results of post-mortem examinations enable us to ascertain the direct and immediate causes of death, our expectations are too often deceived in this respect; the most attentive survey leads sometimes, as you are well aware, to no satisfactory conclusion whatever; all the organs appear as sound as in the healthy state, and it becomes altogether impossible to account for the cessation of life. On the other hand, how frequently are extensive lesions discovered within the body after death, the existence of which had been previously revealed by no corresponding symptoms! All Physicians whose attention has been devoted to the diseases of old age, have met with numerous instances of this kind. I remember myself having, more than once, witnessed similar cases, at the time when I was attached as an *interne* to the Salpétrière (a). On one occasion I discovered a large tumour in the immediate vicinity of the pons Varolii, the presence of which had not been attended with symptoms of paralysis, notwithstanding the pressure exerted on so important a portion of the brain.

Morbid anatomy must not, therefore, be considered as a key to all the phenomena of disease: viewed by itself, it is utterly incapable of pointing out the hidden sources from which they spring; and mere anatomical investigations, however minute, are altogether insufficient in this respect. In making experiments upon the abdominal nerves, I have frequently seen animals die, before any symptoms of inflammation had made their appearance; and Chossat's interesting researches on the effects of starvation equally afford instances of sudden death under similar circumstances. Thus, in animals entirely deprived of food, a given period usually elapses before life is altogether extinct; but, when the process is already far advanced, the slightest shock is sufficient to destroy life at once. A pigeon, which has been kept fasting for a considerable length of time, falls down, and instantaneously dies, when its claws are nipped; while, if not interfered with, the animal's life is usually prolonged for several days. It would, of course, be quite unnecessary to state, that in making the autopsy, no alterations besides those which ordinarily result from inanition are met with. In what manner, therefore, is death to be accounted for in such cases? Chossat attributes it to syncope; an opinion which our own experiments tend to corroborate. In fact, the heart's motion (as we have elsewhere stated) is momentarily arrested when a sensitive nerve is painfully excited; it would, therefore, be quite possible that in animals reduced to a state of great debility, a slight sensation of pain should immediately produce death. There also exist, in such cases, other conditions, which the mere anatomist is unable to appreciate. The temperature of the medium in which animals are kept during the process of starvation, has a considerable influence upon the duration of life: for cold accelerates, and warmth opposes the destructive process; and, in experiments in which circulation has been arrested in some of the larger vessels, we also find this to be the case. When the vena porta, for instance, has been tied, the animal is soon deprived of its natural heat, and rapidly dies, if the temperature of the body is not maintained in a proper state by artificial means; but when this precaution has been taken, the results of the operation seldom prove fatal.

It would not be difficult to accumulate a still larger amount of evidence upon this point, but you have no doubt been fully convinced, by the facts to which we have just drawn your attention, that nothing beyond the mere mechanical causes of death is explained by morbid anatomy, and that other and more comprehensive modes of investigation are indispensable to those who wish to acquire a deeper insight into the secrets of living nature. To fill up this void as far as possible, is the chief purpose of our present researches, but in pursuing this object we must never lose sight of the example left us by those illustrious observers to whom the biological sciences are indebted for all the progress they have accomplished in moderations. The concatenation of natural phenomena, their mode of precession, and the laws according to which they are produced, must alone become the subject of our studies; as to the intimate nature of things it lies entirely beyond the reach of human knowledge. It would not, for instance, be sufficient to state that certain poisons act upon the nerves, others upon the muscles or the blood; but when the peculiar mode of action of such bodies upon our tissues and the mechanism through which life is extinguished have been thoroughly ascertained in each case, we can go no further; to explain the mysterious properties which enable a given poison to disorganise a given tissue, is not within the power of science. You remember, no doubt, the effects produced by oxyde of carbon upon the blood-globules, you are aware that a chemical combination takes place between these two bodies, which opposes the absorption of oxygen, and brings on a peculiar kind of asphyxia; the mechanical process of respiration still continues but is no longer attended with the revivification of the blood in the lungs. Here, then, we have a satisfactory explanation of the deleterious influence exerted by this substance; but if we were asked *why* the combination takes place, we should of course be unable to answer the question. The affinity of oxyde of carbon for the blood-cells is evidently superior to that of oxygen, but the primitive reason of this difference lies beyond the limits of our scientific knowledge.

The physiologist must therefore be contented with tracing back the effects produced by disease to some primitive cause, the discovery of which puts an end to his inquiries; and the influence exerted by toxic agents upon the organs of the living body will in this respect be found to exhibit a striking analogy with that of morbid causes. In what manner is the agency of poisons to be conceived? Ought their effects to be viewed in the light of chemical combinations, which supersede the physiological changes that support life? Such is in fact the explanation we have adopted, as regards the action exerted by oxyde of carbon upon the blood-globules; but would it be proper to extend these views to all the different poisons with which we are at present acquainted? Are we to suppose that woorara is chemically combined with the sub-

(a) An Asylum for aged women, which contains upwards of five thousand inmates.

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stance itself of the motor nerves, so as to impede the progress of the nervous fluid? A similar hypothesis would evidently not be in accordance with facts: we find that when life has been protracted by artificial means, the deleterious agent is gradually expelled from the economy: now, if a permanent impression had been produced upon the nerves, we should not find this to be the case.

It therefore appears that toxic agents exert different modes of action upon the fundamental conditions of life: in some instances they seem to be chemically combined with the histological elements of the disorganized tissues: such, according to Liebig, is the case with respect to metallic salts. Other poisons, on the contrary, circulate freely with the blood, and destroy for the time being its vital properties: now, the blood, as we have already stated, is the common medium in which all the tissues exist: if therefore a deep change occurs in its physiological properties, both muscles, glands, nerves, and other organs, are liable to experience a total derangement in their usual functions. The well-known experiments of Bichat upon the injection of venous blood into the arteries, afford a striking example of this; and it can scarcely be questioned, that such is the mode of action exerted by woorara, strychnia, and all the other substances which are speedily eliminated from the body, when death has not been almost immediately the result of their presence.

It would therefore appear, that poisons might, in this respect, be divided into two principal classes: some of them give rise to stable and definite chemical compounds, are retained within the economy, and may be discovered by the process of analysis after death: others are speedily expelled from the body, and leave no visible marks of their passage. In the first case, permanent and incurable effects are produced: in the second, a transitory action is alone exerted, and when the patient recovers, the noxious principle has entirely disappeared. In short, gentlemen, we find, in all respects, a perfect resemblance between the effects of poison, and those of ordinary diseases: and in our next Lecture we shall endeavour to complete the parallel between them.

CLINICAL LECTURES

DELIVERED AT

ST. THOMAS'S HOSPITAL IN 1860.

By F. LE GROS CLARK, F.R.C.S.
Surgeon to the Hospital.

LECTURE II.

GENTLEMEN,—I promised to render an account to you of the sequel of the cases which I brought under your notice at our last meeting, and I now proceed to do so before I speak of those of the current week.

The old man who cut his throat is now well, and will, I believe, be shortly removed to a Lunatic Asylum.

The patient on whom I performed tracheotomy is better in health, and able to breathe through the larynx and speak distinctly; but he has not yet dispensed with the tube, though I trust he may shortly be permitted to do so.

The patient with fractured patella is convalescent. I have liberated him from the gutta-percha splint with which his knee was enveloped; but it is prudent that he retain the horizontal posture, and keep the limb elevated and at rest for a short time longer, as the ligamentous bond between the two fragments of the bone is very extensible while recent; it is, therefore, requisite that time should be allowed for its consolidation. The interval between the fragments is scarcely appreciable.

The boy with separated epiphysis of the radius has left the Hospital with a useful limb, there being free motion in every direction, and scarcely perceptible deformity. I commenced gentle passive motion in this case, at the expiration of about three weeks.

The patient, also, with ruptured urethra, has left the Hospital quite well; passing his water in a full stream, without inconvenience.

The female on whom I operated for strangulated femoral hernia is likewise well. She recovered slowly, but without the occurrence of a bad symptom. Lastly, there is the case of injury to the head, to which I anticipated a speedily fatal termination; but, contrary to my expectation, and, I need not add, much to my satisfaction, this patient is slowly recovering. The details of this case are too interesting and instructive to pass over summarily, and I will therefore read to you an abstract from the report of my dresser, Mr. Ward:—

G. S., aged 30, a sober and healthy man, was admitted into the Hospital on June 11. While at work he was struck by the revolving arm of a crane on the left temple, and thrown violently to the ground. He was quite insensible when brought in, pupils inactive, pulse quick and feeble, surface generally cold and clammy. He was bleeding profusely from the left ear,—I say profusely, for I have rarely seen blood escape so freely from the auditory canal: it was of a bright florid colour. He had three scalp wounds,—one on the forehead, where the arm of the crane struck him, and two on the back of the head, occasioned, apparently, by the fall. There was also a punctured wound over the left scapula, the spine of which was broken across, and a considerable quantity of blood had been lost from this wound. Ice, in a bladder, was applied to his shaved head, and his water was drawn off.

The bleeding from the ear did not cease until eight hours after the patient's admission. During the succeeding two days he continued in nearly the same condition, swallowing a little sop and milk when he was fed. His water was either drawn off, or passed unconsciously; the action of the bowels was also involuntary.

About the fourth day he could be roused so as to answer questions, but immediately relapsed into a state of stupor. Bleeding from the ear recurred, and lasted for some hours, about this time. On the fifth day there was commencing paralysis of the left facial nerve, evinced by the usual appearance of the mouth and forehead, and by inability to close the eye. It was evident that this loss of power was limited to the seventh nerve, as the tongue could be thrust out without perceptible deviation to either side; and there was no apparent interference with the movements of the jaw, or with deglutition. My dresser thought the whole of the left side of the body was affected in a degree; but I cannot say I detected any satisfactory evidence of this. He continued in this state for some time, the bowels being regulated, a light diet supplied, and the head kept cool. The paralytic condition of the facial muscles increased, until it became very decided on the tenth day; and then swelling and redness appeared on the left ear, which extended gradually over the upper part of the face, like erratic erythema. On the eleventh or twelfth day he began to ask when he wanted to make water or evacuate the bowels, and to answer questions rationally. His diet was gradually and cautiously improved. There were occasional paroxysms of flushed face and quickened pulse, requiring the exhibition of an aperient.

There is but little further to report beyond his gradual improvement up to the present time, which is nearly six weeks since the occurrence of the accident. He is now up, and walking about. The paralytic condition of the face continues, though in diminished intensity. He is of course very feeble, and requires careful watching, but he is recovering strength.

The diagnosis which I originally formed in this case, from the character, intensity, and persistence of the symptoms, was, that the base of the skull was fractured; and I see no reason to withdraw this opinion, although the issue has belied my prognosis.

Free bleeding from the ear is a suspicious, but by no means conclusive evidence of injury to the petrous bone; indeed, it not unfrequently occurs, as in the case I narrated to you in my last lecture, where speedy recovery from concussion may be accepted as proof that no bony lesion existed. In the present case, however, the state of the patient for many days was such as to confirm the suspicion of fracture, and some severer mischief than simple concussion of the brain. The subsequent paralysis of the facial nerve would seem to admit of an explanation on this supposition; for it may be readily conceived that this nerve, while in the Fallopian canal, might have escaped the immediate effects of a fracture of the petrous bone, but have been subsequently pressed upon by the deposition of new material during the early stage of reparation,—at least, such is the interpretation I am disposed to put upon the symptoms. Doubtless the patient will still have a tedious convalescence; and I shall be very anxious to keep him under my eye for some time to come, as we have already had proof

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that he cannot bear any mental agitation, or physical excitement, without suffering. He is a quiet, well-conducted and sober man, and owes much to this temperament. I may remark that I watched for serous exudation from the auditory canal, but could not discover that there was any appreciable discharge of this sort. His fractured scapula, which was of course attended to by careful bandaging, and suitable dressings, has quite united, and the limb is already serviceable.

I will now direct your attention to a case of not frequent occurrence, viz. suppuration of the globe of the eye:—

F. P., aged 35, was admitted into the Hospital on July 10. He states that he lost his sight in the right eye when young, but that it presented the same appearance as the other, with the exception of opacity of the cornea. Eight months since this eye was acutely inflamed.

This attack was relieved; but a second attack, still more acute, came on four days ago, attended by violent pain in the head shooting up to the crown, distressing sense of distension of the globe, with swelling and inflammation. On admission, these symptoms continued in an aggravated degree. When approaching the patient, my first impression was that I had to deal with a case of acute purulent ophthalmia. There were the swollen red upper lid overhanging the lower, the purulent discharge clinging about both, and the projecting fold of chemosed conjunctiva, characteristic of this fatal complaint. But, on more careful inspection, I found other indications of deeper seated mischief. The prominence and projection of the upper lid was due principally to a corresponding projection of the globe itself, the tunics of which were evidently excessively distended. The pain was aggravated by pressure. The cornea was, as I remarked, opaque before the attack; the conjunctiva presented a chemosed fold around it. I then learned that this affection of the lids succeeded the acute, deep-seated pain, and suffering in the head. The constitutional disturbance was less than I should have expected, although considerable. Under these circumstances I came to the conclusion that I had to treat a case of deep-seated inflammation of the globe, terminating in suppuration; and the indication was clearly to give relief by puncture. I accordingly introduced a bistoury through the cornea. At first the aqueous humour escaped in a limpid state, and on carrying the knife deeper, a considerable quantity, probably nearly a drachm, of pus escaped, mixed with vitreous humour. The patient expressed himself as feeling immediate relief. Fomentation and poultice were ordered, a supporting diet permitted, and four grains of extract of henbane, with a quarter of a grain of morphia at night.

On the following day the discharge was evidently confined, so that I thought it expedient to extend the opening in a crucial direction through the cornea, which was attended by a fresh discharge of pus and humour; and I also made some radiating incisions through the chemosed conjunctiva, to relieve the distension of the vessels. Since this visit nothing further has been done, except to regulate the bowels, improve the diet, and continue the local palliative applications. He is now using a mild astringent wash, and the eye is gradually resuming its normal dimensions, and the suffering has almost entirely ceased. This case speaks for itself, and scarcely needs comment; though I may remind you, that a superficial examination of the eye might, and probably would, have led to a wrong diagnosis, and neglect of suitable treatment. The sight was already lost; yet I apprehend if this had not been the case, the treatment must have been the same; for the vitality of the cornea was already impaired, and would probably soon have been lost. I can trace no constitutional, accidental, or specific cause for this attack; the rapidity of its course proves its formidable acuteness, and the issue is a simple and natural consequence of the treatment, as that of an ordinary abscess, which involves sensitive, and is surrounded by dense, textures.

I operated last week on a boy, aged 15, for stone. The case presents nothing unusual, except that he had been previously, as much as six years since, operated upon in his native county; but, as the father of the lad writes, "the attempt was not successful, his bladder not being entered; and, consequently (as he rather quaintly adds), no stone was taken out." Previous to the removal of the calculus, the sufferings of the boy were very great, unusually so; but, since the operation, he has not had a bad symptom. I have often remarked, that patients who suffer most before operation give least cause for anxiety afterwards; I suppose because the relief is relatively greater. The stone weighs about an ounce, and is rough and nodulated on the surface, like the oxalate of lime deposit, but it is light in colour: it has not yet been analysed.

Since I last met you I have amputated the thigh of a lad who has been for some weeks under my care. The case is interesting, from the rapidity of the morbid growth, which obliged me to remove the limb.

E. L., aged 18, a farm labourer, was admitted into the Hospital on May 17. He stated that he had for some time felt inconvenience and occasional pain in kneeling, but that only a fortnight since he first perceived a small swelling on the inside of the head of the right tibia. When admitted the size of the swelling scarcely exceeded that of half a walnut, and from its character I supposed it to be the result of periosteal inflammation, consequent on a forgotten blow. I accordingly directed that it should be painted with iodine, and prescribed a quinine mixture, as he seemed not very strong. Towards the end of the month, an obscure feeling of fluctuation tempted the introduction of a grooved needle, but no discharge followed. This was repeated with the same effect on a subsequent occasion. In June the swelling increased more rapidly in size; there was more pain, which was continuous, and not lancinating nor throbbing. The boy's health became also seriously impaired. I then became satisfied that I was mistaken in my original interpretation of the case, and the remarkably rapid growth of the tumour during the last week in June, left no doubt in my mind that I had to deal with an intractable and probably malignant growth; the swelling, which was tense and elastic, having extended over the forepart of the leg to the opposite side, overlapping the fibula. I accordingly removed the leg above the knee on July 2. Mr. Sydney Jones has kindly supplied me with the following memorandum of the appearances presented on dissection:—

The upper fourth of the leg was much increased in circumference. Through an ulcerated opening on the front and inner side protruded a small, soft, nodulated fungus, about the size of a filbert.

On section it was found that the tibia was surrounded by a growth for a distance of from four to five inches from above downwards; it took origin from the outer surface of the bone, but in some parts had apparently destroyed some portion of the crust. The growth was more extensive anteriorly than posteriorly, measuring in the former direction about two inches in thickness, in the latter only about three-quarters of an inch. Posteriorly the growth was for the most part osseous, the circumference alone being soft, and having a fibrous tear; anteriorly it was soft and elastic, containing a few osseous spicules, and in its section were seen several small cysts. This softer portion was generally of a dark red colour, and at several parts there were evidences of extravasation of blood into the tissue. Some of the muscle, in the neighbourhood were infiltrated with the morbid growths this infiltration being especially evident in the tibialis anticus. The fibula was not affected.

The microscope showed cells of all shapes and sizes, of the character called fibro-plastic; some of them were very elongated, the ends being elongated into fibres either single or bifid, these elongated cells displayed nuclei in their centres. There were other larger cells containing two, three, or more nuclei, some of them were round or oval; but most of them had one, two, or more processes in connexion with them.

The soft circumference of that part of the growth behind the tibia consisted of crowds of cells of various shapes and sizes, with or without nuclei, nearly all sending processes in one, two, or more directions. The soft pultaceous material contained in the medullary canal below the mass of the growth showed crowds of fibro-plastic cells.

I trust that the entire removal of the disease may secure this lad from its recurrence, although I cannot but regard with anxiety the probable future where a morbid growth was generated so rapidly without any special cause to determine its local origin. The stump is not healthy, and the boy's constitutional powers are evidently feeble.

I will take this opportunity of bringing under your notice the boy whose elbow-joint I excised some weeks back. You will observe that I employed a crucial incision over the back of the joint, in order to expose the ends of the bones; and you will remember that I first sawed through and removed the olecranon, and then the articular extremities of each of

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the bones in succession. The wound has been slow in healing, and I cannot but regret that I did not leave the olecranon process attached to the triceps, which I might have done, for it was healthy, for I think it would have facilitated the healing process by supporting the flaps, and have secured more protection for the back of the joint. You will perceive, however, that the arm, which was nearly straight before the operation, is now flexed at a right angle, that there is considerable motion admitted of, which is increasing, and that the wound is nearly healed.

Lastly, I may tell you that the patient whose carotid artery I tied six or seven months ago (a), has recently presented himself at the Hospital, looking and expressing himself as feeling perfectly well and free from any inconvenience. In this, as in another similar case, reported in vol. xxx. of the *Medico-Chirurgical Transactions*, I tied the trunk of the common carotid for a penetrating wound of the neck behind the angle of the jaw, attended by profuse arterial hæmorrhage. I remember the former case was criticised by an authority of much weight, the late Mr. Guthrie; but I am convinced the course I pursued was the right one, as I could not be satisfied in either instance that the internal carotid was not implicated in the mischief; and, moreover, I think the external carotid offers a very unsatisfactory prospect to the operator, dividing as it does so immediately into numerous and large offshoots to the surrounding structures.

ORIGINAL COMMUNICATIONS.

CASE OF EPITHELIAL CANCER OF THE BLADDER AND KIDNEY.

By W. MICHELL CLARKE,
Surgeon to the Bristol General Hospital.

The subject of the following notes was a woman, of the name of Elizabeth C. Her age, at the time when she last came under my notice, was 59, and her occupation was that of a confectioner, as she herself described it. She sat in the street, selling fruit, confectionary, etc.

On September 22, 1859, her son came to my house, and requested that I would go immediately to see his mother, who was dying. I remembered that some years ago she had been an in-patient of the General Hospital, and that I had watched her case with great interest. Upon arriving at the Hospital I found that she had been again received as an in-patient. Her aspect, as she lay in bed, was sufficiently striking. The face was of a deep yellow colour, the cheeks sunken, her eyes without expression, the lips blanched. Except the face, the general surface of the body was pale, and the conjunctivæ did not participate in the deep yellow colour of the face. The skin was very hot and dry, and the pulse quick, and very feeble. The tongue was moist, and exceedingly pale. She had no appetite. She complained that she was passing a large quantity of blood with her urine. There was no pain in the region of the bladder, nor was any part of the abdomen tender under pressure. She experienced no pain during micturition, but occasionally some difficulty, on account of the obstruction caused by a clot. I made a digital examination through the vagina, but did not succeed in finding any tumour.

As soon as I could obtain it, I examined her urine, and found it deeply coloured with blood, which also had collected in large clots at the bottom of the vessel. The character of these indicated hæmorrhage from the bladder; but no further information was gained from them. Her illness commenced in June, 1851, and in June, 1853, she was, as I have already mentioned, in the General Hospital, at which time I took notes of her case. She was suffering then in much the same way, and was apparently just as ill. It was then thought that she could not recover. She passed daily very large quantities of blood, and was reduced to the lowest state of exhaustion. Her urine at that time was frequently examined microscopically, but no information was gained as to the disease from which she was suffering. I have noted that some large compound cells were discovered; but these were few, and not of a character to aid the diagnosis. In fact, it was rather a hopeless task to search for evidence amidst such a large quantity of blood as the urine always contained. Various remedies having the best repute, as styptics, were at that time used, and the bladder was also injected with strong solutions of alum; but the hæmorrhage was not arrested. She then became very sick, and constantly vomited. Under these circumstances, and when her case seemed nearly hopeless, creosote was prescribed for the sickness, and with the result, not only of staying the sickness and enabling her to retain food, but also of arresting the hæmorrhage entirely. After this she gradually recovered, and left the Hospital. I watched her case until she got pretty well, and then, until she came under my notice again this year, lost sight of her.

She told me that after she left the Hospital her urine remained free from blood for about three months; but except for that period, it has always been more or less stained with it. The quantity, however, has never been considerable, and she has been generally able to follow her occupation until the last few months, during which time the blood has been gradually increasing, until it has thoroughly prostrated her.

It was not easy from the above list of symptoms and history, to form a diagnosis. When, years ago, she came under my notice, the sallow appearance, and the large quantities of blood that she was passing, suggested malignant disease of the bladder; but her recovery had, in my mind, set aside that diagnosis. Her first attack of hæmorrhage came on after a suspension of menstruation, and she had never menstruated since the first bleeding took place from the bladder. This being the case, her apparent recovery made me consider that the hæmorrhage was most probably taking place in the stead of menstruation, and probably from an ulcer of the bladder.

Before I saw her, on the date of this note (September 22, 1859), Mr. F. P. Lansdown had prescribed for her a mixture containing sp. terebinth, ʒss.; mucilag, ʒxij.; st. ʒj., 4tis horis.

September 24.—She was ordered to take a dose of castor-oil and a diet which included one pint of beef-tea.

On the 27th she was ordered to repeat her castor-oil, and to have one ounce of brandy daily. These were prescribed in the morning, before I saw her. I found her on this day much the same, her feebleness was extreme, and the hæmorrhage was not at all abated. I ordered her to have a drop of creosote, out of a mixture thickened with mucilage, every two hours; and to have the region of the bladder kept cold by the application of a spirit lotion. The same diet was continued. It consisted of bread and butter, with one pint of beef-tea and one ounce of brandy daily. She continued the creosote mixture until October 6, and under its influence the bleeding gradually abated, and entirely ceased. At this time she was in other respects better, and expressed herself as feeling better. I was at this time absent from the Hospital for nearly a fortnight, on account of illness. Mr. F. P. Lansdown took charge of the case for me, and when the hæmorrhage had entirely ceased, prescribed for her two drops of muriatic acid in water, to be taken three times a-day. He also ordered for her, on October 6, a diet which contained meat and potatoes, and continued her beef-tea and brandy. On October 10, Mr. Lansdown noted that there was again blood in the urine, and on the 13th the hæmorrhage had returned so much that he omitted the acid mixture and ordered for her the creosote, which had arrested it so remarkably on two former occasions. Again the creosote succeeded, and by the 18th, when I visited her, the urine no longer contained any blood; but now, in spite of the beef-tea and brandy, which she continued to take, her exhaustion was gradually increasing. She was passing all her urine incontinently, but I was able to ascertain clearly that it was free from blood, for the nurses had carefully examined the sheets. In order to discover more positively the condition of the urine at this time, and also, if possible, to get more light thrown upon the diagnosis, I introduced a catheter. I examined the bladder as carefully as I could with it, but could find no tumour. The inner surface of the bladder was very rough, as if fasciculated. The urine drawn off was very fetid. It was very ammoniacal, but there was also an odour peculiarly disagreeable, and different from that which is usual in urine merely phosphatic. I took some of this away for microscopic examination, and meanwhile prescribed an

(a) Reported at p. 190 of Vol. I. of the current year.

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injection made of nitric acid and water, to be used night and morning. I also directed the bladder to be washed out twice a-day. A second pint of beef-tea was given to her daily, and her brandy was continued.

On this day, a complication was discovered, which increased the seriousness of the case very much. The right leg was found to be very much swollen, and the swelling was œdematous. The right femoral vein was tightly plugged, with what appeared to the touch to be a firm coagulum. The leg did not appear to be tender, but she was almost too ill to manifest any sign of pain.

Upon examining the urine, which I had removed, after it had stood for some time, I found a thick and copious deposit of a white colour, in which were evident some small white particles. When some of the deposit was placed under the microscope, I found that it was made up almost entirely of cells having the characters of tesselated epithelium. They were large, and of all shapes,—many were caudate. The most contained a single nucleus, large in proportion to the cell; but some contained two large nuclei, and a few, even three or four. The nucleus in many cells contained a bright nucleolus. Some of the nuclei appeared free in the urine, and between these and the large cells, there were others of various intermediate sizes. The urine also contained numerous large crystals of the triple phosphate. It was free from mucus. Some cells appeared like pus-cells; but none of them presented the reaction with acetic acid that pus does.

The examination of this urine enabled a much more accurate diagnosis to be made. It was quite clear that only some growth, abundantly productive, could throw off such vast quantities of cells, as this woman must have been daily discharging with her urine, and moreover the absence of pus and mucus from the urine, together with the fact that nearly all the deposit was made up by an aggregation of these cells, pointed away from a diagnosis of any kind of inflammation or ulceration, to the diagnosis of a malignant growth. To the conclusion that this was a case of malignant disease of the bladder, I was forced by this microscopic examination, although the case had lasted so much longer than usual. The explanation of this duration was afforded by the post-mortem examination, which showed the cancer to be in its nature, epithelial, a variety of that disease, which, while giving a longer average duration of life to its victims, also gives a considerable number of cures, which last for a period which greatly exceeds that of the average. (Thus I have removed this year from a man's face an epithelial cancer, which had been growing for about fifteen years.) From the date of the last note my patient gradually became weaker, her right extremity remaining much swollen and œdematous. There was no more blood discharged, but she did not get any benefit from the nourishment and stimuli that were exhibited to her, and sinking, she died on October 21.

On the 22nd an examination of the body was made. It remained very yellow. It was thin, but not much emaciated. The right thigh and leg were very much swollen, and they pitted deeply on pressure. The brain was in a healthy condition. The right pleura was inflamed, the inflammation was recent, and evidenced by a small quantity of fluid, and a patch of yellowish lymph. The lungs and the heart presented no mark of disease, except that the mitral valve was slightly thickened.

The liver and spleen were healthy. The right kidney, as it appeared to the naked eye, was in a state of fatty degeneration. The left kidney was a good deal larger than natural. Its surface was studded with rounded nodules, of various sizes, the largest, however, not larger than a pea. The capsule was elevated by these nodules, and passed over them. When a section of this kidney was made, it was found that its lower third was occupied by a morbid growth, which was deposited in the shape of three or four masses of rounded outline. These masses were quite soft, and readily yielded to pressure a grumous material. The colour of the cut section was pinkish brown. The ureters were of the usual size, and did not appear unhealthy, but they were not cut open.

Upon examining microscopically one of the nodules above mentioned, I found that it was made up almost wholly of cells. These for the most part had the size of the cells which line the tubuli uriniferi, but there was also intermingled with these a large number of cells having the characters of squamous epithelium. These were of large size, and contained a large and well-formed nucleus, and sometimes the nucleus showed a well-marked nucleolus. Some of these cells had the appearance of containing two or even three nuclei, but the outline of these apparent nuclei was dim and confused. There were also found, in the fragment of the nodule, some portions of tubuli uriniferi.

In the portion of the deposit from the lower part of the kidney, which I examined, there were a less number of cells having the size and appearance of renal epithelium cells. This was almost entirely made up of large cells, having the appearance of tesselated epithelium, with large single nuclei. Most of these cells presented a greater or less number of minute fat-globules. The whole field was obscured by greasy matter, and one or two fragments of tubuli were seen, which were studded with fat-globules, and their epithelium was very obscure.

The bladder was very much thickened, the thickening being due, as was found when the organ was cut open, to the mucous membrane. Over the posterior part of this membrane there was spread out a thick slate-coloured deposit, somewhat granulated on the surface, and quite firm to the touch. Upon section a surface of the same colour, smooth and homogenous, was presented. Upon microscopic examination this deposit was found to be composed of very minute molecules, with numbers of minute fibrils; also some apparently ill-formed pus-cells; also large numbers of large crystals of triple phosphate; and, lastly, large numbers of epithelium-cells, probably bladder epithelium.

Around the orifice of the left ureter there was a fringe of delicate vegetation in which numerous vessels were very evident. These vegetations were very soft, and contained a matter almost diffluent, and of the colour of cream. They were too soft to afford a satisfactory section. A thin layer of the whitish material, which was contained in these growths, under the microscope, was seen to be made up of epithelium, of tesselated character, with large nuclei. The cells were distinctly arranged in dense, concentric, rounded, or oval balls (epithelial globes).

The fringe above described afforded the most characteristic features of epithelial growth; but other parts of the mucous membrane were studded with small tubercles about the size of peas (between which the membrane presented a natural appearance), which were made up of delicate fibrous tissue, and epithelium cells of squamous character, arranged apparently as epithelial globes; but I could not get any out distinctly.

The right ureter opened through a firm and thick mass of whitish colour, which presented upon section the characters of medullary disease. Some more deposit, similar to this, was spread out towards the entrance of the urethra. When submitted to minute examination it did not turn out to be soft cancer, but was found to be made up of delicate fibres densely interwoven, and also of epithelial cells between the meshes. I could make out no epithelial globes in this.

Perhaps the most interesting feature in the above history is the deposit of epithelioma in the kidneys, affording, as it does, another case in evidence of the malignant character of this disease. The rarity of secondary deposit in internal organs might appear to tell against the evidence which is derived from the destruction which this disease effects by continuity; but such cases as the present afford this additional character of malignancy—that this disease, which is like the more acute cancers in its other features, is also like them in its capability of reproducing itself in internal organs.

There were other morbid changes in this woman's body of considerable interest. On the anterior surface of the uterus there was a small fibrous tumour; on the posterior, there was another; in its cavity there was a small and soft polypus attached just within the cervix by a narrow pedicle, and standing up through the cavity until it reached the fundus. In the ovarian veins there were several phlebolites.

The right femoral vein was densely plugged with coagulated blood, which was partly adherent to its inner coat, and softening in the centre. One of the clots contained a diffluent material, closely resembling pus in outward characters. There were large clots also in the external iliac vein of the right side.

In the treatment there was only one point of interest. Creosote was effectual every time in staunching a hæmorrhage over which the more commonly used styptics exercised no control. This I consider well worth bearing in mind.

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CASE OF COMPOUND COMMINUTED FRACTURE OF SKULL WITH LOSS OF BRAIN-SUBSTANCE, TREATED SUCCESSFULLY.

By C. GAFFNEY, Esq., M.R.C.S.

On March 9, 1859, I was sent for to an outlying parish at a distance of six miles, to attend a boy of twelve years of age, who had received an injury to the head from a ploughshare. While leading the horses at the plough they had run away, knocking him down, and the ploughshare had come in contact with his head in its passage. As he was standing up when I entered, and answering any questions that were put to him, and as, moreover, I learned that he had walked half-a-mile from the scene of the accident, I trusted there was nothing serious the matter, but my astonishment was great on removing the handkerchief which he had bound round his head, to find that a considerable portion of the skull had been carried away, exposing the brain to view, so that the cerebral impulse was visible to the eye. I also learnt that he had lost a considerable quantity of blood in his walk from the field, but as that was two hours before, it had ceased when I arrived. Thinking it possible I might find it necessary to trephine, I secured the services of a professional friend to render me any necessary assistance. On cutting away all the matted hair which surrounded the seat of the injury, I found a scalp-wound four inches in length by two in breadth, and a loss of bone corresponding to an aperture an inch and a-half in length, by an inch in breadth, parallel to the coronal suture, into which the wound extended. The edges of the bone were bevelled off down to the wound, and part of the falx cerebri was torn away, exposing the superior longitudinal sinus. Several spicula of bone were lying in the wound, some being imbedded in the brain-substance. After gently sponging the wound with luke-warm water, I removed most of these, together with a jagged piece of bone, not loose, which was somewhat depressed, and was likely to cause a good deal of irritation; this I removed with a small saw. I then cut off all his hair, and having laid a piece of wet lint on the wound, had him removed carefully to bed. A bladder of pounded ice was now put on the back of the head, and the boy felt himself unspeakably comforted. The pulse was good, 84. He was ordered to have a grain of calomel every three hours, and the following mixture:—℞. Liquoris amm. acet. ʒij., pot. nit., ʒj.; aquæ, Oj.; sumat coch. ij. ampla 4tis horis.

March 10.—He had passed a pretty comfortable night, was quite sensible, and answered coherently. There is a remarkable appearance of trust and fortitude expressed in the boy's countenance, which augurs well for the success of the case. The mother, who is also his nurse, was strictly charged never to allow the lint to dry; this she has faithfully attended to. The boy complains of a good deal of pain in the wound, which has discharged a little; also cannot bear the light to his eyes, and the smallest noise is unendurable. The pupils contracted readily under the influence of light. Pulse 100, regular, not hard or bounding, nor incompressible. The bowels had not been relieved. He was ordered to have half-an-ounce of castor-oil, and to continue the mixture and powders. To prevent any effusion of matter between the brain and the bone, the inferior portion of the wound was kept dependent. The room was directed to be kept dark, and perfect quiet was enjoined.

11th.—He was not so well; he had been delirious in the night, and had slept but little. Pain in the wound much increased, and it looks dry and glassy. Discharge has almost ceased. The head feels hot. The pulse is full and bounding, 110. The bowels had been relieved by the oil. The boy still answers rationally, though more slowly. The supply of ice, which had been procured from the ditches and ponds in the neighbourhood, is now stopped in consequence of the cessation of frost. Twelve leeches were ordered to be applied to the forehead.

12th.—He felt all the better for the leeches, which had sucked freely; and through the kindness of a wealthy friend in the neighbourhood, the stock of ice had been liberally renewed. The wound had begun again to discharge on the lint, which he said had much relieved him. The pulse is to-day 100, softer; and the skin is cooler than yesterday. Has passed rather more water, which is not so high-coloured. Has also had a natural stool. Powders to be discontinued, as gums are slightly affected.

13th.—Has passed a better night, and nurse states that he has had some nice sleep; pain in the wound not so great, and this has discharged very freely. There is evidently a considerable quantity of brain-substance in the discharge, and no evidence of matter burrowing. States that he feels rather hungry, and would like something better than toast and gruel, which has been his diet hitherto. Ordered a little custard-pudding and milk.

15th.—Says he feels considerably better; his countenance now begins to wear an aspect of great cheerfulness. All his secretions have passed regularly and freely. Pulse 80, soft.

19th.—Not so well. The wound, which has been rather lessening in its dimensions, is now inclined to close in prematurely, and this, by checking the discharge, increases the pain; however, on removing the cicatrix, which was a false one, the matter again poured forth in great abundance, to his unspeakable relief.

31st.—Feels able to leave his bed, his appetite, he now says, is much improved. The wound is much smaller, and the discharge much less. Allowed to get up, and to have a small portion of meat daily, and a little wine.

April 10.—The wound does not seem inclined to heal, although he says he feels much stronger. On examining the wound, I expressed my opinion that there was dead bone, which was confirmed after a day or two, by several good-sized pieces coming away. After this the wound healed readily.

June 10.—He has now become quite strong, and his countenance indicates more than his usual state of health. He eats well, drinks well, and sleeps well, and the cicatrix over the wound being quite solid, but the bony framework of the brain not being restored, it was necessary that that organ should be protected from further injury, so, a few days afterwards, I took him to Mr. Frederick Walters, of Moorgate-street, who accurately fitted a neat silver plate covered with thin cloth to the seat of the wound, and this was kept in its place by elastic straps under the chin and behind the head.

September 1.—Is able to return to his work, which he now says he can prosecute quite to his own satisfaction. The only appreciable alteration in him before and after the accident is a slight restlessness, from which he suffers occasionally.

I attribute a great part of the success of the foregoing case to the plentiful supply of ice, and the constantly wetted lint, which was never allowed to get dry.

Buntingford.

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

A CLINICAL REPORT ON RODENT ULCER.

The distinctions between Rodent Ulcer and epithelial cancer, on the one hand, and lupus, on the other, are not yet well recognised by the Profession. Probably a large proportion of the cases of this affection which come under treatment are ranked by those under whose care they are as cancer of the integument; and several of those writers who have given the best descriptions of it have done so under that designation. If, however, the term "cancer" is to be used with any precision whatever, it must be limited to morbid growths which cause a reproduction of their own elements in the lymphatic glands next to them. It is impossible to admit of any wider definition than this; and most authorities would probably add, that a true cancer must be liable not only to infect the proximal lymphatics, but to vitiate the general fluids, and cause growths in the viscera. The rodent ulcer does not, however, cause any glandular enlargement. This negative assertion I trust in the sequel to place beyond a doubt; and if it is admitted, the disease, however locally inveterate, loses all claim to be considered a cancer.

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From lupus, rodent ulcer differs yet more decidedly than it does from cancer of the skin. Lupus rarely begins *de novo* after the middle period of life, is never attended by extreme induration, rarely extends deeply, or involves other than the cutaneous structures, and always tends eventually to spontaneous cure. Rodent ulcer never commences before the middle period of life, has always an indurated border, extends to all adjacent structures, and never heals excepting after removal by the knife or escharotics.

Since Dr. Jacobs' first description of this disease, in 1827, under the name of "an ulcer of a peculiar character, which attacks the eyelids and other parts of the face," several writers have written very accurate accounts of its characteristic features and progress. From its proneness to attack the eyelids, it has especially attracted the attention of Ophthalmic Surgeons. But few of those who have written on it appear, however, to have seen more than a very limited number of cases, and on this account their statements respecting it have been less detailed, definite, and positive than they might otherwise have been. In the following Clinical Report I shall be able to bring together the particulars of about fifteen cases hitherto unpublished, which have come under my own observation in different Metropolitan Hospitals during the last ten years; and adding to these certain others which have been recorded by previous writers, a sufficient number will be obtained to warrant satisfactory inferences.

It will be convenient, before proceeding to the cases themselves, to quote the following extracts from those who have previously written on the disease. The extracts are arranged chronologically:—

"I allude to destructive ulcerations of a peculiar character which I have observed to attack and destroy the eyelids and extend to the orbit, eyeball, and face. The characteristic features of this disease are the extraordinary slowness of its progress, the peculiar condition of the edges and surface of the ulcer, the comparatively inconsiderable suffering produced by it, its incurable nature, unless by extirpation, and its not contaminating the neighbouring lymphatic glands. The slowness with which this disease proceeds is remarkable."

"This disease may be observed under two very different conditions,—either in a state of ulceration, or in a fixed state in which its progress is made toward healing. In the latter condition the parts present the following appearances:—The edges are elevated, smooth and glossy, with a serpentine outline, and are occasionally formed into a range of small tubercles, or elevations. The skin in the vicinity is less thickened or discoloured. The part within the edges is, in some places, a perfectly smooth, vascular, secreting surface, having veins of considerable size ramifying over it, which veins occasionally give way, causing slight hæmorrhage; in other places the surface appears covered by florid healthy-looking granulations, firmer in texture and remaining unchanged in size and firm for a great length of time. The surface sometimes heals over in patches which are hard and smooth, and marked with the venous ramification to which I have alluded."

"I have not observed that the lymphatic glands were in the slightest degree contaminated, the disease being altogether extended by ulcerations from the point from which it commences."—*Dr. Jacobs'* "*Dublin Hospital Reports*," vol. iv. 1827.

"It differs, in fact, from the ordinary progress of cancer by its great slowness, so that I have repeatedly seen it, after it had existed twenty or thirty years, without having materially affected the health; it is generally characterised by the little pain attending it, though occasionally this is severe. It has very little disposition to hæmorrhage, or to the formation of fungus of any size. The discharge has none of the fetor which that of ordinary cancer possesses, neither does it affect the glands or the rest of the body as far as I have seen it, being throughout a local disease."—*Clinical Lecture at St. George's Hospital, by Mr. Cæsar Hawkins*, "*Medical Gazette*," vol. xxix. 1842.

"A man has a soft tubercle upon the face, covered by a smooth skin. He may call it a wart, but it is quite a different thing. On cutting into it you find it consists of a brown solid substance, not very highly organised. A tumour of this kind may remain on the face unaltered for years, and then, when the patient gets old, it may begin to ulcerate. The ulcer spreads slowly but constantly, and, if it be left alone, it may destroy the whole of the cheek, the bones of the face, and ultimately the patient's life; but it may take some years to run this course. So far these tumours in the face, and these ulcers, are to be considered as malignant. Nevertheless they are not like fungus hæmatodes or cancer, and for this reason, that the disease is entirely local. It does not affect the lymphatic glands, nor do similar tumours appear in other parts of the body."—*Brodie*, "*Lectures on Pathology and Surgery*," p. 333. 1846.

"The rodent ulcer is the disease which has been described under various names, such as cancerous ulcer of the face, cancroid ulcer, ulcère rongeant, ulcère chancreux du visage, der flache Krebs, moosartige Parasit, ulcus exedens, noli me tangere. In its earliest appearance, or its most frequent seat, it has been called cancerous tubercle of the face. It has been confounded by many with different forms of cancer, yet it is distinct from them in structure as in history, and had better be described by some name which may not add to the yearly increasing confusion that arises from the use of terms expressing likeness to cancer.—*Paget*, "*Surgical Pathology*," vol. ii. p. 453. 1853.

ST. BARTHOLOMEW'S HOSPITAL.

THREE CASES OF RODENT ULCER.

(Under the care of Mr. PAGET.)

Case 1.—*Rodent Ulcer destroying the Nose—Of Nine Years' Duration—Without Gland Disease and without Cachexia—Free Excision—Return of the Disease—Very extensive Ulceration—Death—No Gland Disease throughout.*—Charles L., aged 46, a tax-collector from Hampshire, was admitted under Mr. Paget's care in March, 1853. The greater part of his nose had been destroyed by a rodent ulcer, of which he gave the following history. It began as a darkish pimple on the tip of the nose ten or eleven years ago. This ulcerated, and he then went to Salisbury and there had the sore, which was then not much bigger than a pea, cut away. It healed over and remained sound for a year or so; the scar, however, looking "shiny and irritable." At length it again ulcerated, and in spite of the repeated application of nitric acid, gradually extended, until, as stated above, it had destroyed almost the whole of his nose. During the last eight months it had spread more rapidly than before. The man's health had throughout remained unaffected, and he stated that he never had had any pain worth speaking of. In youth he had abscesses in the neck but there had been no glandular enlargement since the ulceration on the nose. Mr. Paget determined to give the man the chance of a free excision of the borders of the ulcer, although this involved removing all that remained of the nasal alæ and laying the cavity of the nose still more open. The operation was performed on March 25. It was impossible to effect anything towards approximating the edges, or in any other way covering up the gap left. The edges of the wound had partially healed in the course of a few weeks, and the man returned into the country. Mr. Paget has kindly supplied me with the following note as to the man's subsequent history: "A small portion of the wound remained unhealed, but the disease made no progress for two years after the operation. It then made rapid progress, and in 1857 there was a very large ulcerated aperture into his nasal cavities. He was well treated at home, but nothing materially stayed his disease, and he died in January, 1860, having lost the greater part of his tongue, the right superior maxillary bone, and right eye."

Case 2.—*Rodent Ulcer on the Bridge of the Nose in an early Stage—Cauterization and subsequently Free Excision—Microscopic Examination of the Excised Part—Return of the Disease.*—Mrs. M., aged 55, came under Mr. Paget's care in April, 1853. Her disease was as yet in an early stage and had existed only for about a year. The ulcer was in the middle edge of the nose a little above its tip, and was about as large as a horse-bean. The edges were hard, elevated, and rounded, and its surface was dry and without granulations. She appeared in good health and had no enlargement of glands. My notes of this case, which extend over two or three years, record repeated free applications of the chloride of zinc, and one free excision of the borders of the ulcer. After the latter measure the cicatrix remained sound during the few months that the patient continued under observation. Mr. Paget remarked in reference to this case that he had in several instances in former years known the scar after a free excision of a rodent ulcer remain sound for several years. He spoke

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strongly as to his preference of the free excision over other methods of treatment.

I had an opportunity of making a careful examination with the microscope of part of the ulcer excised in the above case, of which the following are the notes:—"Its edge when cut shows no deposit distinct from the indurated tissue. Under the microscope are seen, 1st. Fibro-cellular tissue. 2nd. Adipose tissue. 3rd. Much free fatty matter in globules of various sizes. 4th. A few withered cells doubtfully epidermic. 5th. Exudation cells, and lastly, a few large capsuled bodies exactly like those of epithelial cancer. (About five of these were seen after a long search.)

Case 3 (a).—*Rodent Ulcer on the Cheek of Three Years' Duration—No Gland Disease—Free Excision—Cicatrix Sound Three Years afterwards.*—John F., aged 70, a healthy man, looking younger than his age, was admitted under Mr. Paget's care, March 31, 1854. On his right cheek, near the nose, and just below the margin of the orbit, was an irregularly triangular-shaped ulcer, three-fifths of an inch wide, and from one line, to a line and a-half, in depth. It was simply excavated with a rather abrupt margin, without any hardness at its borders except at one spot, where the cutis was raised, and had a slightly warty surface. He had little or no pain, there were no enlarged glands, and he was in good health. It began three years before as a small spot, which he picked. He never had an injury, and had no knowledge of any hereditary predisposition to cancer or any tumour. Mr. Paget freely excised it. It healed well. He was admitted for a strangulated hernia in September, 1857: the scar was then still sound.

THE HOSPITAL FOR DISEASES OF THE SKIN.

FOUR CASES OF RODENT ULCER.

(Under the care of Mr. STARTIN.)

Case 4.—*Rodent Ulcer on the Forehead of Eleven Years' Duration—No Gland Disease—Treatment by Caustics.*—Mary Ann B., aged 40, was admitted, under Mr. Startin's care, September 27, 1852. She was a very stout, dark-complexioned woman, married, but had no family. She was still regular. Her occupation was that of a cook. Her general health was good, but she was subject to headaches. Seven years before her admission, she had on her forehead a small wart-like pimple, which bled occasionally. Caustic was applied to it several times. The ulcer was situated on the forehead, just above the inner half of the right eyebrow, healed in the centre, and surrounded by a very hard edge, which had a crust over it. The caustic had been applied to the middle part. On October 18, I took the following note:—"The whole sore is ulcerated. It is round, and about the size of half-a-crown, with an elevated part in the centre tending to cicatrix. It is now sloughy and angry from the effect of caustics." On November 1, I made a further note:—"The edges of the ulcer are rapidly cicatrising, excepting at its lower border, where they are firm and abrupt, and a little circumscribed." Mr. Startin removed two portions, the one a hard part of skin, the other a small firm lump of cicatrix, which looked suspicious. Under microscopic examination epidermic scales, fibro-cellular tissue, and lymph corpuscles, were the only elements seen. The patient remained under treatment several years, and was greatly benefited by repeated applications of caustic.

Case 5.—*Rodent Ulcer on the Cheek of Six Years' Duration—No Permanent Disease of the Lymphatic Glands.*—Eliza E., aged 53, a widow, accustomed to hard work, and having had but poor health, was admitted under Mr. Startin's care August 21, 1854. The ulcer, she said, began about six years ago as "a little blind boil" on the cheek close to her nose. It soon ulcerated, and although she has subsequently gone through much treatment by caustics, and has often had it cicatrised for a time, it has never remained well for more than a few months at a time. She had occasionally the glands in the neck a little swollen. The sore was now about the size of a halfpenny; its edge was a little raised, indurated, and rolled outwards; two bands of recent cicatrix extended across its surface. The disease was superficial and mild. The woman's health was declining. She knew of no history of cancer in her family.

Case 6.—*Rodent Ulcer on the Cheek and Ala of Nose—Disease of Nine Years' Duration without Enlargement of Glands—Death.*—W. M., aged 51, was admitted under Mr. Startin's care in 1851, and remained under observation during the four following years. In December, 1852, when the notes of his case were taken, the sore involved the whole left side of the upper two-thirds of the nose, extending to the angles of the eyelids, involving to a certain extent the upper and lower lids. At the commissure it was very deep, exposing the bone. Its surface was florid, glazed, and destitute of granulations, and showed here and there patches of cicatrix. The upper lid was tied down by the induration, and could not be raised. The man was in excellent health. He stated that his complaint had begun six years ago in a scar left long before by a small wound from a piece of iron. After a time the indurated cicatrix began to ulcerate, and the ulcer took on the characters as regards edge, etc., which it now displayed. At this stage, about five years ago, he was under treatment by caustics, succeeded in all but healing it. Having business in America, he was obliged to give up the treatment; while in Canada he underwent much medication, but without benefit. The ulcer had extended, and had at times occasioned him considerable pain. He had never suffered from enlarged glands in the neck, and his general health had throughout remained excellent. There was little hope in this case that any treatment short of a plastic operation could cure the disease. The man, however, received much benefit from treatment by caustics. When he was last under observation the disease was still advancing. I have ascertained that this man has since died, but can learn no particulars.

Case 7.—*Rodent Ulcer of the Eyelid and Adjacent Parts, very Extensive Ulceration—Disease of Sixteen Years' Duration, but no Enlargement of the Glands—Death from Hæmorrhage.*—Valentine B., a healthy waterman, aged 51, was admitted under Mr. Startin's care in 1850. He was tall and stout, pallid, and of flabby tissues. A large cancroid sore had destroyed the whole of his nose, and undermined the right eyebrow. Its edges were more than usually thick and indurated, in some parts, the excavated edge was not less than half-an-inch in thickness, and quite as hard as scirrhus usually is. In other parts the edge was not so thick, and showed the characteristic rolled over margin. The right eye was superficially involved by the disease. The right upper eyelid, where not destroyed, was dragged down, the lower one was everted. The angle of the opposite eye was also affected, and the eyelids, in fact, destroyed. The history of the disease was that it had begun thirteen years ago, as a small, hard, pale tubercle on the right side of the nose, near its tip. There had been a good deal of shooting pain since the ulceration had commenced, but it had been only occasional, and had not interfered with his sleep. His glands had never been enlarged. His family was, he considered, a remarkably healthy one, and he had never heard of cancer having occurred in any relative. In this poor fellow the disease had advanced to a stage almost as formidable as that shown below. The man remained under treatment for about four years, and the disease appeared to be retarded by repeated applications of Dupuytren's escharotic paste. He had during the latter part of the time repeated attacks of profuse hæmorrhage. On account of one of them, which was more severe than usual, he was admitted into a general Hospital, where he died. His death was attributable to exhaustion from loss of blood (probably from the supra-orbital artery). There had been no disease of the glands, nor were there any signs whatever of internal disease. I am not aware whether or not a post-mortem was obtained.

(To be continued.)

(a) I am indebted to Mr. Paget for the notes of this case.

GUY'S HOSPITAL.

CARIES OF THE SKULL—EPILEPSY—RELIEVED BY TREPHINING—SUBSEQUENT DEATH.

(Under the care of Mr. THOMAS BRYANT.)

F. W., a cachectic man, aged 38, was admitted on February 14, 1860. He denied ever having received a blow upon the head, or of having been the subject of any syphilitic disease.

About ten months prior to his admission a swelling appeared over the left parietal bone, having been preceded for some few weeks by a severe burning pain in the part. He applied to a Metropolitan Hospital, where the abscess was lanced: little pus, however, made its escape, but from

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that time the discharge became profuse, and also very offensive. The pain in the part for the whole of this period had been very severe, at times rendering him almost wild; no remedies appeared to give him any relief. On February 10, four days previous to his admission into the Hospital, on seeking advice, his head was probed. The operation gave him some pain, and an epileptic fit followed. It lasted some minutes, and when he recovered from it he found that he had lost the use of his right leg and arm.

On February 14 he was admitted into Guy's Hospital with partial paralysis of the right side of the body. The face was natural, betraying only an expression of great anxiety. Over the left parietal bone were several discharging sinuses, all communicating with roughened and nodulated inflamed bone. He complained of much pain in the head at the seat of disease, but otherwise all his functions appeared natural.

On the 17th he was again seized with a severe epileptic fit. A crucial incision was then made over the diseased bone, but without relief, as the fits returned, and continued for some hours. At this time the convulsions were most violent, chiefly affecting the right side of the body and the left side of the face, the diseased bone being situated on the left side of the head.

Mr. Bryant was called to see him, and as the local character of the disease indicated local irritation, which would account for the convulsions of the right side of the body and left side of the face, he determined to trephine the part, as death appeared quite imminent. The operation was accordingly performed, much care being necessary, as the bone cut soft and cheesy, a large circle was removed, exposing an inflamed, adherent, and granulating surface of the dura mater. Upon the inner table of the circle of bone which was removed, was visible a distinct nodule of new bone piercing inwards, of a nipple shape. The fits ceased after the operation, and when the man recovered he expressed himself as well. All pains in the head had ceased, and the paralysis gradually disappeared.

Upon the 24th, however, a slight epileptic attack recurred, but after that date no repetition of the fits occurred for two months. The paralysis of the limbs disappeared, all headache left, and the opening made in the skull gradually filled in; the bone, however, was still inflamed and roughened. Two different attempts were made to remove some diseased bone, but without success, some small pieces only coming away.

On April 24 the epileptic attacks reappeared, and recurred at short intervals till June 14, when he died, with hemplegia attended with some symptoms of pyæmia.

It is an interesting point, as pointed out by Mr. Bryant, that this patient during the whole of his attacks had never lost his consciousness. He knew and felt all that was going on, but was unable to speak or to make his consciousness known. In genuine epilepsy the reverse exists; unconsciousness is a prominent symptom, and it is worth note that Dr. Bright pointed out this distinction as a valuable means of diagnosis of epilepsy as caused by some cerebral disease, or as depending upon some external source of irritation of the brain structure.

RUPTURE OF THE POPLITEAL ARTERY.

(Case under the care of Mr. POLAND.)

John F., aged 32, was brought to Guy's Hospital with severe injury about the knee, said to have been produced by the passage of a cart-wheel over the thigh. No fracture or bruise could be detected; but there was a small wound along the inner side of the knee, through which could be felt the inner aspect of the condyle of the femur. A finger introduced into this opening did not discover any lesion of the joint, nor could it be made to extend to any great distance. There was no hæmorrhage, nor any appearance of extravasated blood about the wound; it was therefore considered of but minor importance. The chief attention was drawn to the condition of the popliteal space and upper part of the calf of the leg. The integuments in this region, although uninjured, were enormously swollen and distended, somewhat mottled on the surface. There was not the slightest pulsation in it; but it felt firm elastic, and fleshy. The leg and foot were œdematous, and, of lower temperature than the sound limb. There was no pulsation in either of the tibials. The case was considered to be one of ruptured popliteal artery. Mr. Poland immediately amputated, but the man never rallied, dying sixteen hours afterwards. Upon examining the removed limb some extravasation was found under the integuments in the popliteal space and calf of the leg; but the chief effusion had taken place under the gastrocnemius and soleus; extending down the leg. The popliteal artery was completely torn across at its centre, exactly opposite the bend of the joint. The ends were an inch to an inch and a-half apart, and both extremities were well plugged. The vein was entire, and the nerves uninjured. On carefully examining the joint, the posterior ligament was found to be torn through, as also part of the internal lateral ligament exposing the inner condyle of the femur, a small piece of which was broken off. The crucial ligaments were entire. The inner condyle of the femur was readily moved backwards. The head of the fibula was dislocated from the tibia.

UNIVERSITY COLLEGE HOSPITAL.

CARIES OF THE TARSUS—SYME'S AMPUTATION—RECURRENCE OF CARIES IN THE TIBIA—SECOND AMPUTATION—EXAMINATION OF THE REMOVED STUMP.

(Under the care of Mr. HENRY THOMPSON.)

William L., aged 13, early in 1858 received a blow on the foot from another lad. Soon afterwards the foot was swollen and painful, and in the course of three months it was evident some deep-seated mischief had been done, abscess formed, and when opened carious bone was felt in the metatarsus. He was admitted under Mr. Thompson's care in September, 1858. Mr. Thompson removed all the diseased bone then discernible, viz., a portion of the base of the second metatarsal bone, and the boy was discharged with the wound nearly closed. Subsequently he went to the Marylebone Infirmary, and when admitted in January, 1859, it was obvious that caries had largely extended to the tarsus and metatarsal bones.

On January 17 of that year Mr. Thompson performed Syme's operation at the ankle-joint in the usual manner. No sloughing whatever occurred, and the stump healed In March a fresh opening appeared around the lower third of the leg, and in the course of time others followed. In June, 1860, the boy came to University College Hospital and was again admitted under Mr. Thompson's care. Diseased bone was present in the fibula and tibia two or three inches above the stump. It was therefore decided that a second amputation should be performed.

June 20.—Mr. Thompson removed the stump by flap amputation at the junction of the middle with the lower third of the leg.

On the 26th the ligature came away, and the wound was nearly closed.

July 25.—The wound was perfectly healed, and the stump is sound, firm, and well-formed. He will be able to wear a short artificial limb with ease.

Examination of the Removed Stump.—Carious bone was found about two inches above the extremity of the stump. The site of the previous operation was perfectly healthy, and it was the subject of remark how much new ossified matter had been thrown out from the lower ends of the tibia and fibula in that situation, giving an appearance as if a portion of the calcaneum had been left, which was not the case, not only that but slices from the two upper bones having been removed.

ROYAL LONDON OPHTHALMIC HOSPITAL.

LARGE EXOSTOSIS WITHIN THE ORBIT—EXOPHTHALMOS—REMOVAL OF THE GROWTH WITHOUT INJURY TO THE EYE.

(Under the care of Mr. BOWMAN.)

Richard R., a tolerably healthy-looking man, aged 19, was admitted in July, 1860. Five years before he noticed "tha his left eye became larger," and a few months after, that th eyebrow and upper lid became very prominent. This prominence increased, and for the last eighteen months rapidly

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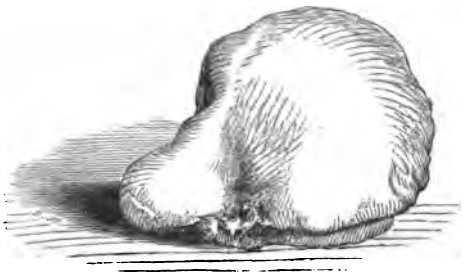
He never had any pain, double vision, nor any flashes of light, but the sight of the eye was impaired. On admission it was found that a firm, hard, fixed tumour, a little larger than a walnut, projected from the left orbit, pushing forwards the skin of the upper eyelid. The skin of the lid was moveable and not changed in colour, and he could close the eyelids over the tumour, but they were stretched. The conjunctiva was slightly congested, but otherwise the eye itself appeared healthy; the ophthalmoscope detected no change except perhaps that the optic nerve-entrance was a little paler than the right one. He could read No. 16 of Jäger's test-types, and could recognise distant objects.

On July 24 Mr. Bowman proceeded to operate. The man being placed under the influence of chloroform, an incision was made through the upper lid, about two and a-half inches long, and about three lines below the eyebrow. This exposed the anterior surface of the tumour, which appeared white and glistening. It was then freed from the soft parts, so as to admit the use of the blunt chisel and the gouge. The former instrument could with difficulty be introduced between the tumour and the outer and upper orbital edge. On continuing the efforts to pass the gouge deeper into the orbit, the bulk of the mass suddenly broke away from its attachments, and was extracted. Several small portions were afterwards removed by the gouge from the wall of the orbit. Part of the upper and outer wall, as far as the apex of the orbit, felt rough. There was scarcely any bleeding. The lips of the wound were brought together by sutures.

None of the contents of the orbit appeared to be injured by the tumour, only displaced. He had no pain or any bad symptom after the operation, and gradually improved, the eye regained its natural place, and his sight improved so that he could (August 2) read Minion (No. 4), and by a convex glass he could read Brilliant (No. 1) rapidly. The wound was all but healed, and he was discharged on August 4.

The tumour was carefully examined by Dr. Bader. It appeared to have grown beneath the periosteum, that membrane passing over it in a thin but dense layer. The mass was found to consist of what might be called imperfect bone; the most recently-deposited layers appeared to be those nearest the periosteal covering. The annexed engraving shows the size and somewhat the form of the mass. The broad end was



towards the front, protruding the upper lid, and the narrow end towards the apex of the orbit. It is sketched resting on the surface by which (on its whole length) it was attached to the outer and upper walls of the orbit.

The Queen's College, Birmingham.—At meetings of the Council of the College and the Committee of Council of the Theological Department, the following recommendations were approved and ordered to be entered on the minutes, and reported upon by a special sub-committee:—The west wing to be devoted entirely to the Medical Department. The resident professors to find their own board, and the resident students to be boarded by their respective professors. The non-resident professors to have the free use of the lecture rooms, chemical laboratory, anatomical room, library, museums, etc., etc., and to receive, without deduction, the fees from the students whom their talents and industry may draw around them, but to be answerable for the coal and gas consumed in their department, also the wages of the porter employed by them, and all expenses incidental to the lectures, namely, prospectuses, advertisements, etc.

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Medical Times and Gazette.

SATURDAY, AUGUST 18.

THE TORQUAY MEETING.—THE SCIENTIFIC SIDE.

The Scientific proceedings at the Torquay gathering were a good and fair representation of Medical progress in this kingdom, and we may perhaps say in the Medical world altogether. There was a mixture of powerful effort on the part of the Rational Medicine School, or that which aims by the aid of physical and chemical physiology to make Medicine a fixed science, and to interpret by great laws the origin of diseases and the course of their phenomena. There was an effort, too, from the same side to deal with therapeutics after the pure physiological system. Together with these more ambitious endeavours, there was a sufficient display of what some are pleased to call Rational Empiricism and Observation to give solidity to the exhibition, and to make it, as a whole, as satisfactory in its soundness as it was advanced in its learning. The science of the meeting, moreover, was not confined to physic entirely. Mr. Pengelly, a Torquay resident, and an able geologist, enlivened the proceedings and produced a most interesting entertainment by a lecture on the geological characters of the neighbourhood. Near to the place in Torbay where Lord John Russell's great "Fillibuster William" landed to take upon his shoulders the kingly robes of the second James, there has lately been discovered what is called a "virgin cavern," a cavern cleft in the rocks and long buried: at one time a channel for a fresh-water stream, and again, or during the same period, the grave of animals now extinct, and the depository of implements, seemingly of human construction, but when constructed, the wisest of us cannot pretend to offer an opinion. This cavern, explored by Mr. Pengelly in its virgin state, and enticing him not unfrequently, afterwards, was aptly described by him in the lecture of which we have spoken, and gave the opportunity for an argument on the antiquity of the human race, and the probabilities of a pre-Adamite man. The lecture was a decided relief to the other proceedings.

In the Medical Department proper, the scientific labours of the Association were brought out in the addresses and papers. There were no discussions, for the time did not permit of them, nor were all the papers read. The absence of discussion is perhaps not to be deplored; but the fact that there were several important papers omitted altogether, owing to the want of time, is much to be regretted. Such papers as were read made up, nevertheless, for a good deal lost. We spoke last week of the President's address. It was masterly. It was political, ethical, scientific. "Modern Medicine, its Aims and Tendencies." Such the title! and modern Medicine, if interpreted rightly by Dr. Hall, may be proud of her position. Could any lover pay more devoted admiration to what immortal Mrs. Jarley would call "the object of his choice,"

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than the following, in which the relative charms of the old and the young Medical dame are contrasted:—"Formerly few observations, copious imagination, and large conclusions formed the rule in Medicine as in other branches of knowledge. And the result was system-making, hair-splitting, word-combats, and small progress. Now, exact and numerous observations, cautious explanation and sharply-defined inferences, examined, tested and checked by the many, constitute the method. And the result is the progress we have seen, an exact knowledge of what we do know, a distinct view of what we do not know, the avoidance of hair-splitting, and a thorough contempt for systems of Medicine." This was the tone of the opening address, and, with minor differences, it was somewhat the tone of the addresses in Medicine and Surgery. Dr. Barham, in his address, discussed the subject of Climate in its Influence on Disease. The paper, which had evidently been for months under elaboration, was most comprehensive. It showed the dependency of man on the external conditions of the universe in regard to life simply, then to development and condition, and then to disease. Mr. Square, on the other hand, in his address on Ophthalmic Surgery, left the greater questions—the causations—to themselves, and in plain and unembarrassed language delivered himself of a complete history of modern improvements in ophthalmic science. To such history he added his own experience and knowledge, thus making his essay as original as it was scholastic. Mr. De la Garde, in the address on Surgery, made himself amusing as well as instructive. Throwing off the usual plan of epitomising the progress of the Surgical art, he reviewed his own surgical career and observations. A more interesting clinical history could not have been asked for. But there was one fault in these three last-named addresses, which injured them more, perhaps, than their authors are aware of,—they were twice too long. To impale an audience, however attentive, for two long hours on the words of one speaker, however eloquent, is beyond human endurance. The moment an audience is tired of listening, the best orator becomes equal to the worst, and every effective point is lost. We offer this remark in the most friendly manner, anxious only that those who have the management of these meetings will make provision next time against what was on this occasion an injustice to all parties, to those who did read, and to those who would have read if the opportunity had been afforded.

Of the general scientific papers we have not much to record, for they were given in such haste that there was no time to seize upon their real merits. Dr. William Budd, of Bristol, had some exquisite photographs of diseased structures, and in an earnest manner advocated the extension of the photographic art in Medical pursuits. He also incidentally dropped on the Darwinian theory of the origin of species, and defended Darwin by photographic illustration. Dr. Brown-Séquard made a short essay on Tumours of the Brain, one purport of which was to show that when convulsive affections attend tumours in the brain, the exciting pressure is exerted on the dura mater, and that this membrane is the irritated point, not the adjacent cerebral structure itself. Dr. Thudichum very briefly described his theory as to the Formation of Gall-stones, and had evidently prepared a laborious paper, but, as it was given, it was too compressed to be fully appreciated. Dr. Richardson read a paper on Oxygen as a Therapeutic Agent, but in such haste, and at a period when the meeting was so nearly concluded, that even the principles could scarcely be shadowed out. The only point which he seemed to insist on, so as to obtain for it a special hearing, had reference to the medicinal properties of that singular body discovered by Thénard, the "Peroxide of Hydrogen." A specimen of this substance was sent round the room, and the history of its effects were curious enough, but the clock told past the meeting-hour, and the science matter ended by the President reading a long list of papers which could not be submitted but should be printed.

THE WEEK.

Dr. Hawkins, the Registrar, has just favoured us with the following letter, to which we direct the particular attention of Students:—

"A good deal of uncertainty appears to prevail as to the Regulations proposed by the Medical Council respecting the general education and examination of Students.

"This uncertainty has probably been increased by the circumstance that in the Report of the Committee on Education, as it appears in the 24th Number of the Minutes of the General Council, the present year, 1860, has, through a misunderstanding, been fixed for the compulsory registration of Students, instead of, as it should be, the ensuing year, 1861.

"I think, therefore, that it would be useful and acceptable to many of your readers if the following Resolutions of the Medical Council, which bear upon the subject in question, were placed before them in the following order:—

"'6. That after October 1, 1861, all Medical Students be required to be registered.

"'8. That no Student beginning Professional Study after September, 1861, be registered, who has not passed an Arts Examination, in conformity with Resolutions 2 or 4, viz.:—

"'2. That, as far as may be practicable, testimonials of proficiency granted by the National Educational Bodies, according to the following list, be accepted, with such additions as the Medical Council may from time to time think proper to make.

A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council.
Oxford Responsions or Moderations.
Cambridge Previous Examinations.
Matriculation Examination of the University of London.
Oxford Middle Class Examinations, Senior and Junior.
Cambridge Middle Class Examinations, Senior and Junior.
Durham Middle Class Examinations, Senior and Junior.
Durham Examination for Students in Arts in their second and first years.
Dublin University Entrance Examination.
Queen's University, Ireland, two years' Arts' course for the Diploma of Licentiate in Arts.
Preliminary Examinations at the end of the A.B. Course.
Middle Class Examinations.
Matriculation Examinations.
An Examination by any other University of the United Kingdom, equivalent to the Middle Class Examinations of Oxford and Cambridge.

"'4. That Students who cannot produce any of the Testimonials referred to in the Second Resolution, be required to pass an Examination in Arts, established by any of the Bodies named in Schedule (A) of the Medical Act, and approved by the General Council; provided that such Examination shall be, in every case, conducted by a Special Board of Examiners in Arts.'"

The following paragraph appeared in the *Times* on Thursday:—

"Sir B. Brodie.—A paragraph having appeared in some newspapers on the state of Sir. B. Brodie's health, we are authorised to state that he has lately undergone an operation for the improvement of his sight, and that a satisfactory result is anticipated."

This public allusion to a subject in which the Profession naturally take a deep interest renders a longer silence on our part impossible, and it becomes our duty to let our readers know that the operation of iridectomy was performed on both Sir Benjamin's eyes on July 12. His sight had been failing

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since Christmas last, but was not painfully defective until the completion of his 78th year in June. About that time vision became rapidly more and more impaired, especially in the left eye. Up to this time the disease had been regarded as senile cataract, more advanced in the left eye than in the right, but after the return of Sir Benjamin from the meeting of the British Association at Oxford, the defective vision was ascribed to glaucoma. Iridectomy was performed under chloroform. We deeply regret to say that the result is not so satisfactory as the paragraph in the *Times* might lead the Profession to hope. The left eye we believe to be much in the same state as before the operation—if anything slightly improved; but in the right, or better eye, vision is quite lost. The great ground of hope in this case is that as there is now a cataract very evident in the right eye, this is the cause of the impaired vision, that the eye is not glaucomatous, and that hereafter vision may be restored by extracting the cataract. We have not alluded to this subject before, as it is to some extent a private matter; but the whole Profession have so filial an interest in all that relates to the respected President of the Royal Society and of the Medical Council, that all have a right to know as much as is freely talked about in the Medical coteries of the metropolis—especially at the present time when a comparatively new operation like iridectomy is on its trial.

In an excellent address lately delivered by Professor Bennett to the students of the Edinburgh University on "capping" day, the Professor takes occasion to make some general remarks on the subject of Medical Reform. He refers to the anomalous condition of things, under pressure of which a man is obliged to pass through different examinations before different Boards, in order to qualify himself in different branches of his Profession. He points out the advisability, which we have often insisted upon, of union between Colleges for the purpose of granting the double Licence of Surgery and Medicine:—

"Thus in England, a union of the Colleges of Physicians and Surgeons would enable those distinguished bodies to appoint able Physicians and Surgeons in every way qualified to carry out the important duties of examiners, and what seems to be the purpose of the Medical Act."

In Scotland, however, the Profession has no such happy union in possible *prospectû*; for

"In Scotland, the Fellows of the Royal Colleges of Physicians and Surgeons are, with few exceptions, parties who practise both branches of the art, and are what is called in the Profession General Practitioners. There is, in truth, little distinction between the one College and the other; so that, in forming a joint Board, unless the few Physicians on the one side, and the few Surgeons on the other, constituted that Board, there would be no guarantee of a thorough Medical and Surgical Examination, as would occur in the case I have supposed of the London Colleges. Instead of different elements being united to make a perfect whole, similar elements are brought together from the two institutions, neither Medicine nor Surgery being properly represented at all as distinct Professions. Such a plan does not fulfil the object of the Medical Act, nor meet the requirements of the Poor-law and Army Medical Boards."

Dr. Bennett is, however, wrong in supposing that the London College of Physicians has not the power to grant licences in Surgery. We are assured that it has the right so to do; and many think it is wrong not to investigate more fully the nature of this right, and to decide whether it be not practicable again to bring it into use. The Professor cannot help giving his own College a rap over the knuckles:—

"I must not overlook the circumstance, that it has already become necessary to repeal an important clause in the Medical Act, in consequence of an occurrence which was not anticipated. This consisted in one of the Corporations selling its licences to the Surgeons, Apothecaries, and Druggists of England, without examination, for the sum of £10; while many of the purchasers, to the astonishment of the Profession, assumed in consequence the University title of Doctor of Medicine, which the College in question has taken no steps to prevent."

The Edinburgh College can, however, now afford to stand a very fair amount of obloquy, for it appears that what Dr. Bennett calls a sale of licences must have realised to the College something like £10,000 during the past year,—the College having admitted nearly 1000 £10 Licentiates.

Among the articles used for the purposes of suicide cyanide of potassium frequently figures. This poisonous compound is, as everyone knows, extensively used for the purposes of photography, and hence falls into the hands of those who make use of it for the destruction of their lives. It is clear, therefore, that some restriction in its use and sale should be demanded from those who acquire it for photography. We cannot understand upon what principle it is that the Legislature allows this unlimited and unchecked sale of poisonous compounds. That such sale fosters suicide there can be no kind of doubt. The impulses which drive men to suicide are often of an evanescent kind, and they would at a calmer moment shudder at the crime which in the wild moment of passion they might have committed. The ready sale of the means of destruction seconds and facilitates the accomplishment of the evil impulse.

A curious and instructive trial took place during the last assizes at Birmingham. A chemist was indicted for the manslaughter of a woman whom he had attended during her confinement. It appeared in evidence that he had a considerable practice, in the Midwifery way, among the poor of his neighbourhood; and was therefore a man of much experience in this department. The woman died from hæmorrhage—the placenta having been partially retained in the womb. Flooding began immediately after the birth of the child, and at last the prisoner introduced his hand into the womb to remove the placenta, which he appears to have done in part. After death it was found that the neck of the woman's uterus and the vagina were torn for a space of from five to six inches. Several leading Practitioners from Birmingham gave evidence on these facts; and one of them gave it as his opinion that the death was caused by the laceration. Now, we must fairly say, that we agree with Dr. Nelson in the opinion that the deceased died from hæmorrhage. We do not think it was possible for the jury to have come to any other conclusion than an acquittal; for, although the prisoner was manifestly acting improperly in introducing his hand into the uterus of a woman in the fifth month of pregnancy, it does seem very clear that the rupture and laceration thereby caused was not the immediate cause of death. The remarks of the Judge are well worthy of consideration:—

"People in humble circumstances could not afford to pay for that skilful attention which those in greater affluence could command. In fact, a midwife was quite sufficient for all ordinary purposes in the case of the lower classes, and midwives generally performed their duties well. But seeing the way in which they were paid, was it reasonable to suppose that they had had such an education or such experience as a man who had read deeply on the subject, and had had an extensive practice?"

The conclusion which necessarily results from such a view of the case is this: that the poorer classes—those who are not able to pay for the services of regularly-educated Practitioners—must put up with the services of the uneducated; and that the uneducated may legally commit any reasonable amount of irregularity and ignorance in practice—even to the

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amount of occasioning the death of their patient. We readily admit that the case is surrounded with many difficulties. It is clearly impossible to decree that no woman shall be delivered except by an authenticated Doctor. Many cases *must* be delivered by midwives; and, if so, then it is certainly only fair and just that a reasonable degree of latitude in practice must be granted for them in respect of the errors and ill-treatment to which they may honestly, but "unknowingly," subject their patients. Some Self-supporting or Provident Dispensary scheme would meet the difficulties of such a case as this, by providing efficient Medical attendance for the classes who will not accept relief from the parish or from any charity,—who honestly desire to be independent,—yet who cannot afford to pay for the attendance of able, educated men in sickness.

We often hear it said, What a pity that we never enjoy or hear in our Medical Societies the brilliant discourses which adorn the French Academy! This is what a French critic thinks of those elocutional performances: "A strife of words kept up by a confusion of principles; entire absence of conviction in one party, and extreme narrowness of views in another; fighting in empty space; reasonings in a circle; and false conclusions."

We some months ago had occasion to comment on the large amount of infanticide going on in the parish of Marylebone. The practice still flourishes to such a frightful extent, that the Guardians of the Poor last week passed a resolution offering a reward of twenty-five guineas for the discovery of the parent, or the person who exposed the child, etc.—this being, as it was stated, the fourth case of child murder within a short period in that parish.

The Medical Council, when deciding upon the admission of holders of foreign degrees to the Register, will do well to bear in mind the following assertion of our Transatlantic contemporary, the *American Medical Times*, as to the value of many American degrees. The editor says, in a leading article:—

"Charters are granted by our State Legislatures to any and every body of men, for any and every conceivable purpose, without restriction or reserve, while abroad great discretion is exercised both as to the object of the corporate body, its necessity, and its character. Its powers are carefully limited, and it is jealously watched that it fulfil its duties. With us the case is widely different. At nearly every session of our State Legislatures a brood of Medical institutions are chartered embracing every conceivable shade of quackery, all equally with the schools of legitimate Medicine entitled to confer the degree of M.D. and to represent themselves abroad as Universities. We shall leave the Medical Council to settle this question as they think proper after hearing the opinion of their legal adviser. We may, however, assure our brethren abroad that, in the United States, the title of M.D., in a legal sense, is a misnomer, and that the term University is applied equally to our most honourable and useful institutions of learning, and to corporations utterly unworthy of the association of the term—science."

The discussion on General and Special Hospitals is now exciting so much attention that we have reprinted from the *British Medical Journal* the official report of the debate on this subject which took place at the Torquay meeting, and which led to the appointment of the Committee we noticed last week. The whole of our Hospital System must now undergo a thorough and searching investigation; and we trust that the Committee will diligently fulfil the trust reposed in them.

THE MEDICAL ACT AMENDMENT ACT.

The following is a copy of the Act which has just received the Royal Assent:—

CAP. LXVI.

An Act to Amend the Medical Act (1858).

[*6th August*, 1860.]

21 & 22 *Vict. c.* 90.

Whereas by "The Medical Act, 1858," it is provided that it shall be lawful for her Majesty to grant to the Corporation of the Royal College of Physicians of London a new Charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of England," and to grant to the Corporation of the Royal College of Physicians of Edinburgh a new Charter, and thereby to give to the said College of Physicians the name of "The Royal College of Physicians of Scotland;" and to grant to the Corporation of the King and Queen's College of Physicians in Ireland a new Charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of Ireland;" but provision is not made by the said Act for reserving to the said Colleges, and the Presidents and Censors, Fellows, Members, Licentiates, and extra-Licentiates thereof respectively, by their said new names, the powers, privileges, liberties, and immunities to which they are respectively entitled by their existing names, and doubts have arisen whether, in case of the acceptance by these Colleges respectively of new Charters under such altered names respectively, the said powers, privileges, liberties, and immunities would legally attach and be preserved to them, and it is expedient that such doubts should be removed: and whereas by an Act passed in

14 *and* 15 *Hen.* 8. *c.* 5.

the fourteenth and fifteenth years of the reign of King Henry the Eighth, intituled the Privileges and Authorities of Physicians in London, certain letters patent, dated the twenty-third day of September, in the tenth year of the reign of his said Majesty, whereby certain Physicians in London therein named were incorporated by the name of "the President and College or Commonalty of the Faculty of Physic in London," were ratified and confirmed; and by the said Act it was enacted, that the six persons named in the said letters patent, and two more of the said Commonalty to be chosen by them, should be called Elects, and that the said Elects should yearly choose one of them to be President of the said Commonalty, and that as oft as any of the places of the said Elects should become void the survivors should choose and admit one or more, as need should require, of the said Faculty to supply the number of eight persons, and that no person should from thenceforth be suffered to practise in Physic through England until he be examined by the said President and three of the said Elects, and have from them letters testimonial, except he be a Graduate of Oxford or Cambridge: and whereas the main function of the said Elects, viz. that of examining and granting letters testimonial, has been virtually superseded by the said Medical Act, and they have ceased to grant letters testimonial in accordance with the provisions contained in the last-recited Act; and it is therefore expedient that the before-recited provisions should be repealed: be it enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Interpretation of Terms.

I. The expression in the Medical Act and this Act "The Corporation of the Royal College of Physicians of London," or "The Royal College of Physicians of London," shall be taken to denote the Corporation of "The President and College or Commonalty of the Faculty of Physic in London."

New Charters may be granted to the Colleges.

II. Any new Charter which, under the provisions of the Medical Act, shall be granted to the Corporation of the Royal College of Physicians of London, may be granted to them either by and in the name of the Royal College of Physicians of London, or, as provided by that Act, by and in the name of the Royal College of Physicians of England; and any such

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new Charter granted to the Corporation of the Royal College of Physicians of Edinburgh may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Scotland; and any such new Charter granted to the Corporation of the King and Queen's College of Physicians in Ireland may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Ireland.

Colleges to retain all existing Rights, notwithstanding change of name.

III. The granting of new charters to the said Corporation respectively by and in the altered names and styles respectively, as provided in the Medical Act, shall not, in respect of such alteration of name or style merely, alter or affect in any way the rights, powers, authorities, qualifications, liberties, exemptions, immunities, duties, and obligations granted, conferred, or imposed to or upon, or continued and preserved to the said Corporations respectively, and the respective Presidents, Censors, Fellows, Members, and Licentiates thereof, by the respective Charters and Acts of Parliament relating to the said Corporations respectively; or by the Medical Act, the Act to amend the Medical Act, the Medical Acts Amendment Act, 1860, and this Act respectively; but the said Corporations respectively, and the respective Presidents, Censors, Fellows, Members, and Licentiates thereof, shall, notwithstanding any such change of name and style, have and retain all such and the same rights, powers, authorities, qualifications, liberties, exemptions, and immunities, and be subject to all such and the same duties and obligations, as if such new Charters respectively had been granted to them by and in their respective names and styles as then existing.

Colleges to hold Property, notwithstanding change of name.

IV. Each of the said Corporations shall also, notwithstanding any such alteration of name or style, have, hold, and enjoy, and continue to have, hold, and enjoy all lands, and other real and personal, heritable and moveable property belonging to such Corporation, either beneficially or in trust, at the date of the granting of such new charter, and may execute and perform any use or trust for the time being vested or reposed in such Corporation.

Provisions in 14 and 15 Hen. 8. c. 5, as to the Elects repealed.

V. So much of the Act of the fourteen and fifteen Henry the Eighth, chapter five, as relates to the Elects of the said Royal College of Physicians of London, and their powers and functions, shall be and the same is hereby repealed, but this repeal shall not prejudice or affect the rights and privileges of any persons to whom the said President and Elects may have granted letters testimonial; and all trusts which, by any deed, gift, devise, or bequest are vested in, or to be executed or performed by the Elects, or some defined number of them, shall vest in and accrue to, and be executed and performed by the Censors of the said College for the time being, as if the name of the Censors had in such instruments respectively been used instead of that of the Elects, and the office and name of Elects of the said College shall henceforth wholly cease and determine.

Election of the President of the Royal College of Physicians of London.

VI. The office of President of "The Royal College of Physicians of London" shall be an annual office; and Thomas Mayo, Doctor of Physic, the now President of the said Corporation, shall remain such President until the day next after Palm Sunday in the year 1861, when he shall go out of office; and the Fellows of the said Corporation shall, at a meeting to be holden by them for that purpose, on the same day, and on the same day in every subsequent year, elect some one of the Fellows of the said Corporation in such manner as shall be provided by any byelaw or byelaws made in that behalf by the said Corporation, and for the time being in force, to be President of the said Corporation, but the retiring President shall always be capable of being re-elected, and every President shall remain in office until the actual election of a new President; or in case of death, resignation, or other avoidance of any such President before the expiration of his year of office, the said Fellows shall, at a meeting to be holden by them for that purpose, as soon as conveniently may be (of which due notice shall be given), elect one other of the Fellows of the said Corporation in such manner as aforesaid to be President for the remainder of the year in which such death, resignation, or other avoidance shall happen, and until such election the duties of President shall be performed by the Senior Censor for the time being.

BRITISH MEDICAL ASSOCIATION.

THE DISCUSSION ON SPECIAL HOSPITALS.

Dr. Thudichum rose to propose a resolution in connexion with Special Hospitals; and, in doing so, confessed that he wished it had fallen into other and more able hands. But he believed there was a peculiar qualification for him, that he was neither connected with a General or Special Hospital. He believed that the majority of the members of the Association had read, as he had, with great regret, and perhaps some had with surprise, a document which had emanated from some of the highest of the Profession. [The document in question was the Protest, a copy of which was published in this Journal for July 28, p. 86.] This document was a protest in emphatic language against certain institutions, the mode and object of which were to divide particular cases in particular Hospitals for alleviating human suffering, and for the advancement of Medical science. He believed the members would give due weight to the importance of this protest. In the first instance let them consider how that protest was obtained. It was by gentlemen who were particularly opposed, for personal reasons, to the establishment of one particular institution. He would not say that it was jealousy which called into operation this activity. The protest was directed against Special Hospitals in general. From this protest they excepted only those Hospitals which were for treating the diseases of the eye. All Hospitals were included which conferred immense benefit for treating consumption, etc.; and consumption was a disease excluded from all but a small portion of the General Hospitals. These diseases were excluded from their common Hospitals. Then there were other diseases. A great many cases of chronic cancer were by the rules of General Hospitals excluded, together with epilepsy, etc. Yet all those Hospitals which were for their particular treatment were opposed or objected to in this protest. He knew fully the objections which might be brought against them—that they were for certain purposes, for personal aggrandisement; that they were instituted for the purpose of bringing money and influence to those Medical officers who were connected with them. It was also objected against Special Hospitals, that it was impossible for them to serve the cause of education. The student would lose half of his time in passing from one to the other. It had been also objected, that gentlemen who treated specialities were not always the best qualified to treat specialities, but that it was requisite for them to know the whole arrangement of Medical science. That was true. He believed there was not any one gentleman connected with Special Hospitals, or who practised speciality, who did not claim and really possess a knowledge of general Medical science. Again, how could it be proved that, because these gentlemen practised some speciality, they did not possess a knowledge of general Medical science? Until that was proved, he could not admit on that ground that Special Hospitals were objectionable. But there was one great reason for the establishment of Special Hospitals. Their General Hospitals were established, in the first instance, for the relief of the sick poor. That was the first object of all Hospitals. In many cases, it afforded opportunities to Medical students and Medical men of studying diseases and the cure of diseases. He spoke especially of Metropolitan Hospitals, where, as in others, these different objects were attempted to be obtained. But it was almost impossible for these objects to be obtained in the way in which they were attempted. Then, in the large Hospitals, the Physician had to see the patients under his care, and prescribe for them, although they might amount to a considerable number. There was also a most numerous class of most honourable men, well known in science, who would make very good use of their time, if they had the opportunity to show their skill and perseverance. These gentlemen were excluded; and a vast amount of talent, which was excluded from General Hospitals, was taken in by Special Hospitals. The establishment of Special Hospitals might be called a

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"necessary evil." (A laugh.) Let the number of subscribers to General and Special Hospitals be compared. They were nearly equal. If the amount of money subscribed to General and Special Hospitals were compared, he believed the advantage would be found in favour of Special Hospitals. The number of beds and the accommodation afforded to the sick poor in Special Hospitals and in General Hospitals would be found almost equal. If the benefits which Special Hospitals conferred upon the poor were compared with those conferred by General Hospitals, in this instance they were almost equal. A sweeping combination, therefore, against Special Hospitals, he should very much regret. But when the combination came from such high authorities as those gentlemen who signed the protest, he was afraid that, if the members of the Association did not throw themselves into the breach, very great damage might be done to Special Hospitals. What was the issue at which he arrived? He believed that Sir Charles Hastings, in signing this protest, had a twofold object; first, to advance as far as possible Medical education; and, in the second place, to preserve for the purpose of Medical education those establishments which were especially devoted to it. He believed there was no man in this country who had more at heart a desire to improve Medical education than Sir Charles Hastings. (Hear, hear.) He was certain that Sir Charles Hastings was far from intending any injury of any kind, or passing any reflections upon Hospitals which conferred benefits upon patients who were excluded from the Ordinary Hospitals, and which offered a field for the researches of gentlemen who were excluded from General Hospitals. He knew by this time that one very eminent member of the Profession regretted having signed the protest. The issue was this—that when General Hospitals would reform, Special Hospitals would cease. (Hear.) The resolution which he was going to move, he believed Sir Charles Hastings himself, after having signed the protest, would not object to second. It was intended to be a mediative resolution, to mediate between two parties, which he was afraid were now separated. Let the associates throw themselves into the gap and stop the breach, both in the name of the public and of the sick poor. The following was the resolution which he wished to propose:—

"That this Association observes with great regret the difference of opinion in the Profession on the subject of Special Hospitals. That, while it cannot but express that the existence of Special Hospitals is attended with many disadvantages the abolition of such Hospitals is impossible until there is a great reform in the public and Professional management of the General Hospitals."

A Member asked the President if it could be so arranged that each speaker who spoke should not occupy more than five minutes.

The President had suggested that proposition, in the Journal, about six weeks ago; but he was sorry to say that he had received nothing but private communications in reference to the point.

Sir Charles Hastings thought five minutes quite sufficient.

After a short discussion, it was agreed that each speaker should only occupy five minutes.

Dr. Routh (London) said that he would just enumerate some of the Hospitals which were at present taken up by special men, and he would ask the members present, simply as men of common sense, whether it was possible, in the arrangement of the profession, that these could be set aside upon the request of any men, however excellent. There were Lying-in Hospitals, Children's Hospitals, Eye Hospitals, Skin Hospitals, Epileptic Hospitals, Consumption Hospitals, Small-Pox Hospitals, Fever Hospitals, etc. Would any man of common sense venture to assert that in any General Hospital any of these particular diseases could be treated as specialities? He could not follow his friend, Dr. Thudichum, in declaring himself not to be a Specialist; but irrespectively of this, he would ask the meeting, for instance to consider the diseases of women. In some General Hospitals they had three or four beds; but what were three or four beds, in large Hospitals, compared to vast multitudes of women? To tell him that because the people saw the benefit of Special Hospitals, and also the efficiency of those Hospitals for special subjects for which they were instituted, these Hospitals were to be done away with, seemed to him to be quite an opposite proceeding to that which ought to be followed. In Special Hospitals there were large numbers of the same kinds of disease. Instead of three, four, five, or six, there were fifty, a hundred, or two hundred patients. The Medical attendant could, therefore, reason on all of them. This was the way to come to general conclusions. No man could come to any positive conclusion as to the treatment of special diseases till he had had many examples. The remarks he had made came close upon the five minutes, although he could wish to have extended them. But he would simply put the matter to them as men of common sense; and in reference to Specialists, why their President was a Specialist? They all knew that he particularly devoted himself to the investigation of pulmonary consumption. They know that in all their Hospitals, especially so in London, these cases were excluded, and they could not, if they would, get in a consumption case. (Hear.) Then let them look at Dr. Brown-Séquard; the fact of him being a Specialist had brought him to this country. It was because he understood, more than the generality, the subject of epilepsy, that he had come forward. He hoped that his example would result in great advantage to the public. (Hear.)

Dr. Richardson said that in 1854 he wrote a series of articles in the *Journal* on the subject, in which he has as thoroughly condemned Specialities as any of the modern protesters. Since that time he had served an apprenticeship of nearly seven years at a Special Hospital; and his opinion remained unchanged. At the same time, he could not accept the manner in which the protest had been brought forward. He believed it fair to assert that Special Hospitals at first originated out of sheer charity towards those sick who were excluded from General Hospitals; such as fever cases, lying-in cases, diseases of women, the diseases of children, phthisis, cancer, and epilepsy. Thus the Special Hospitals were established to supplement so-called General Hospitals, which were in fact Special. Why this tumult against Special Hospitals? Because some thought that they trenched on the supposed duties of General Hospitals. Now, that abuses had crept into the special system was certain; but these had existed for years, and had not been criticised by any protest of a general kind. Why not? Because the Special Hospitals had not interfered with the General. But the moment that a Special Hospital was set up, which took in cases acceptable to the General Hospitals, that moment it was discovered that Special Hospitals were injurious. On the public side of the question, he asserted that such a decision was neither logical nor just. But there was also a professional side to the question even more important. When a young man settled in London, and saw the great field for professional exertion, he naturally yearned to participate in the labour, and to advance not himself only but his profession. But if such an one did not choose for many years to hang on to an institution with the chance of being a full officer at sixty, or if he had not some powerful extraneous influence, he could never get into work at the General Hospitals, and was therefore by necessity, and even against his tastes, driven into the Special Institutions; and such was the main reason why such Institutions were supported by Medical men—a support which would at once be withdrawn if the overwhelming labours of the General Hospitals were equalised and utilised. In conclusion Dr. Richardson said that he believed that he had learnt a great deal in a Special Hospital. He would, however, give up his post to-morrow if he saw an indication of liberal reform in the greater Institutions; meantime he could not allow the present opposition to go forth without speaking what he thought about it, which was, that, traced to its primitive root, it carried with it a vast amount of selfishness, exclusiveness, and (he must add the word) hypocrisy.

Dr. Markham agreed with a great deal of what had been said by the speaker who had preceded him, but could not go the whole length with him. He thought that he had taken the matter up on much too personal grounds. He would put it as a matter of principle. He would, in one sense, second Dr. Thudichum's proposition. He admitted that some evils which existed with respect to Special Hospitals, were carried on also in General Hospitals. With regard to the origin of Special Hospitals he believed they arose in a matter of self-interest. (No, and Yes.) Gentlemen had started these Special Hospitals for their own private purposes. (No, and Hear.) The great bulk of the Special Hospitals in London were established for one simple reason by medical men, for their own special purposes. (Cries of "No, no," and "Yes

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yes.") He asserted the fact without any fear of contradiction by those who knew the matter well. He belonged to an Hospital for many years, and he said that they were got up solely and simply for the interest of private individuals. He would say that all Hospitals, and the whole medical charitable system, was founded on an utterly wrong basis. He wished that the Association could appoint a Committee to investigate and report upon the condition of their Hospital and Dispensary Medical System. That would draw the question away from personal considerations. He confessed that he believed their Hospital system was at the root of the great evil that affected their social system. Those who knew what was going on at this moment knew that they were abused to an incredible extent. But this was not only in London, but elsewhere. It affected the profession in every part of England and was widening with the extent and growth of these Special Hospitals. The evil was there more distinctly shown than in General Hospitals. But in all Hospitals it was excessive. The first and proper objects of charity were the poor and labouring classes. There were two other great classes; paupers, and well-to-do citizens. There was imposed upon medical men in General Hospitals a robbery upon their services, but he would say that in Special Hospitals the robbery was going on to an extent fifty times more. A gentleman being asked to operate on a patient, said that his fee was fifty or sixty guineas. That sum he merely mentioned for argument. The patient's medical attendant said the patient could not give it; but the surgeon could not take a farthing less than sixty guineas. But, he said, if the patient came into his Hospital, he would operate on him for nothing. (Disapprobation.) Look at the Special Hospitals, and see what they did. The Special Hospitals took in all England, while the General Hospitals were generally limited to their own districts. In Special Hospitals there were crowds of patients who came from every part of England. Could the gentlemen engaged in these hospitals investigate their circumstances? Could they tell whether they could pay their own Practitioner? It was true that the gentlemen engaged in these Hospitals got their names spread all over England, but in the meantime the profession was being ruined. He knew another instance. A gentleman, who was able to give his daughters £15,000, put himself under one of their profession, who asked him £40, but this gentleman dressed himself as a poor man and got the operation done for £5! How were they to look for reform? There was only one way. It must be through the public; and the public knew nothing of what was going on in this matter. He was perfectly satisfied, that if they knew it, they would not permit it. (Hear.) He would, therefore, ask the Association to appoint a Committee to investigate the whole subject, to state what were the best grounds on which Hospitals ought to be established, their proper objects, how those could be best carried out, and to propose a remedy. Such a report, accepted by this Association, and published to the world, would, he was certain, have an immense effect upon the charitable public of this country. They would know what was wanted. He believed that it was most important that they should issue a report, stating the proper objects of charity, and how it was best to carry out charitable objects. He, therefore, proposed the appointment of a Committee, whose business it should be to investigate the present condition of their Medical system, and to report upon it at the next meeting of the Association. He hoped it would go forth to the world, and then the charitable public, wishing to know what they had better do, would have the solemn report of the British Medical Association. He proposed—"That a Committee of twelve be appointed to investigate the whole question of Hospital management throughout this country, and to report upon it at the next annual meeting."

Sir Charles Hastings seconded the amendment, which he believed was the only solution of the difficulty. He was one of those "hypocrites" who signed the protest. (A laugh.) But he was not aware that he was hypocritical, nor could he believe that any who did sign it were open to the imputation. He thought it was not well to assign motives to gentlemen. There should be a good feeling among members of this Profession, and hard names should not be used. He thought, with Dr. Markham that the present system of Hospitals was a gigantic evil in the sense in which he signed the protest. But he did not find in the protest the words which were said to be in it, that there were to be no Special Hospitals. There was no such thing in the protest. He thought a good deal of good would arise from the protest. He was glad to have had an opportunity of signing it if it led to the formation of a Committee. He trusted the Committee would give a good, solid report.

Dr. Stewart (London) said that the subject of their Dispensary system had occupied his attention for the last fifteen years. He thought the evil was great, socially, and a very grievous wrong to the Medical Profession. He had great pleasure in supporting the amendment. The evil was become of such magnitude, that it required some strong measures, With regard to the specialities, there were the Skin Hospitals. the Small-pox Hospitals, and the Consumption Hospitals. Consumption, it had been well said, was a special case, because the air of their General Hospitals was such that consumption cases became rapidly worse. He (Dr. Stewart) thought there was a debt of gratitude due to their editor (Dr. Wynter) for the manner in which he had brought forward the subject of Special Hospitals. He had done so with great spirit and talent, and in a manner which had set the public talking about it. He believed that it had something to do with the stir which had taken place upon the subject. As an Association, they owed him thanks for the part he had taken. (Hear.)

Dr. Edward Smith (London) thought that these resolutions should be taken separately. He took it that Dr. Markham's might stand by itself. He thought the meeting could unanimously concur in the resolution, provided that the Committee was particularly selected. With regard to the origin of Special Hospitals, he did not believe that there was any more selfishness in their origin, than in that of the General. The originator of the Brompton Consumption Hospital was a Mr. Rose, a lawyer. There was not a Medical man associated with the question. The origin was purely voluntary. While, therefore, he said that Hospitals were established for self-interest, it did not apply to all, and certainly not to his own. When Medical men went to Paris to complete their education, did they spend their time by going where they would see a large variety of cases? They went to the Special Hospitals, one for the skin, another for children, etc. This was an advantage. Another complaint which they heard was the habit of some Medical men seeing their patients at home gratuitously. He knew a gentleman, occupying a high position, who saw patients at home, and charged them half-a-guinea, if they could not afford to pay a guinea; and in some instances, where they could get nothing more out of them, they sent the patients to the Hospital. In conclusion, he did not see why they should reflect on the management of General Hospitals.

Mr. Hutchinson (London) hoped that the matter would stand over for a year, when they would be able to arrive at a better conclusion than if they came to any sudden resolution at the present moment. He should like, if the Committee were appointed, for it to recommend strongly upon General Hospitals having specialities in connexion with them. He hoped Dr. Markham would let his suggestions be put as an amendment.

Dr. Richardson explained that, in using the terms "selfish" and "hypocritical," he did not use them with regard to the gentlemen signing the protest (hear, hear), but only as to the mode in which the protest originated. That was a very different question, and he hoped Sir Charles Hastings would accept the explanation.

Mr. Southam (Manchester) thought that the system of speciality had become such an abuse that the associates ought to do as their friends in London did—express their opinions as to the propriety or impropriety of going on with these establishments. Could they suppose, as they had been told, that the gentlemen signing this protest had interested motives? It was impossible to suppose it. They had seen, no doubt, that the public as well as the professional Practitioner had witnessed the injury of speciality in the Profession. He believed, if these gentlemen had thought speciality better than generality, not one of them would have signed it. (Hear, hear.) He thought that they should do something to the same effect as had been done in the metropolis, that Special Hospitals were detrimental. He would propose a substantive resolution.

Sir Charles Hastings hoped that Mr. Southam would not do it.

Mr. Southam said that his opinion was, that Special Hospitals were detrimental to the Profession. He believed it

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there were few Physicians who were not annoyed by the special gentlemen. He could adduce a number of instances of the kind, showing how their patients were annually drawn away from them, under a pretence. He though they should say something with regard to these Special Hospitals. If the Committee were to express its opinion on speciality, he had no objection to withdraw his proposition; otherwise he should press it.

Dr. William Budd (Clifton) remarked, that there could be no doubt that there must be Special Hospitals—for small-pox, for instance; but he always looked upon Special Hospitals as necessary evils. He thought the only ground on which cases should be treated in Special Hospitals was, that there should be something inherent in the nature of these particular diseases rendering it necessary that they should be special, and excluding them from General Hospitals. This appeared the only ground for Special Hospitals. But there were several things inherent in the nature of some of these specialities which constituted a great drawback. The great class of infectious diseases were dangerous to the attendants. He believed statistics would prove a large mortality among those giving assistance in these Special Hospitals. No one could estimate the importance of having a person of such distinguished ability as Dr. Brown-Séquard. (Hear.) But he must confess that he thought the diseases of the nervous centres were the last that should be brought together, especially when the diseases produced paroxysms frightful to witness. He thought it necessary to make these remarks on behalf of the Physicians and Surgeons of General Hospitals, of whom he had the honour to be one.

Dr. Brown-Sequard (London) said he hoped they would have an opportunity of finding out what he had said to be true, that, when cases of epilepsy were received into General Hospitals, he would resign his situation at once.

Dr. Vose (Liverpool) could not help entering his protest against the way the debate had taken. He thought it of the greatest importance to avoid any invidious comparisons. After alluding to the different diseases which they were told should be specially dealt with, he said that he thought there should be some limitation to this subject.

Dr. Thudichum would not further enter into the merits of the case. That morning he entered into an arrangement with Dr. Markham by which his present amendment was to follow his resolution as a rider. He was, therefore, rather astonished. (A laugh.) He felt confident that inquiry would report the case to be ten times worse than he had represented it. He had great pleasure in withdrawing his resolution. He had no doubt that if the committee was formed on a broad basis—and he made that the condition on which he withdrew his resolution—it would confer upon them greater benefit than if his proposition had been carried. (Hear, hear.)

After further remarks, the President put Dr. Markham's resolution, which was carried. The formation of the Committee was deferred to the next day.

A Medical Pic-Nic at Stonehenge.—Last week a party of a somewhat unusual character visited these mysterious relics of ages long gone by. Upwards of fifty Medical men held a pic-nic among the old grey stones. Dr. Bushnan, the proprietor of Laverstock House Asylum, near Salisbury, was the promoter of the day's holiday, he having invited the members of the various Medical Societies in the neighbourhood to an inspection of the wonders of Stonehenge, and to a sumptuous repast at his own house afterwards. Dr. Thurnam, of Devizes, delivered an address (standing above the old Druids' altar-stone the while) upon the History of Stonehenge, as far as the researches of antiquaries have yet been able to elucidate it. The party then returned to Laverstock, where the Asylum was inspected, Dr. Bushnan pointing out the various improvements introduced by him in the mode of dealing with the insane. Everybody present expressed himself delighted with the arrangements of the Asylum, no less than with the generally cheerful and contented appearance of the patients. Few, however, were aware, until after the proceedings of the day had terminated, that more than one of the party they had been with all day were patients from the House—real unmistakeable madmen—but so gentle and peaceable under the mild system of treatment pursued at Laverstock, as to give no apprehensions as to trusting them, under proper supervision, in any company.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE EFFECTS OF CHRONIC LEAD POISONING ON THE FŒTUS.

By M. PAUL.

M. Paul's attention was first called to this subject by the case of a female type-polisher, who, prior to her exposure to habitual contact with lead, had borne three fine children, while of the ten pregnancies which had since then occurred, eight were attended with miscarriage, the only child born at full time dying when five months old. She informed him that almost all the women similarly employed either miscarried, or were unable to rear their children. Investigating the subject farther, he found that these statements were founded on fact, and that not only was this hereditary influence imparted by the mother who had been working with lead, but also by the father, when the mother herself had not been exposed to such influence. Of this latter fact he has not been able to obtain more than 7 instances; but altogether his paper is founded upon 81 cases which he has investigated. In some instances the effect upon the fœtus has been produced after but slight exposure, and in which the death of the infant has been almost the sole accident resulting from such exposure. Of the 81 individuals, male and female, interrogated, in 29 pregnancies occurred while engaged in manipulating the lead, these pregnancies amounting in all to 123. The results were 64 abortions, 4 premature labours, and 5 born dead, that is 73 children dead prior to delivery! Moreover, 20 children died in the course of the first year, 8 in that of the second, 7 in that of the third, and 1 later. There are 14 living children, but 10 only more than three years of age. In 15 instances, too, the women suffered from metrorrhagia, which was probably, in fact, abortion—for the saturnine poisoning, in the degree in which it causes the death of the product of conception, does not usually disturb the menstruation itself, either in girls, in persons who have not borne children, or in the intervals of pregnancies. The author is still engaged in investigating the entire subject, but in the meantime desires to call attention to what he believes to be a new subject of inquiry.—*Archives Générales*, tome xv. pp. 513-536.

CASE OF ABSENCE OF THE BLADDER.

By Professor UYTTERHOEVEN.

A woman, aged 40, was admitted into the St. Pierre Hospital, Brussels, with tuberculosis. She had suffered from incontinence of urine since the age of twelve years. On examination there was found to be an urethro-vaginal fistula. She died from the phthisis in the course of a year. At the autopsy, to confine ourselves to the urinary organs, the right kidney was found tuberculous, its parenchyma having disappeared, and its thickened membranes distended with caseous matter alone remaining. Its ureter, obliterated during its lower third, had become condensed into a ligamentous cord. The left kidney also contained some softened tubercles in its substance. Its ureter exceeded its normal calibre, was hypertrophied, and opened on a level with the urethro-vaginal fistula. The urethra was much larger than in the normal state. In front of the uterus, in the place which the bladder should have occupied, an utricule, the size of an ordinary pea was found, lined internally with mucous membrane. On this inner surface two minute apertures existed, through one of which a delicate probe could be passed into the non-obliterated ureter, and hence to the fistula. This last, small and rounded, was situated at the point of union of the upper and middle thirds of the vagina, At first sight this might have seemed an example of congenital absence: but the patient declared positively that prior to the age of 12, when she first began to menstruate, she held her water well. Tubercle had probably been deposited in the vesico-vaginal partition. Inflammation and suppuration followed, and an aperture was formed between the internal surface of the vagina and the anterior angle of the vesical trigone. The urine being expelled drop by drop by the fistulous opening, and accumulation gradually ceasing in the bladder, the organ in the course of the thirty years became atrophied.—*Presse Medicale Belge*, No. 29.

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ON THE TREATMENT OF DIABETES.

By M. BOENS.

Bouchardat has laid down, as a primary rule for the treatment of glucosuria, a suppression or a great diminution of feculent aliments. A principle like this places great difficulties in the way of the alimentation of these patients, and especially by the suppression of ordinary bread, notwithstanding the substitution of gluten bread—a privation which is borne with difficulty. After trying to put Bouchardat's precepts into effect in two remarkable cases, M. Boens, of Charleroi, has ended, not only by renouncing his dietetic system, but also doubting its efficacy and utility. As the results of his own observations he lays down the following propositions:—1. In saccharine diabetes the economy expels a certain quantity of sugar, which may be dosed by an analysis of the urine. 2. The amount of sugar eliminated is not proportional to the quantity of saccharine matter introduced into the stomach. 3. If the subject of diabetes takes too little sugar or fecula in his aliments the organization suffers therefrom, and rapidly wastes, without the proportional amount of glucose undergoing a notable diminution. 4. If, on the other hand, while pursuing a regimen rich in nutritive azotized substances, the patient also partakes of suitable quantities of fecula, gum, and sugar, his health is much better maintained without the proportional quantity of glucose in the urine undergoing any notable increase.—*Presse Médicale Belge*, Nos. 18 and 19.

EXCERPTA MINORA.

Injection of Cafein in Narcotism from Opium.—Dr. Campbell relates a case in which extreme narcotism from the injection of one ounce and a-half of laudanum, that did not seem disposed to yield to the most persevering employment of artificial respiration, was speedily dissipated by an enema of coffee having twenty grains of cafein dissolved in it.—*American Journal of Medical Science*, July, p. 284.

Large Doses of Opium and Camphor in Traumatic Tetanus.—Dr. Van Bibber relates a case of tetanus occurring in a man aged forty-two, in which 80 grains of opium and 160 grains of camphor were given every twenty-four hours for nine days with complete success. The whole amount of opium taken was 700 grains with about double the quantity of camphor. —*Ibid.* July, p. 282.

Case of Poisoning by Strychnia Treated by Chloroform.—Dr. J. R. Smith relates a case of strychnia poisoning which he was called to, in which abundant inhalations of chloroform seem to have saved the patient. Called to the man when the limbs were stiffened, the jaws locked, pulse small, and respiration laboured, he had scarcely any hope of the case. He however commenced the inhalations by means of a sponge at nine o'clock in the evening and continued them until seven next morning, using about twenty-four ounces of chloroform, and finishing with an emetic and purgative.—*Ibid.* July, p. 278.

Rhubarb in Suppurating Burns.—Dr. Rittenhouse states that of all applications he has ever employed for suppurating burns none have ever been so prompt and efficient as powdered rhubarb, one part mixed with two parts of lard, and spread on linen.—*Ibid.* July, p. 279.

Arsenical Paper Hangings.—Dr. F. Müller, of the Augsburg Hospital, during some recent researches, has found that in rooms lined with coloured papers containing arsenic, the dust settling on the articles of furniture contained arsenic, while the urine of the persons who had slept in such rooms furnished arsenical reaction.—*Berlin Méd. Zeitung*, No. 24.

Necrosis of the Cartilages of the Nose.—M. Roger relates two cases which he regards as of very rare occurrence. They are instances of *rhino-necrosis*, or necrosis of the cartilages forming the *septum narium*, occurring not as a consequence of syphilis or scrofula, but coming on the one consecutively to rheumatism with chronic endocarditis, and the other during the convalescence of typhoid fever.—*L'Union Médicale*, No. 30.

REMOVAL OF INFECTED PERSONS.—By a provision in a new Act (Diseases Prevention Act) all local authorities may provide carriages for the conveyance of infected persons residing within the locality to any Hospital or other place of destination, and the expenses to be deemed an expense incurred in executing the Diseases Prevention Act.

GENERAL CORRESPONDENCE.

ALLEGED DEATHS FROM CHLOROFORM OF RECENT OCCURRENCE.

LETTER FROM DR. KIDD.

[To the Editor of the Medical Times and Gazette.]

SIR,—Three fatal accidents very recently from the use of chloroform, or—more correctly—reputed to have arisen from the administration of that agent, seem to me very deserving of notice; they are all three very suggestive, and cannot fail to be added to our already accumulating statistics on this painful subject.

In a case at Liverpool (the last reported) the immediate cause of death was believed to be emotional alarm, in the mind of a frightened pauper in a workhouse who was forcibly put under the anæsthetic in a largely increased dose,—a source of danger not very possible to guard against sufficiently, but still, I think, a very serious source of danger indeed. The chloroform was administered, also, by a non-professional person, so that it does not come fairly under the head of chloroform properly exhibited.

As to the relation of emotion to this subject, it is a thing of a very conflicting nature; I agree with Mr. Bain that, anatomically considered, emotions are identical with feelings; excess of emotion probably acting like excess of feeling or sensation, and how emotion is further mixed up with reflex action through the spinal cord we see every week in midwifery practice where casual emotion is found to stop or interrupt the complex mechanism of labour. At Sebastopol, in the battles in India, and at Solferino also, Pirogoff and others have also told with amazement how emotion among frightened prisoners wounded stopped or rendered nugatory the ordinary action of chloroform; excess of emotion (fright) necessitated the use of enormous and dangerous quantities of chloroform in some, while all the others of the wounded (not prisoners) presented nothing unusual in their cases, although treated exactly alike and with the same chloroform. How emotion alone, or mere recollection of evil or pain, can cause sudden death, is written in all our works of Surgery. It is thus related of Desault that one day as he was about to perform lithotomy, he traced, simply with his thumb-nail, a line on the perinæum of the patient, who uttered a shriek and fell back dead. Mr. Stanley tells of a similar case. Chopart also one day was about to slit a patient's prepuce, the poor young man fainted and never came to life again. Garengeot gives another instance: a patient with a whitlow, who, shuddering with cold, fell dead. Now let us suppose these four patients had had chloroform, we should have probably lost sight of emotion as a cause of death.

The second case I wish to refer to, which may be almost termed a case of suicide from chloroform, occurred a short time ago at Doncaster: a poor lady, who some years ago had obtained immense relief from chloroform in neuralgia or hysteria such as no other medicine could afford, had been in the habit of having it administered to her by her daughter, at frequent, though uncertain intervals, for the last four or five years. She had taken it already to insensibility, with perfect safety, not less than twice on the day of her death; but, having again resorted to it late in the evening, in a comparatively small dose, she became asphyxiated. The case shows that chloroform may be taken 200 times with impunity, and prove fatal the next, or 201st, time; in fact, that chloroform is never free from danger. Indeed, about one in four of all the deaths from chloroform have been in patients who, like this poor lady, had had chloroform with impunity administered several times previously; so that it is probable idiosyncracy had nothing to do with the fatal occurrence, or death would have occurred when they were first placed under its influence.

The third death I wish to refer to is a very important and practical case, for which we are indebted to Dr. Barnes (though not occurring in his own practice). It seems to be a death not at all from chloroform, but rather death from exhaustion consequent on use of the forceps and as some think the injudicious use of the lancet and leeches.

A primipara, aged 35, came to the Hospital after the escape of the liquor amnii (from some accident). She had been very

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sickly, and had had an attack of hæmatemesis five years before this time. The pains were weak at first, and opened the os uteri very gradually, later on becoming stronger and at the same time very painful. On this account chloroform was given but not to the extent of producing loss of consciousness. As with the stronger pains the head did not come down, the forceps were applied, and while the extraction was effected loss of consciousness for a very short time took place; the child weighed eight pounds and a quarter, the mother recovered complete consciousness, then slept an hour, and continued comfortable.

Four o'clock next morning.—She complained of light shivering with headache, followed by heat, pulse 120, she slept in the following hours apparently deeply, but was easily awakened three hours later.

Seven o'clock a.m.—Her breathing became difficult and groaning, the face cyanotic, pupils contracted, no convulsions, no pains, urine contained albumen, second sound of the heart only audible (this is a state of intense nervous excitement, opium and brandy the remedy), but venesection to eight ounces, the blood flowing very slowly, was practised, leeches behind the ears were applied, sinapisms to the thighs and region of the heart, vinegar, enemata, etc. ordered.

Eleven o'clock.—Patient somewhat conscious, answered questions correctly, breathing not oppressed, pulse weaker and weaker.

Twelve o'clock.—Relapse, pulse not felt, death seventeen hours after delivery and after the chloroform.

Dr. Barnes asks—Did this patient die from the shock of the labour? and he replies, not perhaps very logically, "if so, it must be admitted that chloroform cannot protect against 'shock,' or did she die of the secondary effects of chloroform narcosis?" The post-mortem revealed unavoidable mischief along the left side of the vagina from the forceps, and also blood extravasations in the omentum; there was not time sufficient, in fact, for further post-mortem revelations, but the shivering and headache and intense pain of the first part of the labour indicate death from constitutional causes.

This question of chloroform in midwifery, from what I see of it, is a very wide one, but there is no department of practice where it is so safe. In what are known, however, as in this case, as "weak pains" the spinal system exhausted, chloroform requires great care, then as to the existence of albumen in the urine in this patient's case, it is another indication that constitutional mischief, not chloroform, was at the bottom of the fatal shock or accident.

It should not be forgotten that in puerperal (epileptoid) convulsions, there is almost always albuminuria present, probably from pressure of the large gravid uterus on already susceptible kidneys, and there is always perceptible, however it is to be explained, a tendency to abdominal inflammation in these cases of albuminuria. In the form of convulsions known as apoplectic, the labour is best encouraged or conducted without anæsthetics, the shock to cerebral vessels is too great; and practically from what has been seen in Hospitals, the indications for chloroform in such cases are not so satisfactory as in the hysteric or epileptoid forms of this malady: in one class chloroform preserves the system from "shock," but not in the other; and in all non-instrumental cases of midwifery, chloroform—according to Dr. Murphy and Dr. Rigby—preserves the system likewise from "shock."

It is now a well-recognised fact, and only very recently found out, that in the epileptoid form of puerperal convulsion, active purgatives, cold lotions to the head, and opium, may have all been judiciously tried and only partially relieve the symptoms (we say nothing of bleeding, emetic tartar, etc.), in fact, Hospital practice has furnished such cases in numbers, yet they will be found to yield at once to chloroform cautiously given; then, as to other kinds of mischief, the painful revelations of Hospital statistics also tell us that many cases of puerperal convulsions arise from nervous excitability allied to debility in young women with first children, the victims of seduction,—here chloroform is far more valuable than the lancet or any other remedy. In the hysteric convulsions which occur occasionally during gestation due to fatigue, want of sleep, etc., attention to the *primæ viæ*, with valerian and ammonia rather than chloroform, are called for; but this agent has been used with the best possible effect in the other forms, and in puerperal mania, even after very considerable doses of opium in the latter had failed in quieting the patient. This, in point of fact, is the explanation or answer to the significant queries of my friend Dr. Barnes.

I am, &c. Charles Kidd, M.D.

Sackville-street, Piccadilly, July 29.

FŒTAL AUSCULTATION.

Letter from Dr. Adams.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have to plead a temporary retirement from the cares and concerns of a Professional life while spending the Physician's holiday among the beautiful lakes of England and Scotland, as an apology for having neglected to notice immediately the brief letter of your respected correspondent, Dr. Druitt, contained in your impression for July 28.

I beg to assure Dr. Druitt that nothing would afford me greater gratification than that the matter in dispute between us should be referred "to four competent observers," as proposed by him, inasmuch as I cannot but think that such a procedure must be calculated to forward the discovery of truth, although it does not follow that their award would settle the question absolutely and for ever, seeing that owing to prejudice and ignorance men's judgments are liable to error.

But, by all means, let a proper number of competent persons be selected to decide as to the following alleged facts connected with "Fœtal Auscultation,"—1st, Whether, in cases of pregnancy, one can detect by auscultation 180 double beats, as maintained by Dr. Druitt and other eminent authorities; 2nd, Whether, on the other hand, one can detect not 180 double heart-beats, but 180 double heart-sounds, as affirmed by Dr. Halford, who, it appears, denies the "reality" of heart-beats in all cases, whether in adults or in fœtuses; 3rd, or, Whether, again, about 160 single sounds—*i. e.* 80 louder and 80 fainter—be the proper characteristic of the fœtal heart, as taught and proclaimed by the Aberdeen authorities; or, 4th, Whether the single sounds be indicative of the fœtal heart, and the double of maternal arteries, as held by the Moffat authority.

By all means, I repeat, let us have a report on these facts, and then will be the time for the Profession to bring the question to a final settlement by interpreting the facts aright; it being always borne in mind that it is not facts, but the proper interpretation of them, which constitutes real science. Of one thing I can assure Dr. Druitt, that I await the verdict of impartial judges with as much mental tranquillity and self-confidence as he can possibly do, not apprehending any danger to myself from the discovery of the truth, and believing that under the present circumstances of the case no one possessed of the modesty inseparable from true knowledge will hold it to be "absolute folly" to doubt. Indeed, in all cases, it well becomes the physiologist and the physician to follow the precept,—

"Be modest, and to doubt prepense,
These are the sinews of good sense."

I am, &c.

Banchory, August 8. F. Adams.

Hydrotherapeutics is all the fashion just now in France. "Here is an ordinary bathing-house, with the device on its doors,—'*Traitement hydrothérapique complet.*' There we find a retired tailor ambitious of playing the character of Priessnitz. Then, again, we have a widow who, to make the best use of her park, founds an establishment, which she carries on with the aid of a clientless *Officier de Santé*. Then a thermal establishment, which after having boasted of the wonderful efficacy of its waters in all diseases—known or unknown,—considers it necessary to recommend a new cold spring for douc es and lotions to satisfy the taste of all. Besides this, we have an inventor who recommends those about to travel to take with them in their carpet-bag his portative apparatus, complete for all hydrotherapeutic treatment."

Dr. Chrastina, Physician to the General Hospital of Vienna, attacked with glaucoma in both eyes, has been operated upon by Professor Arlt, and has recovered his sight sufficiently to enable him to return to his ordinary occupations.

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REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26, 1860.

F. C. SKEY, Esq., President, in the Chair.

A Paper, by Mr. T. B. CURLING, F.R.S., was read, being an

INQUIRY INTO THE TREATMENT OF CONGENITAL IMPERFECTIONS OF THE RECTUM BY OPERATION,

Founded on an analysis of 100 cases, 9 of which occurred in the practice of the author. With the view of ascertaining and estimating the results of the operations which have been resorted to in the different forms of congenital imperfections of the rectum, either for the preservation of life or its future comfort, and of assisting to establish the best modes of proceeding in these cases, the author has collected and tabulated 100 cases in which operations have been performed by himself and other Surgeons. Of these cases, 68 were males and 32 females. He classes the congenital malformations of the rectum as follows: 1. Imperforate anus, the rectum being partially or wholly deficient.—Of this form the table furnishes 26 instances, 21 males, and 5 females. 2. Anus opening into a cul-de-sac, the rectum being partially or wholly deficient.—Of this the table includes 31 cases, 17 males and 14 females. 3. Imperforate anus in the male, the rectum being partially or wholly deficient, and communicating with the urethra or neck of the bladder.—Of this the table contains 26 cases. 4. Imperforate anus in the female, the rectum being partially deficient, and communicating with the vagina.—Of this the table furnishes 11 cases. 5. Imperforate anus, the rectum being partially deficient, and opening externally, in an abnormal situation, by a narrow outlet.—Of this form the table contains 6 cases. A few other congenital deviations have been observed, but they are of very rare occurrence, and the five forms enumerated above are alone included in the table. The author briefly relates a case of fæcal fistula, passing from the back of the sacrum to the rectum, which fell under his own observation. After briefly reviewing the causes of these malformations, and showing that, though in most instances consequent on an arrest of development, they sometimes result from a pathological change due probably to inflammation occurring during intra-uterine life, the author notices the relations of the peritoneum to the bowel in the different forms of atresia, as having an important bearing on the operations performed in the perineal region, and states that in several instances in the table the fatal result was due to the opening made in the serous sac. He also calls attention to an imperfect development of the pelvis in those cases in which the rectum is wholly deficient. 1. The 26 cases in the table of the first form furnish the following results:—In 14 cases the gut was opened in the anal region, and in 12 the operator failed to reach it. Of the former, 9 ended fatally and 5 proved successful. Of the 12 cases in which the gut was not reached, 2 ended fatally without anything further being done. In 7, colotomy was performed in the groin; 1 only proved fatal. In 3, the colon was opened in the lumbar region; 1 recovered and 2 died. The author gives some particulars of the 5 successful cases, and notices that there is only 1 of complete success in which the rectum was wholly wanting. In 3 of the cases in which the bowel was simply incised, more or less difficulty was experienced afterwards in maintaining a free passage for the fæces, but in 2 of the cases subsequent contraction was prevented by drawing the bowel down to the anal region. 2. In 16 of the 31 cases of the second form the gut was reached and opened. In 11 the operator failed in finding it. Of the former, 6 were fatal and 10 recovered. Of the 11 cases in which the gut was not reached, 6 ended fatally without any further operation. In 2, colotomy was performed in the groin with a fatal result. In 3 instances the colon was opened in the loin; 2 were fatal and 1 recovered. In 4 cases colotomy was performed without any previous subpubic operation; three times in the groin with successful results, and once in the loin with a fatal termination. In analysing the 10 cases of success after a subpubic operation, the author shows that in several cases in which the septum was slight the passage was readily established; that in others, where a space of some extent intervened between the two ends of the bowel, great difficulty was experienced in preventing contraction, unless the bowel was drawn down and attached to the skin, and he gives the particulars of a case treated by himself in this way with complete success. 3. The author adduces some cases of the third form, in which, the communication between the rectum and urethra being more free than usual, life has been preserved for many months, the fæces escaping entirely by the urethra, until the passage becoming at length blocked up, death has ensued. Of the 26 cases in the table the gut was reached in 15; in 9, the operator failed to find it. Of the former, 9 recovered and 6 proved fatal. Of the 9 cases in which the gut was not reached, 7 ended fatally without any further operation. In 1 colotomy was performed in the groin, in the other in the loin; both ended fatally. In 2 cases no attempt was made to reach the bowel from the perinæum, but the colon was opened in the loin. One did well, the other died. In 7 of the successful cases treated by incision more or less difficulty was experienced afterwards in maintaining the passage. In the only case in which the bowel was drawn down and secured to the skin no contraction took place, and the boy was well and thriving at five years of age. After the establishment of a passage at the anus the escape of fæces by the urethra did not always cease, and several instances are given in which serious inconveniences resulted from non-closure of the abnormal communication. 4. The author, after alluding to instances of persons born with imperforate anus, the rectum opening into the vagina, who have passed through life submitting to the annoyances consequent upon it, states that the recto-vaginal communication is not always sufficient, and that obstinate constipation sometimes ensues. As the rectum descends low in the pelvis in this form, the operator cannot well fail to reach the bowel. In all the 11 instances in the table the gut was opened, and only 1 ended fatally, from over-distension of the rectum, consequent on the operation having been delayed too long; 8 of the 10 remaining cases are reported as successful, and 2 as unsuccessful, owing to the tendency to contraction and neglect by the parents of the means recommended to maintain the passage. In one of the successful cases the bowel was drawn down and secured to the skin. The author gives the particulars of two cases which came under his notice, one successful, the other unsuccessful. In this malformation the establishment of a new passage at the natural site is not all that is required. We have also to obtain the closure of the abnormal communication with the vagina. A case in which this opening is reported to have closed spontaneously is the only one of complete success in the table. The author is unacquainted with a single case in which, after the formation of an artificial anus, a successful operation has been performed for the closure of the recto-vaginal aperture. 5. Of the fifth form there are 6 cases in the table—4 males and 2 females. In the males the abnormal outlet was in the perinæum, just behind the scrotum, in 2, in 1 in the scrotal raphe, and in 1 anterior to the scrotum. In the females the opening was in the perinæum, close to the vagina, or at the posterior commissure of the vulva. In all the cases the vent was insufficient, and defecation more or less difficult. In this form, as in the last, the rectum can be easily reached, and it was opened in all six cases. Two different operations have been practised to remedy this imperfection:—1, the enlargement of the original outlet, which was done in two instances; and 2, the establishment of a new anus at the natural site, which was performed in the four other cases. The author, after giving a detailed account of one of the cases in which he had recourse to the latter operation, contrasts the advantages of the two methods. In cases of imperforate anus, in which a passage is successfully established, the retentive functions of the bowel generally exist in sufficient force. Satisfactory evidence on this point is furnished by several of the cases in the table, and the existence of an external sphincter has been frequently recognised in dissection. The author, after noticing that in cases of imperforation unremedied by operation, death is sometimes caused by extreme distension and rupture of the colon or the terminal pouch, remarks, that the most common causes of death after operation are peritonitis and diffuse inflammation of the areolar tissue. The former is generally produced by a wound of the serous

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membrane, the latter by the passage of fæcal matter through the tissues of the pelvis, both being chiefly due to faulty methods of operating. He condemns the use of a trocar as a most unsafe instrument, and advocates the plan of drawing down the bowel and attaching it by sutures to the margins of the wound in the skin, an operation first performed by Amussat in 1835, and since described and recommended by Dieffenbach. The important advantage obtained by it is the securing a lining of mucous membrane for the passage traversed by the fæces. By this means we guard, not only against the tendency to contraction, with its consequent miseries and dangers, but also avoid the early risks of inflammation and fæcal absorption. In some instances troubles in defecation have continued after a sufficient passage for the fæces has been fully established, owing to an organic change in the bowel, consequent upon an obstruction of long continuance, subsisting after removal of the cause. The author gives an account of some dissections in which the muscular coat of the rectum was found remarkably hypertrophied and its mucous follicles enlarged, and states that when the vent for the fæces has long remained insufficient, and the bowel has undergone these changes, its expulsive functions become seriously impaired and weakened, and the infant consequently suffers in the same way as adults labouring under stricture of the rectum. Having investigated the results of the operations performed in the perinæum, the author proceeds to inquire into the degree of success which has followed the operations for opening the colon in the groin and in the loin, to ascertain the inconveniences consequent upon an anus in these regions, and to estimate the comparative value of the two operations. Colotomy was performed in 21 of the cases in the table—in 14 by the inguinal operation, and in 7 by the lumbar. In 9 of the former an unsuccessful attempt had been made to reach the gut from the perinæum—4 proved fatal, and 5 recovered. Of 5 cases in which no previous operation had been performed, 1 only proved fatal, and 4 recovered. Of the 9 recoveries after inguinal colotomy, 1 survived only a month, 2 died of cholera within fourteen months, and a fourth was doing well at seventeen months; a fifth survived three years, and a sixth was doing well at thirteen years of age. M. Rochard has recently given an authentic report of the remaining three. One died at the age of 43; the two others are alive and well—one at 46 years of age, the other at 43. Of the 7 cases in which colotomy was performed in the left loin, attempts had previously been made to open the bowel from the perinæum in 5, of which 3 were fatal. In another fatal case an attempt was made after the lumbar operation. The author relates the particulars of a case operated on by himself, in which death was caused by injuries inflicted in the perineal operation before the infant came under his care. Of the two recoveries after lumbar colotomy, one infant lived to the age of 7 years, and of the other there was no report more recent than seven weeks, and the child is supposed not to have long survived. The author considers the two operations in reference chiefly to three questions—the difficulties of the operation, its dangers, and the condition and convenience of the artificial anus. The operation is admitted to be one of greater difficulty in the loin than in the groin; and after remarking on some of the causes of this, the author notices the irregularities in the disposition of the colon, which render it impossible to open the bowel in the left loin without wounding the peritoneum, and which prevent the operator finding the colon in the left groin. The author practised both operations on the bodies of twenty infants, and in two he was unable to open the colon in the left groin, in consequence of the colon making a sharp curve and passing over to the right side before reaching the pelvis. In six subjects lumbar colotomy was impossible without opening the peritoneum, owing to the colon being attached by a distinct mesentery and being loose in the abdomen. This serious impediment once occurred to the author in performing lumbar colotomy in a case of imperforate anus. In respect to the dangers of the two operations, the results of the cases in the table are much in favour of colotomy in the groin. The author quotes the description given by Rochard of the condition of the anus in the groin in two patients, who had been operated on many years previously. Both were in good health, and suffered very little inconvenience. One had married and borne children. In all the patients observed by Rochard, prolapsus had taken place from the lower part of the bowel, but it was easily restrained. The author also gives a particular description of a case, which has recently come under his own notice, of an artificial anus in the loin in a boy eight years of age, born with an imperforate anus, the rectum opening into the urethra. The anus was sufficient, but fæces escaped occasionally into the lower part of the bowel and caused difficulty in micturition. To obviate this difficulty, he had suggested the lodgment of a sponge-plug in the lower opening. The author sees very little to justify a preference for either operation on the ground of the position of the anus; but the greater difficulties and dangers of lumbar colotomy would induce him in future to select the inguinal operation. The author controverts the views recently advanced by Nuguier in favour of the performance of colotomy in the right groin in preference to the left, and shows by several examinations of infant subjects that the passage of the colon from the left iliac fossa to the right fossa is not so constant as he states. The author, in conclusion, gives particular directions for conducting the operative treatment of imperfections of the rectum based on the results of this inquiry.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed the Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, August 9:—

Browne, Frank Harvey, Stowe Maries, Essex
Clarke, James Howard, Wantage, Berks
Dow, Henry Boothby, Hanwell, Berkshire
Jones, John, Llanelly
Mallett, William James, Bolton-le-Moors
Strutt, George Henry, Tutbury, Staffordshire

The following gentlemen also on the same day passed their First Examination:—

Appleyard, James, London Hospital
Ballard, Charles, Guy's Hospital
Davey, John Edwin, Guy's Hospital
Green, Edward, Guy's Hospital
Greenwell, Baker, Queen's-terrace, St. John's Wood
Lanchester, Henry Thomas, St. Bartholomew's Hospital
Tanner, John, Guy's Hospital
Todd, Joseph, Birmingham

APPOINTMENT.

ORANGE.—Mr. William Orange, lately Resident Surgeon at the Portland-town Free Dispensary, has been appointed Assistant Medical Officer at the Surrey County Lunatic Asylum, Tooting.

DEATHS.

FOSBROOKE.—August 2, at Loughborough, Lincolnshire, Edward Fosbrooke, (in practice prior to 1815,) in his 90th year.

MEGGISON.—August 3, at Bolam Vicarage, Dr. J. N. Meggison, aged 41.

PARSONS.—July 21, at New York, Henry L. Parsons, M.D., aged 39.

THOMAS.—August 4, of consumption, David Thomas, of Trefigal, Llandilo, Medical Student at the London Hospital, aged 28.

THOMPSON.—August 11, at Vale Lodge, Sutton, Surrey, Theophilus Thompson, M.D. Edin., F.R.C.P. Lond., aged 52.

TOWLE.—June 28, at the Island of St. Thomas, West Indies, on his passage home, William Henry Towle, of Nuneaton, Warwickshire, M.R.C.S. Eng., aged 25.

TROTTER.—August 4, at Summerhill, County Meath, David Trotter, F.R.C.S. Ireland, aged 66.

WILSON.—August 6, of jaundice, at Terally, Kirkmaiden, North Britain, Robert Wilson, M.D., late of the 7th Hussars.

ROYAL COLLEGE OF SURGEONS.—The Museum and Library of this Institution will be closed during the month of September.

NAVAL HYGIENE.—The French Government has established a chair of "Naval Hygiene" at the Naval Medical School at Toulon, and has appointed M. Jules Roux, the well known Naval Surgeon at that Port, as the first Professor.

"L'Invalide Russe" announces that a contagious disease, known by the name of "Pestis Siberia," or "Carbunculus," has appeared in the environs of St. Petersburg. The disease attacks chiefly domestic animals.

MM. MARTIN MAGRON AND BUISSON have made a very extensive experimental investigation into the comparative action of strychnia and woorara on the central nervous system, and the results of their experiments lead them to the

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conclusion that woorara acts on the motor nerves in the same way as strychnia; and consequently, that, in this respect, there is no antagonistic action, such as it has been stated exists between strychnia and woorara.

THE fourth annual meeting of the National Association for the Promotion of Social Science is announced to be held in the City of Glasgow on the 24th of September, and five following days.

CRIMINAL LUNATICS.—An Act has just been passed to amend the Act regulating the Queen's Prison. Prisoners sent to Bethlehem Hospital under the former Act may now be removed, and be dealt with as if they were persons of sound mind. All lunatics removed to places from Bethlehem Hospital are to be under the provisions of the Lunacy Acts.

"THE misfortune of modern Medicine," says M. Malgaigne, "is that, forgetting the study of the disease, it seeks its indications from pathological anatomy. Its therapeutics are nothing better than a collection of the mass of contradictions produced by ages of theories; so that, in fact, we find that in one of the Hospitals of Paris the treatment of disease less successful than it is under Homœopathy."

OUR readers might imagine (but for the date) that we were reading of Professor Bennett, of Edinburgh, in the following extract from a new Journal called "Annales des Maladies Chroniques:"—"Bennet, who wrote a special work about the middle of the 17th century, had no other object in view than that of proving the curability of phthisis. He instances several cases of cure, and among others, that of a London merchant, who died six years afterwards of another disease, and of whom he made an autopsy."

WE have the following good account of the health of our troops at Hongkong in a letter from the *Times'* correspondent:—The health of the troops has been excellent. No epidemics have prevailed, and they have suffered more from one cause to which I can merely allude than from any sickness incidental to a tropical climate. I am happy to say that I hear but one opinion as to the efficiency of the British force, or as to the arrangements made by the chiefs for insuring the health and comfort of the men. Staff-Surgeon D. F. Rennie was instructed by Dr. Muir, the principal Medical Officer, to report on the state of the barracks here with reference to their sanitary condition. He found the arrangements defective in many particulars, and the barracks overcrowded. Dr. Muir forthwith communicated with Sir Hope Grant, who acted with energy and promptitude. A number of men were removed to the barracks at Stanley, on the south side of the island, and the authorities are actively engaged in carrying out the necessary sanitary reforms. An additional Deputy Inspector-General of Hospitals being required, Dr. Gordon, C.B., late of the 10th Foot, has arrived at Hong Kong. Dr. Gordon was Superintending Surgeon of Sir Edward Lugard's column during the late operations in India, and received the Order of the Bath for the energy and ability he displayed in that capacity. He remains here, and will forward to the Cape all sick and wounded who require a change of climate. There they will be placed in a large sanitarium lately established at Constantia. The *Mauritius*, the *Sir W. Peel*, and the *Melbourne* have been fitted up as ambulant Hospital-steamers for the conveyance of the sick and wounded. The *Lancashire Witch* remains as permanent Hospital-ship in the Gulf of Pechele, and the *Hercules* and *Princess Charlotte* in Hong Kong harbour.

INCREASE OF POPULATION IN THE SECOND QUARTER OF 1860.—The Registrar-General says:—"In the 91 days of the quarter the births exceeded the deaths by 63,036. This excess represents the natural increase of the population in that period: the increase aided by ingress from Scotland, Ireland, and more distant parts, is more considerable; and at the present time it is probably very near the truth to state that England and Wales contain a population of twenty millions. The emigration of the last quarter consisted of 48,626 persons, who sailed from ports in the United Kingdom at which there are Government emigration officers. By distributing 8260, who are not distinguished as regards the country of their birth, proportionally over the rest who are thus distinguished, it appears that 9437 were English, 3461 Scotch, 33,438 Irish, and 2290 were foreigners. The United States were the destination of three-fourths of the whole number. Of the English emigrants 5945 chose the United States, 2792 the Australian Colonies. Although in the emigration to America the Irish were five times as numerous as the English, a considerably less number of the former, as compared with the latter went to Australia; while as regards persons of Scotch origin, it is remarkable that nearly as many went to the North American Colonies as to the United States, and more than twice as many went to Australia as to either of those parts of America. National character is in part the cause of these differences; but they are chiefly to be referred to the better or worse condition in life of the emigrants."

PHOSPHORUS IN PLANTS.—M. B. Corenwinder read lately before the French Academy of Sciences a *résumé* of his studies on this subject. Young plants give ashes rich in phosphoric acid; but after maturity the grain, or fruit, stalks, and leaves contain but a small proportion. Phosphoric acid in plants is found in close combination with nitrogenous matters. The organs of the plant destitute of nitrogen and not required for its alimentation are also destitute of phosphates; but the pollen of flowers and the spores of cryptogamia contain a considerable proportion of phosphoric acid. Marine plants growing on rocks also contain much phosphate.

CAUSE OF DEATH BY HANGING.—Dr. Church, of New York, writes of the execution of the pirate Hicks as follows:—"Having lately met with the assertion of Mr. South, that in persons executed by hanging there is almost invariably fracture of the os hyoïdes, I determined to take advantage of the first opportunity to test its truth. Last week I witnessed the executoin of the pirate Hicks, being so placed that I could watch closely the whole proceeding. When the weight fell he was not drawn up suddenly or with a jerk, as I afterwards ascertained, owing to the weight striking two or three rounds of the ladder, breaking them in its descent. The knot fell upon the side of the head just above the ear, without special pressure upon any part of the spinal column; there was slight muscular spasm continuing for ten minutes, when there was a distinct but not violent convulsive movement of the legs and arms so far as the cord binding them would permit. Would not a fracture or dislocation, pressing upon the spinal cord with sufficient force to cause death, have produced earlier paralysis of the motor nerves? I am inclined to think that the fracture of the spine is rather the exception than the general rule in death by hanging—and that death is the consequence of suffocation accompanied by displacement or fracture of this bone in the throat. The os hyoïdes is placed just below the chin, being one point of attachment for almost all the muscles of the throat employed in swallowing and breathing, as well as the tongue, maintaining the calibre of the tube through which the air passes to the lungs. In hanging the greatest stress of the rope falls immediately upon this bone, displacing or fracturing it, thus blocking up the passage for the air, and dislodging the attachment from which the muscles of respiration act. Upon examining the neck after death the body of the bone was found to have been forced upwards and backwards, apparently almost touching the spine—separated at least an inch from the thyroid cartilage which remained in its natural position—thus completely occluding the larynx. In this necessarily hurried examination I could not determine whether the bone was or was not fractured. The practical bearing of this would be:—In case of accidental hanging, after cutting the person down, we should first of all ascertain if this passage is free; if not, an opening could be made below the thyroid cartilage to allow the air admission to the lungs, to facilitate the efforts at resuscitation of the victim."

THE COLNEY HATCH CASE.—The following Medical evidence in this case will be read with interest:—Mr. James Luke, Vice-President of the Royal College of Surgeons, Senior Surgeon of London Hospital, and Surgeon to St. Luke's Hospital for Lunatics, deposed,—I have had considerable experience as a Surgeon, particularly with reference to the treatment of lunatics. I see all the patients as admitted at St. Luke's. I have heard the evidence in this case, especially the Medical evidence with regard to the post-mortem examination. In my opinion the deceased man Swift died from the general injuries described, which, in my judgment, must have been inflicted at one and the same time. I should think that death followed speedily on those injuries. I believe it to be impossible that a person who had received such injuries could walk about in apparently good health, his constitution

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exhibiting no derangement, and his pulse giving no indication that he had been injured. The fact of the person injured being a lunatic would not make any material difference. The injuries might be produced by external pressure without producing any external marks of violence. I do not think the injuries could have been inflicted on the previous Wednesday. There is no statement in the Medical evidence of inflammation having occurred, which I should have expected had the injury been inflicted on the Wednesday. Had there been inflammation the pulse would have been affected. The respiration also would have been extremely difficult—that is, supposing the patient could so long have survived such injuries. Cross-examined.—I do not judge solely from the absence of evidence of inflammation in forming my opinion that the injuries could not have been received on Wednesday, but that is one of my reasons. A man might have his sternum and eleven ribs broken without any external ecchymosis. That might be, though the injury was done by kicks or blows, if he had his clothes on. I do not think that blows with the fist alone could have done all this mischief. I differ from the other Medical witnesses in saying that these injuries must necessarily have been accompanied with ecchymosis, and that the injuries might have been inflicted on Wednesday. A man with one or two ribs broken might go on a day or two without exhibiting much inconvenience, but not without any. His being a lunatic would make no material difference. I differ from Dr. Tucker in thinking that it would. I have known cases where lunatics have injured themselves and have made no complaint. Among lunatics there are occasional instances of insensibility to pain, but in such cases there are other symptoms. There are other symptoms in this case. My impression is that the fractured ribs and sternum would have caused death immediately. Maniacs sometimes hurt themselves and do not complain. Mr. Lewis.—If the ribs had been fractured on the Wednesday, would that have caused death on the Saturday? Witness.—I think it would have caused death at once, and he certainly would not have lived till Saturday without exhibiting very distressing symptoms, which could not have been masked. Mr. Richard Partridge, one of the Council of the Royal College of Surgeons, and Professor of Anatomy at King's College, confirmed the evidence of Mr. Luke. He knew from his own experience that injuries precisely similar to those described might be produced without the slightest external mark. Cross-examined.—It is impossible that a man could have received these injuries on the Wednesday without exhibiting signs of them until Saturday. Re-examined.—I have no doubt that all the internal injuries—the fracture of the ribs and sternum and the rupture of the loin—were caused at one and the same time. All might be produced by a man kneeling on the body of the deceased. To Mr. Lewis.—Those injuries might be produced by the man falling from a height, but certainly not by his falling in a fit while in a room.

THE Report of the Select Committee appointed to inquire into the operation of the Acts of Parliament and regulations for the care and treatment of lunatics and their property, has just been published. The number of lunatics is on the increase. Taking the figures as they stand, it appears, that out of 600 people in England and Wales, one at least is incapable of managing himself and his affairs. Evidence shows that public asylums are so carefully attended to that but little alteration is required in the law; the chief evil is the detention of a large number of pauper lunatics in workhouses. The committee are of opinion that no person should be detained in a workhouse respecting whose sanity a doubt exists without a Medical certificate, renewable quarterly, stating that the patient is a proper patient to be kept in the workhouse; that there should, if possible, be distinct wards for such patients, with distinct attendance; that the guardians of the union should specially visit such patients once in each quarter, and make a special entry on each such visit of their state and condition; that the commissioners should also visit them at least once in each year, and that the same power of removing any patient to an asylum should be given to the commissioners as that which the justices now have. Private asylums are considered under various heads. The committee think, that some houses, both in the metropolis and in the country, are not well suited to the purpose, and they think it would be advisable that, except in cases to be specially allowed by the visitors or commissioners, the proprietor, or, in case of joint ownership, one of the proprietors should, as regards future licences, be required by law to reside on the spot. Under the second head, namely, the circumstances under which the patient may be placed under restraint, and the safeguards provided for the propriety of his confinement, they observe that the Medical certificate should be clear in its statement, and accurately framed. If such certificates were verified before a magistrate it would operate as a check on too hasty a conclusion. Secondly, the committee recommend that the certificate authorising the detention should be limited in the first instance to three months. It is now granted for an indefinite period. Thirdly, they recommend that the order for receiving the patient into the asylum should not be effective unless the applicant had himself seen the patient within three months of his signing the order; fourthly, that a copy of the order and of the Medical certificates should be sent to the commissioners within twenty-four hours; and fifthly, that the patient should, as soon as possible, be visited by the commissioners, or by some persons acting directly under their authority. The next subject considered by the committee is the treatment of the patient while in the asylum. The committee think the late recommendation of the commissioners, that it should be made compulsory upon the friends of all private patients to see them periodically, deserves consideration. The *prima facie* right both of receiving visits and of corresponding should, it is remarked, be secured to the patients, and should never be refused by the authorities except on specified grounds. A power might with advantage be given to the commissioners and visitors of ordering the temporary discharge upon trial of a patient in a private asylum. It would be an improvement in the law if the notice of recovery of patients, which is sent to the commissioners or visitors after fourteen days' interval, were required to be sent simultaneously with the notice of recovery which is sent to the relations. On the advantages and disadvantages of confining patients in single houses other than their own, there is considerable conflict of opinion. In one thing, however, all the witnesses are agreed, that this class of patients ought to be brought under supervision of the commissioners, and the committee think it should be made penal for any Medical man to receive any such patient without apprising the commissioners of it. As respects criminal lunatics, the measures which have been recently taken, and the State Asylum which is being erected at Broadmoor will, the Committee think, ensure better classification and supervision. The commissioners may advantageously be required to visit this State Asylum, but the discretionary power of partially or entirely restoring a patient to liberty should be vested in the Secretary of State for the Home Department. The foregoing recommendations would probably require some alteration in the law as regards the commission; but as the commissioners are of opinion that they could discharge the increased duties without any permanent addition either to their number or to their staff, the Committee abstain from any recommendation on the subject.

VITAL STATISTICS OF LONDON.

Week ending Saturday August 11, 1860.

BIRTHS.

Births of Boys, 857; Girls, 799; Total, 1656.
Average of 10 corresponding weeks, 1850–59, 1550·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	526	473	999
Average of the ten years 1850–59	594·2	515·5	1179·7
Average corrected to increased population..	..	..	1227
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	28	24	52

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	9	8	1	3	2	5
North ..	490,396	2	5	2	1	6	7	23
Central ..	393,256	1	14	10	..	2	5	15
East	485,522	1	12	7	..	6	5	27
South ..	616,635	4	9	10	3	5	3	20
Total.. ..	2,362,236	10	39	37	5	22	22	90

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TO CORRESPONDENTS.

Dr. E. Smith's paper on Sun-stroke shall appear next week if possible.

Mr. Potter's case shall appear.

Dr. Aldridge.—The case shall receive attention.

Mr. Harley.—Marshall Hall's Dinner Pill and the Diluted Aloes Pill of the London Pharmacopœia are identical. Four grains is the ordinary dose.

An Old Correspondent.—The letter was in type before the second note arrived.

Dr. Deamer.—The list was sent to us officially, and the authorities of the University are responsible for any mistakes.

"Veterinary Surgeon" Kendall.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The person named "Kendall," calling himself a "Veterinary Surgeon," whose trial is mentioned in your last week's paper, is not a Member of the Royal College of Veterinary Surgeons.

I am, &c.

Rugby, August 14. Walker Watson, M.R.C.V.S.

Physician-Surgeons.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I conclude, from what I have read in your journal at different times, that the London College of Physicians is in somewhat of a fix about its proposed new Licence. Would you allow me to make a suggestion? Why should not the College lay its charter, etc., before counsel, and find out what its privileges are? *If* it has the power of making Surgeons, why should not it exercise the power? Why not make a Licentiate of Medicine and Surgery—if it has the power? Surely a learned wig can define exactly what that power is.

I am, &c.

August 15. A Fellow.

Query.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—"One of the Old School," must excuse the ignorance of those who like myself wish to be informed of the nature of the oath taken by "a person with the licence of the Edinburgh College of Physicians, who in spite of his oath still dispenses medicines."

I am, &c.

August 15. One who has not left School.

Treatment of Infantile Eczema.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have at this time under my care two very severe cases of eczema infantilis; in both cases the children are under twelve months—in both slow and painful dentition is going on. The disease on its first appearance was thoroughly checked by the arsenical treatment with the benzoated zinc ointment of Mr. Erasmus Wilson; for two months no eruption appeared; now, however, both cases are much worse than at first.

The treatment used at first has failed, and I have gone the usual round of alteratives and soothing applications without effect. Every attention has been paid to diet, etc.

If any of your readers would suggest a plan that may have proved successful in similar instances I should feel much obliged.

August 13. I am, &c. T. N. S.

Ipecacuanha *v.* Opium.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A letter in reference to this subject in the last issue of your periodical, has reminded me of my intention to reply to Mr. Chambers' communication, very properly cautioning inexperienced Practitioners against the use of Dover's powder in large doses.

Notwithstanding the fact of the little patient having ten grains administered to it, and escaping unhurt, the dose I generally begin with is half-a-grain for a child twelve months old, gradually increased or repeated if necessary, and though Mr. Chambers gave the same quantity, viz.—half-a-grain, to an infant six weeks old, I am inclined, with Mr. Sharman, to attribute the convulsive attack which followed, to other causes than the opiate.

I am, &c.

Plough-road, Rotherhithe, S.E., August 11. J. J. Cregeen, M.D.

The Mania for "Degrees."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Edinburgh is not the only place to which those resort who seek "alphabetical honours" in exchange for filthy lucre.

A member of the University of Heidelberg, in Germany, complains in the *Times* of the numerous applications for Diploma of Doctor coming from "quacks" in England. He says, an "M.C.S. Edinb." offers £5 for an M.D. or Ph. D., no matter which, and hopes that the degree will be given to him as to an Englishman on payment of this certainly considerable bribe, and on sending his certificates (which the Dean surmises would be forgeries). A clergyman from the West of England sends "Sermons published by request," and a dissertation, "*De Peccato Originale*," and on being told that neither are wanted, but academical study and *examen rigorosum*, begins whining about his narrow circumstances and large family, which render both to him impossible. A pupil teacher in a national school is so generous as to offer "from £8 to £10," which (to quote his own words) is certainly sufficient for the mere use of a title, which, as he knows, is sold as an honour to Englishmen.

Sorry revelations these! But what else can we expect in this "age of veneer," when grave looks, pompous tones, and external trappings are so highly esteemed.

Were half the respect paid to simple worth which is now paid to elaborate mediocrity we should soon see an end of this unseemly hunting for degrees,—this dishonourable strife among brethren.

We have heard much of the virulence of the *odium theologicum*, but as we watch the strife betwixt College and Hall, between London and Edinburgh, between Hospital and Hospital, between Professional men, I am forced to cry, *multa gemens*, "All is vanity and vexation of spirit."

I am, &c.

London, August 15. A Medical Student.

Who is a Doctor?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Numerous as your correspondents have been on this vexed question you have not been often troubled from Ireland. May I, therefore, beg that you will insert a short letter from one who has no personal interest in the matter, inasmuch as I rejoice in what all admit constitute a Doctor and a Physician, viz. a Medical Degree from a real University and the Licence and Fellowship of the College of Physicians. In the views of Professor Christison, of Edinburgh, and of the author of the pamphlet "On the False Assumption of Medical Titles," I fully agree. My object in addressing you now is to remark upon a letter signed "T. H. B., Doctor of Medicine and Doctor of Physic," in which a claim is set up for the College to which I belong (the King and Queen's College) of conferring the title of "Doctor of Physic." The author of the pamphlet has already explained the ignorance of the pseudo Doctor of Physic, who sees a difference between Doctor of Physic and Dr. of Medicine. If T. H. B. knew anything of the University of Dublin and of the "School of Physic in Ireland," he would know that the titles of the Professors of the University and of the Professors under the will of Sir Patrick Dun are "Professors of Physick." In the old lists of the College the Licentiates are called "Licentiates in Physick;" and surely if the College had the right to make "Doctors of Physic" it would so designate them.

It would be strange, indeed, if the College of Physicians in Ireland enjoyed a privilege which that of London never possessed.

In the College of Physicians in Ireland the Fellows were Graduates of either of the three Universities—Oxford, Cambridge, or Dublin. The Licentiates were in general graduates of other Universities which confer the Degree of M.D. without requiring a Degree in Arts, so that in point of fact at the time of the passing of the Act of Parliament alluded to by T. H. B., the Fellows and Licentiates of the College of Physicians were "Doctors of Physic," but not in virtue of their belonging to the College.

It is now well known that many men who are merely licensed to practise physic or medicine are not satisfied with the courtesy title of Doctor but actually write M.D. after their names. We learn from Dr. Christison, however, that in Edinburgh this is only done by quacks. No man who is not a University Graduate so styles himself. This, I regret to say, is not the case in Ireland. To all who practise Medicine with a legal qualification the courtesy title of Doctor may be given and in truth this is all the Irish College of Physicians claims for its Licentiates, and when they affix M.D. on the mere licence, to use the words of Dr. Christison, "they write a falsehood."

As the courtesy title is so generally conceded it is idle to attempt to refuse it, but as the M.D. is assumed in addition, I would suggest that when a Physician puts his name to any formal document if he belongs to either of the three time-honoured Universities which still insist on their Medical Graduates having a Degree in Arts, that he should write M.D. with the University. The Graduates of Edinburgh and London should do likewise. In the midst of all the confusion which prevails this would indicate the possessors of respectable qualifications. When a man writes M.D. and no more then it would be assumed that he is probably a Giessen Graduate, or that he comes from some University of which he is ashamed, or mayhap that he is merely a Licentiate who has about as much right to M.D. as to F.M.

I am, &c.

Dublin, August 3. An Old Subscriber.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Mr. Le Gros Clark; Dr. Bennett, Edinburgh; Mr. Wilde, Dublin; Dr. Swerting, Nassau, Bahamas; Dr. E. Smith; Dr. Aldridge; Dr. Newman; Mr. Taylor; Mr. Gillespy; Registrar-General, Scotland; Mr. T. Smith; Mr. Twain; Mr. Walker; Dr. J. Wells; Dr. Krakowitz; Dr. Deamer; Mr. Atkinson, Jerusalem; Mr. Watson.

APPOINTMENTS FOR THE WEEK.

August 18. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

20. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

21. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

22. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

23. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

24. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

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Dr. Belloc's Lozenges and Powder of MEDICAL VEGETABLE CHARCOAL, approved of by the Imperial Academy of Medicine of Paris, for the cure of Indigestion and Constipation, and of all Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.
General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

S. Bowles, late Windsor & Co., Phial and BOTTLE MERCHANTS, Dealers in Druggists' Sundries, &c. 6, James-street, Covent-garden, W.C. The cheapest house in London or every description of Medical Glass of the best quality.
Samples and Prices forwarded free on application.

Hogg's Lithia Water, Super- CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA, prepared by the directions of Dr. Garrod, and guaranteed to contain the full quantity of Lithia.
Mr. HOGG also prepares the undermentioned Waters, which are highly carbonated, very agreeable, and much used in the treatment of Gout, Gravel, &c.: Citrate of Potash, containing 30 grs. Citrate of Potash and Iron, 30 grs. and 5 grs.
Bicarbonate of Potash, 20 grs.; and Soda, 15 grs.
Seltzer, Vichy, Pullna, &c., from their respective analyses.
HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-pl., Hyde-park-sq.

Aerated Lithia Water. — Messrs. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain 2 grains and 5 grains in each bottle, either by itself, or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.
The following Waters as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains; Soda, 15 grains; Ammonia, 10 grains; Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.
BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Struve's Seltzer, Fachingen, Vichy, MARIENBAD, and other MINERAL WATERS.—ROYAL GERMAN SPA, BRIGHTON.—Under her Majesty's especial Patronage. The PUMP-ROOM and PROMENADES are now OPEN for the Thirty-sixth Season. The Bottled Waters are sold at the Pump-room and by GEORGE WAUGH and Co., Pharmaceutical Chemists to the Queen, 177, Regent-street, London, W., and by other respectable houses in London and the provincial towns, where a prospectus with the highest Medical Testimonials may be obtained gratis. CAUTION.—Owing to the use of Struve's bottles by other parties, please to observe that Struve's name is on the label, and red-ink stamp affixed to every bottle of Struve's manufacture.

St. George's Hospital Medical School. —The WINTER SESSION will commence on MONDAY, the 1st of OCTOBER, with an INTRODUCTORY ADDRESS by Dr. PITMAN, at 2 p.m.

LECTURERS.

Practice of Physic—Dr. Pitman.
Practice of Surgery—Mr. Tatum.
Descriptive and Surgical Anatomy—Mr. Pollock and Mr. Gray.
Physiology, General and Comparative Anatomy—Mr. A. Johnson.
Chymistry—Dr. H. M. Noad.

The Hospital contains 350 beds. Clinical Lectures will be delivered every week by one of the Physicians and Surgeons.
A Ward is devoted to Diseases peculiar to Women. Pupils have ample opportunity to attend Midwifery cases.
Fees for Hospital Practice and Lectures to qualify for
The College of Physicians....£81 18s.
The College of Surgeons ....£87 3s.
The Society of Apothecaries..£69 4s.
The College of Surgeons and Society of Apothecaries.. } £96 12s.
Pupils who prefer to spread the payment of the fees for the College and Hall over a period of three years, may do so, by payment of £42 the first year, £42 the second year, and £12 12s. the third year. Perpetual Pupils to the Surgeons, have to pay an additional sum of 30 guineas the first year; or to the Physicians, 8 guineas.
Perpetual Pupils are eligible to be Assistant House-Surgeons for six months, and House-Surgeon for twelve months, without additional fee. Students of this Hospital are eligible to the office of Obstetric Assistants after their second year, without additional fee. The House-Surgeons reside and board in the Hospital for twelve months.
The Obstetric Assistant resides and boards in the Hospital, with a salary of £100 a-year. The Obstetric Assistant gives instruction in Vaccination.

EXHIBITIONS AND PRIZES.

The William Brown Exhibition of £40 per annum, tenable for three years, will be open to Students entering to the Hospital as Perpetual Pupils during the Winter Session 1860.
The following Prizes will be offered at the termination of the Session, viz.—
The Thompson Silver Medal, for Clinical Reports.
Sir Charles Clarke's Prize for Good Conduct.
Sir Benjamin Brodie's Prize for Surgical Reports of Cases.
Mr. Lewis Powell's Prize for Medical Reports of Cases.
A Prize of Twenty Guineas, for general proficiency in Medical Studies, for Students who enter to the Hospital Medical School for the Session 1860, and for the encouragement of Clinical Study.
A Prize of Twenty Guineas, for Surgeons' Pupils in their second year.
A Prize of Twenty Guineas, for Physicians' Pupils in their second year.
*** Further information may be obtained from Mr. Pollock, the Treasurer of the School; or from Mr. Hammerton, the Resident Medical Officer of the Hospital.

Grosvenor-place School of Medicine, No. 1, GROSVENOR-PLACE (Adjoining St. George's Hospital).
The WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st.
General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Dr. Halford.
Practical Anatomy—Dr. Arlidge.
Chemistry—Dr. Thudichum.
The Principles and Practice of Medicine—Dr. Cockle and Dr. Leared.
The Principles and Practice of Surgery—Mr. Spencer Wells and Mr. William Adams.
Military Surgery—Mr. Blenkins.
Prizes and Honorary Certificates are awarded for general proficiency at the termination of the Session.
The Dissecting Room and Museum of Anatomy are open to the Students during daylight, where their Studies are superintended by the Lecturers on Anatomy.
Instruction in Pathological Anatomy is given by the Lecturer on Physiology.
Midwifery cases are provided for the Pupils of the Midwifery Class.
FEES.—General Fee to all the Lectures required by the Universities of London and St. Andrews, the Royal College of Surgeons of England, and the Society of Apothecaries, Thirty-five Guineas.
Further information may be obtained at the Theatre, 1, Grosvenor-place; of Dr. Richardson, 12, Hinde-street, Manchester-square, W.; or at the Residences of the different Lecturers.

The Middlesex Hospital Medical COLLEGE.—The INTRODUCTORY LECTURE will be delivered by Dr. CHARLES COOTE, late Fellow of Pembroke College, Oxford, at Eight o'Clock on Monday Evening, October 1.
The Middlesex Hospital contains 305 beds, and has Special Wards for Cancer, for Venereal, and Uterine Diseases.
STAFF:—Dr. A. P. Stewart, Dr. Goodfellow, Dr. H. Thompson, *Physicians*; Dr. R. T. Frere, *Physician-Accoucheur*; Dr. F. Weber, Dr. C. Coote, *Assistant-Physicians*; Mr. Shaw, Mr. De Morgan, Mr. Moore, Mr. Henry, *Surgeons*; Mr. Nunn, Mr. Flower, *Assistant-Surgeons*; Mr. Tomes, *Dental Surgeon*.
LECTURERS IN THE MEDICAL COLLEGE:—Dr. A. P. Stewart and Dr. Goodfellow, on Medicine; Mr. Shaw, on Surgery; Mr. De Morgan, on Physiology; Mr. Moore, on Anatomy; Mr. Nunn and Mr. Flower, on Practical Anatomy; Mr. Taylor and Mr. Heisch, on Chemistry; Mr. Sibley and Dr. Murchison, on Pathological Anatomy; Dr. Priestley, on Midwifery; Dr. H. Thompson, on Materia Medica; Dr. Woodham Webb, on Minute Anatomy; Mr. Henry and Dr. C. Coote, on Forensic Medicine; Dr. Lawrence, on Botany; Mr. Taylor and Mr. Heisch, on Practical Chemistry; Dr. T. Spencer Cobbold, on Comparative Anatomy. Instruction in Modern Languages by Dr. Buchheim, Ph.D. Vienna.
The opportunities for gaining practical knowledge have been recently increased. There are now FIVE APPOINTMENTS, with residence within the Hospital, and free commons, for which Students who have completed their education in the College are, under certain conditions, eligible.
In addition to Prizes for General Proficiency, the Governors' Prize of Twenty Guineas is given for excellence in Clinical Reports.
For the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, the fee is £88 4s., payable by yearly instalments, of which the two first are £35 each. A full prospectus forwarded on application.
T. W. NUNN, Dean.
C. DE MORGAN, Treasurer.

King's College, London. — Medical DEPARTMENT.—The WINTER SESSION will commence on MONDAY, October 1, with an INTRODUCTORY LECTURE by Dr. JOHNSON, at Eight p.m.
Anatomy—Professor Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—Professor Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson.

KING'S COLLEGE HOSPITAL.

Physicians { George Budd, M.D., F.R.S. / George Johnson, M.D. / Lionel S. Beale, M.B., F.R.S. } With care of In-Patients.
Physicians { W. A. Guy, M.B., F.R.S. } With care of Out-Patients.
Assistant-Physicians—C. Murchison, M.D.; Conway Evans, M.D.; A. B. Duffin, M.D.; E. S. Thompson, M.B.
Physician—A. Farre, M.D. .. .. } For Diseases of Women and Children.
Assistant-Physicians—T. H. Tanner, M.D.; A. Meadows, M.D. .. .. }
Surgeons { W. Fergusson, F.R.S. / Richard Partridge, F.R.S. / William Bowman, F.R.S. } With care of In-Patients.
Surgeons { Henry Lee, F.R.C.S. } With care of Out-Patients.
Assistant-Surgeons—J. Wood, F.R.C.S.; J. W. Hulke, F.R.C.S.
The Hospital is visited daily. Clinical Lectures are given every week by the Physicians and by the Surgeons. The Physicians' Assistants, Clinical Clerks, the House-Surgeons, and Dressers, are selected by examination from the Students of the Hospital.
WARNEFORD SCHOLARSHIPS.—Students who enter the Medical Department of King's College in October, 1860, will have the exclusive privilege of contending for the Scholarships founded by the late Dr. Warneford, for the encouragement of the previous education of Medical Students. There will be five, of £25 each, given this year—two to be held for three years, and three for two years.
The subjects of examination are the usual branches of school education—viz. Divinity, Classics, Mathematics, Modern History, and Foreign Languages; but any subject, except Divinity, may be omitted. The classical subjects are the same as those fixed for the Matriculation Examination at the University of London in July, 1860.
For full particulars, apply to J. W. Cunningham, Esq., King's College, London, W. C.
R. W. JELF, D.D., Principal.

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London Hospital Medical College,

Mile-end. JULY 23, 1860.—The next WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st, 1860, when the Introductory Lecture will be delivered by Dr. BARNES, at Three p.m.

General Fee qualifying for the Examinations of the London University, Royal College of Surgeons, and Apothecaries' Hall, 84 Guineas, payable in two instalments of 42 Guineas each, at the commencement of the two first Winter Sessions of attendance.

Perpetual Fee to the Lectures alone, £50.

Students can make special entries to Lectures or Hospital Practice.

Further particulars and prospectuses can be had on application to Dr. Parker, Hon. Secretary, 22, Finsbury-square, E.C.; or at the College.

Anderson's University, Glasgow.—

The WINTER SESSION will COMMENCE on TUESDAY, the 6th NOVEMBER.

Anatomy and Practical Anatomy—Dr. George Buchanan.
Chemistry and Practical do.—Dr. Penny.
Surgery—Dr. Hunter.
Practice of Medicine—Dr. Anderson.
Materia Medica—Dr. Morton.
Midwifery—Dr. Paterson.
Institutes of Medicine—Dr. Watson.

IN SUMMER.

Medical Jurisprudence—Dr. Cowan.
Botany—Dr. Bell.

The Fees admitting to all the Classes and Hospital Practice required for Licences in Medicine and Surgery amount to £40.

ANDREW ANDERSON, M.D.,
2, Woodside-crescent. Secretary.

St. Thomas's Medical Session.—

A GENERAL INTRODUCTORY ADDRESS will be delivered by R. D. GRAINGER, Esq., F.R.S., on MONDAY, 1st October, 1860, at Eight o'clock p.m.; the Distribution of Prizes will take place early in the Session.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as perpetual.

A rumour having been current that this Hospital will shortly be removed to another site, it is thought desirable to contradict such report.

PRIZES AND APPOINTMENTS FOR 1860-61.

Voluntary Matriculation Examinations are held early in October, and Prizes are given in each of the three following divisions:—

1st. In Mathematics, Classics, and Ancient History. The President's Prize of 20 guineas.

2nd. In Physics and Natural History. A College Prize of £20

3rd In Modern Languages and Modern History. A College Prize of £20

The TITE SCHOLARSHIP, founded by W. Tite, Esq., M.P., F.R.S., the proceeds of £1000 Consols, tenable for three years.

To the three most distinguished Pupils for General Proficiency in each year, the following Prizes are awarded:—

FIRST YEAR'S STUDENTS.

1st. The Treasurer's Prize of 30 guineas. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

SECOND YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10

The Dressers, and the Clinical Clerks, are awarded to merit, after examination.

THIRD YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

Mr. George Vaughan's Cheselden Medal. The Treasurer's Gold Medal.

Mr. Newman Smith's Prize of £5 for the best Essay on "Neuralgia."

The Two House-Surgeons, the Resident-Accoucheurs, and the Dressers, are periodically selected, and are provided with Rooms and Commons in the Hospital, free of expense.

Two Hospital Registrars, at an Annual Salary of £40 each, or one at £80.

Students of each year are classed according to their respective total merits in the examinations, and all of the First Class receive Certificates of Honour.

MEDICAL OFFICERS.—Dr. Roots, Consulting Physician; Mr. Green, Consulting Surgeon; Dr. Barker, Dr. J. Risdon Bennett, Dr. Goolden, Dr. Peacock, Dr. Bristowe, Dr. Brinton, Mr. South, Mr. Mackmurdo, Mr. Solly, Mr. Le Gros Clark, Mr. Simon, Dr. Waller, Dr. Clapton, Mr. Sydney Jones, Mr. Whitfield.

Clinical Instruction is given at stated times by the Medical and Surgical Officers; and Special Medical Clinical Lectures, by Dr. Barker. Ophthalmic Surgery, Mr. Mackmurdo; Midwifery, Dr. Waller and Mr. Gervis; Dental Surgery, Mr. Elliott; Medical Tutors, Mr. Allingham and Mr. Gervis.

Medicine—Dr. Peacock. Surgery—Mr. Le Gros Clark. Physiology—Dr. Brinton. Descriptive Anatomy—Mr. Sydney Jones. Anatomy in the Dissecting Room—Mr. Rainey. Assistant Demonstrator—Mr. J. Croft. Chemistry and Practical Chemistry—Dr. Albert J. Bernays. Midwifery—Dr. Waller. Practical Midwifery—Mr. Gervis. General Pathology—Mr. Simon. Botany—Dr. Clapton. Comparative Anatomy—Mr. W. M. Ord. Materia Medica—Dr. Bristowe. Forensic Medicine—Dr. Stone. Public Health—Dr. Headlam Greenhow. Demonstrations Morbid Anatomy—Dr. Edmund Montgomery. Microscopical Anatomy—Mr. Rainey.

Students can reside with some of the Officers close to the Hospital.

The Committee of the "Nightingale Fund" has arranged with the authorities of St. Thomas's for educating women as Hospital Nurses, who, on the satisfactory completion of one year's training, will be considered eligible to receive appointments as Nurses in the Metropolitan and Provincial Hospitals.

Application can be made prior to next Midsummer to Mrs. W. W. Wardroper at St. Thomas's Hospital.

The patients are admitted daily at Half-past Eleven, a.m., and the Out-patients seen at Half-past Twelve daily.

To enter, or to obtain Prospectuses, the conditions of the Tite Scholarship, and further information, apply to Mr. Whitfield, Medical Secretary, resident at the Hospital.

St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, OCTOBER 1st, at Eight o'Clock, p.m., with an INTRODUCTORY ADDRESS by Dr. TYLER SMITH, after which a Conversazione will be held in the Museum.

It is a distinctive characteristic of St. Mary's Hospital that its Medical Appointments are conferred upon the Pupils without additional fee. Three Resident Medical Officers are appointed for Twelve Months, and one, the Obstetric Officer, for Six Months, all of whom board free of every expense in the Hospital. The money-value of these Five Appointments far exceeds as many Scholarships of £50 each. Four non-Resident Medical Officers are also selected from the best-qualified Students.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Handfield Jones, Dr Sieveking, and Dr. Markham.
Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. James Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee. Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Clinical Medicine—Dr. Alderson, Dr. Chambers, and Dr. Sibson. Clinical Surgery—Mr. Coulson, Mr. Lane, and Mr. Ure. Medicine—Dr. Chambers and Dr. Sibson. Surgery—Mr. Coulson and Mr. Spencer Smith. Physiology and Morbid Anatomy—Dr. Markham and Mr. James Lane. Anatomy—Mr. James Lane and Mr. Gascoyen. Operations upon the Dead Body—Mr. Walton. Dissections—Mr. Gascoyen and Mr. Davy. Chemistry and Practical Chemistry—Mr. Field. Midwifery—Dr. Tyler Smith and Dr. Grailly Hewitt. Materia Medica—Dr. Sieveking. Botany—Dr. Dresser. Medical Jurisprudence—Dr. Sanderson. Ophthalmic Surgery—Mr. White Cooper. Aural Surgery—Mr. Toynbee. Dental Surgery—Mr. Sercombe. Comparative Anatomy—Dr. Grailly Hewitt. Natural Philosophy—Mr. Smalley.

The In-Patients are visited daily by the Medical Officers and the Out-Patients are also attended daily by the Physicians and Surgeons in charge of them. During the past year relief was afforded to 1549 In-Patients and to 13,727 Out-Patients. A Maternity Department is also attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers, in each session, during the last two years of their curriculum.

SCHOLARSHIP, PRIZES, ETC.—In addition to the Medical Appointments mentioned above, a Scholarship in Anatomy of the annual value of £25, is offered to the Students. Examinations for Prizes will take place at the end of each Session

The Fee for the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, is £89 5s., which may be paid by instalments.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in Practice near the Hospital willing to receive Pupils to reside with them.

GEO. G. GASCOYEN, Dean of the School.

St. Mary's Hospital, August, 1860.

Westminster Hospital School of

MEDICINE.—The INTRODUCTORY ADDRESS of the Session 1860-61, will be delivered by Mr. POWER, on MONDAY, OCTOBER 1, at Eight p.m., and after the Address a CONVERSAZIONE will be held in the Board-Room.

The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 175 Beds, and affords relief to about 20,000 Out-Patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Marcet, Dr. Reynolds.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr Hillman, Mr. Power.
Surgeon-Dentist—Mr. Clendon.

LECTURES.

Descriptive and Surgical Anatomy—Mr. Holthouse.
Practical Anatomy—Mr. Heath and Mr. Gray.
Dental Surgery—Mr. Clendon.
Chemistry—Dr. Marcet, F.R.S.
Surgery—Mr. Barnard Holt and Mr. Brooke, M.A., F.R.S.
Physiology and Physiological Anatomy—Mr. Power.
Medicine—Dr. Basham.
Botany—Mr. Syme, F.L.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.
Materia Medica and Therapeutics—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Practical Chemistry—Dr. Marcet, F.R.S.
Midwifery—Dr. Frederic Bird.

Clinical Lectures.—In addition to the instuction given by all the Medical Officers during their Visits, Courses of Lectures on Clinical Medicine and Surgery, in accordance with the New Regulations of the Examining Boards, will be delivered during the Winter and Summer Terms by the Physicians and Surgeons.

Clinical Appointments.—The offices of House-Physician and House-Surgeon, are open to competition solely amongst Gentlemen who have been educated at the Hospital, and who are qualified to practise. They are appointed without the payment of any fee, and are provided with Board and Lodging in the Hospital free of expense. They hold office for one year.

Clinical Clerks and Dressers are selected from the most qualified Students, without additional fee.

The entire Course of Study (including Hospital Practice and Lectures) required by the College of Surgeons and the Society of Apothecaries, may be attended on payment of 75 guineas. Perpetual, 80 guineas.

Further information may be obtained on application to

F. J. WILSON, Secretary to the Westminster Hospital.

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Attendance from 11 till 4.

South Staffordshire General Hospital, WOLVERHAMPTON.—ELECTION of PHYSICIAN.—Dr. Topham, one of the Physicians of this Institution, having resigned his appointment, Candidates for the office are requested to send in their Diplomas and Testimonials under cover to the Secretary, on or before MONDAY, the 3rd of SEPTEMBER next. The Election will take place at the General Board of Governors, to be held on the 11th September, 1860.

BENJAMIN SMITH, Secretary.

Wolverhampton, August 7, 1860.

Parish of Liverpool.—Wanted, two ASSISTANT MEDICAL OFFICERS, for the Workhouse, Brownlow Hill, to supply vacancies caused by the promotion of the present Officers. Salary £75 per annum, with rations of the quality supplied to other Officers of the Establishment. The Candidates that are appointed will be required to reside in the Workhouse and to devote their whole time to duties as fixed by the Board. The appointments will be made determinable by Three Months' notice from either side on any date. Letters of Application, enclosing Testimonials with Certificates of Qualification, and stating the age of the Candidates, to be left at the Office of the undersigned on or before WEDNESDAY, the Twenty-second day of August instant.

H. J. HAGGER, Vestry-Clerk.

Parish Offices, Brownlow Hill, August 9, 1860.

Society for Relief of Widows and ORPHANS of MEDICAL MEN in LONDON and its Vicinity. Instituted 1788.—The Members are reminded that a QUARTERLY COURT of DIRECTORS will be held on the 5th day of September next, at which Candidates for Admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the Meeting. The forms of proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years' standing.

The Secretary attends at the Office every Wednesday and Friday, from 4 to 5 o'clock.

53, Berners-street, W. S. W. J. MERRIMAN, M.D., Secretary.

University of London.—The Regulations relating to MATRICULATION, and to DEGREES in ARTS, SCIENCE, and MEDICINE, having been recently revised, copies of them may be obtained on application to the Registrar.

DEGREES IN SCIENCE.—Candidates who shall have attained the age of 22 years will be admitted to the FIRST B.Sc. EXAMINATION in the years 1861, 1862, and 1863, without previous Matriculation. Candidates who shall have taken a Degree in Arts in any of the Universities of the United Kingdom, will be admitted to the B.Sc. EXAMINATION without Matriculation.

A SECOND B.Sc. EXAMINATION will be held in October next, to which Bachelors of Arts of this University, and Undergraduates who have passed the First M.B. Examination, will be admitted without having passed the First B. Sc. Examination.

A NEW EDITION of the CALENDAR, containing the REVISED REGULATIONS, with the Examination-Papers for the present year, up to this date, will shortly be issued. By Order of the Senate,

WILLIAM B. CARPENTER, M.D.,

Burlington House, August 10, 1860. Registrar.

Health, Fresh Air, and Pure Water. —By Her Majesty's Letters Patent.—CONDY'S FLUID contains NASCENT OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating and invigorating properties of this Fluid render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the bodies of invalids, incorporating in poultices, or washing and healing wounds, or for general purposes of ablution when in health. Patronised by the Board of Health, and most public departments, Hospitals, schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s. and 2s.; stronger and purer, 1s., 2s. and 4s.

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Medical Transfer and Partnership.

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Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, at the above Address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE Practice.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

He has been concerned professionally for a considerable proportion of the most influential Practitioners (including Partners in many of the leading Medical Firms), to whom he has the satisfaction of being permitted to refer—a privilege that he trusts will be regarded as a proof of the sincerity of his endeavours to conduct these transactions in an honourable and straightforward manner.

Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

Office Hours, from Eleven to Four.

Wanted, by a Practitioner in the Country, an ASSISTANT to Dispense, attend Midwifery, and visit occasionally. Address, stating age, salary required, and references with some particulars of last engagement, to Medicus, Post-Office, Bedford.

Margate.—Board and Residence for CHILDREN, &c., requiring the benefit of Sea-air (number limited to six), by a Lady, with every comfort and attention. Address, A. Z., Mrs. Denne's, 4, Queen-street, Margate, or A. Z., 75, Margaret-street Cavendish-square, London, W.

A Young Gentleman, of Quiet and Studious Habits, who is about to commence his attendance on Lectures, &c. in October, wishes to meet with a MEDICAL GENTLEMAN residing near a Hospital, who will afford him a Comfortable Home on moderate terms, as he would give his services for an hour or two in the day as part payment. References to his former master. Address, R. P. W., Post-office, Chipping-Norton, Oxon.

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The Principal of the School, the Rev. JOHN HATTERSLEY, invites the attention of Physicians and others to this advertisement, believing that the opportunity of regular instruction for children will be considered an important addition to the many advantages of Pau.

Further information may be obtained from the Rev. John Hattersley, 32, Haute Plante, Pau, Basses Pyrénées, or from Messrs. Williams and Norgate, Booksellers and Publishers, Henrietta-street, Covent-garden, W.C.

Chlorodyne.—J. T. Davenport begs to direct attention to the disgraceful and fraudulent practice of certain parties, who apply the term "CHLORODYNE." to compounds of THEIR OWN MANUFACTURE, WELL KNOWING that the word is applied to a remedy SOLELY DISCOVERED and INTRODUCED by Dr. J. COLLIS BROWNE, M.R.C.S.L. (late Army Medical Staff), the formula of which is confided to J. T. DAVENPORT, and NONE other;—hence the assumption of the title, claim to discovery, or manufacture of CHLORODYNE by any other persons is a direct palpable deceit and imposition.

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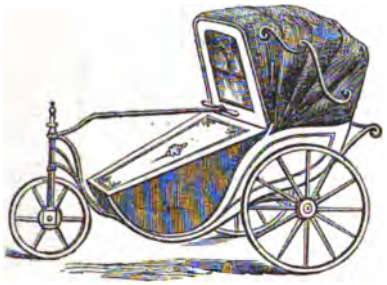
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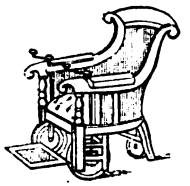
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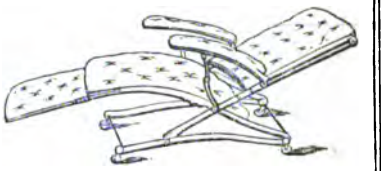
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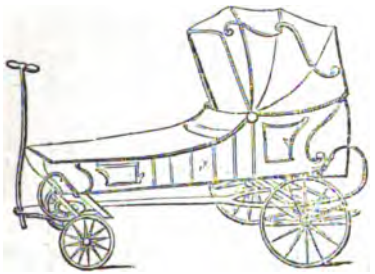
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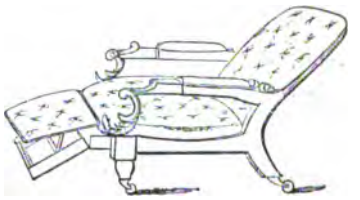
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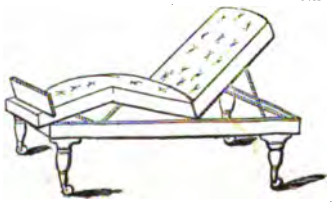
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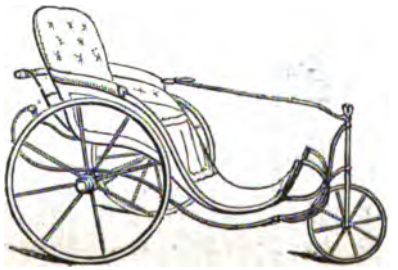
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MEDICAL TIMES & GAZETTE

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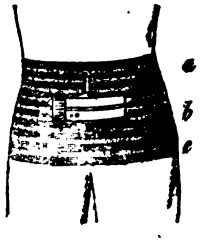

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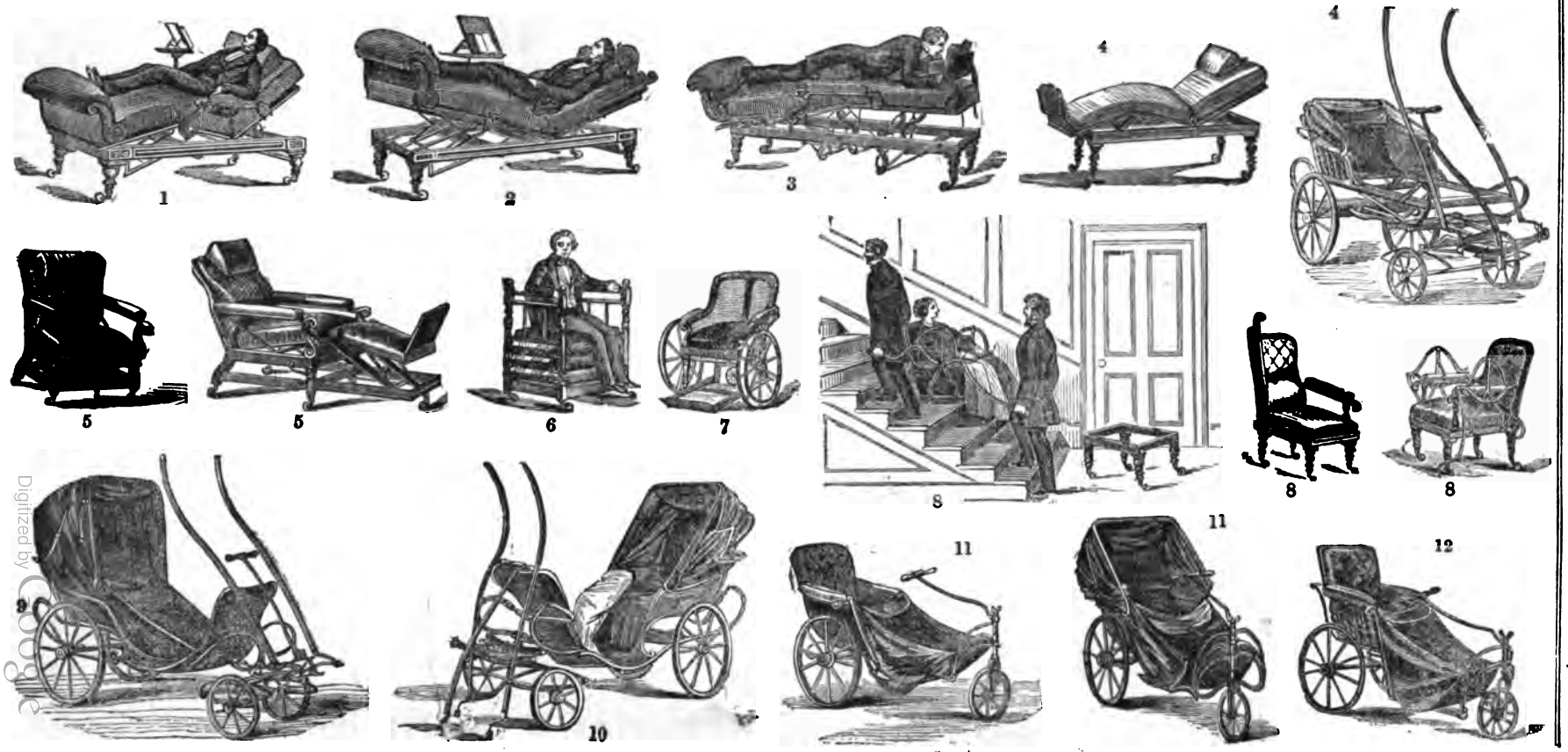

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LECTURE XXIV.

OPERATIVE PHYSIOLOGY— ON THE PANCREATIC SECRETION.

Summary:—Various Methods of collecting the Produce of Glands connected with the Digestive Apparatus—Modifications required in the Case of each particular Gland—Chemical Composition of Saliva entirely independent of the General State of the Animal's Health—The reverse takes place with respect to the Pancreatic Secretion—Dangerous Consequences of Peritonitis in Animals subjected to these Experiments—The Liquid obtained in this latter Case is a Vitiated Secretion—Necessity of Establishing Definite Rules for the Performance of these Operations—Anatomical Disposition of the Pancreatic Ducts in Man—Situation of their External Orifices—The Bifidity of this Excretory Apparatus is a Vestige of the Fœtal State—Anatomical Disposition of these Parts in various Classes of Animals—Different Modes of performing the Operation The Method adopted by Tiedemann and Gmelin preferable to all others —The Experiment must be performed while the Digestive Process is in full Activity.

GENTLEMEN,—In the preceding Lectures we have successively examined the principal methods employed for the purpose of obtaining the produce of certain glands which play a prominent part in the digestive functions. We have shown you how to collect saliva, the gastric juice, and the pharyngeal secretion, in a state of perfect purity. We shall now descend into the lower portion of the alimentary canal, in order to pursue our investigations into this branch of physiology.

Immediately below the pylorus, several important liquids are poured into the duodenum by various glands, some of which are placed on the outer side of the intestine, while others lie imbedded in its walls. We allude to bile, pancreatic juice, and the liquid secreted by Brunner's glands. We shall direct your attention to-day to the pancreatic secretion; and we evidently could not have chosen a more interesting subject to conclude these Lectures for the present session.

The various methods of collecting the intestinal fluids, although resting upon some general principles, require certain modifications in the case of each gland. There exists, as you are well aware, a vast difference between these various organs: the pancreas, for instance, is far from resembling the salivary apparatus, to which it has frequently been assimilated. As far as structure is concerned the comparison is just; but with respect to their physiological properties it is absolutely erroneous; and although the contrast is sensible enough in the healthy state, yet the effects of disease bring it into a much stronger light. Local disorders, in fact, almost exclusively enjoy the property of disturbing the salivary secretion, which remains unimpaired during the course of other affections. It is, therefore, comparatively easy to collect this fluid in large quantities without modifying its normal characteristics; for the slight inflammation which sometimes results from the experiment, is in this respect altogether harmless. Far different is the sensibility exhibited by the pancreatic gland: the general perturbations of the economy exert a powerful influence upon its functions, and the least degree of inflammation immediately perverts the properties of the fluid which it produces; when, therefore, peritonitis arises in consequence of the operation, the experiment cannot be pursued with any hope of success, no reliance whatever can be placed upon the results obtained, a healthy secretion being no longer placed at our disposal; and if the utmost care is not taken to avoid this unfortunate complication, which too often attends operations performed upon the abdominal viscera, the properties of the pancreatic secretion cannot be rationally ascertained.

The absolute necessity of establishing definite rules for the performance of this delicate operation is evident, for we cannot expect the results obtained by different observers to agree, unless the conditions in which the experiment takes place are identically the same in every case. Let us, therefore, consider the anatomical disposition of the pancreatic ducts, in man as well as in the lower animals; after taking this preliminary step we shall endeavour to lay down, as clearly as possible, the requisite directions.

The pancreas in the human species is provided with two excretory ducts, the first of which falls into the ductus choledochus; while the second opens separately into the duodenum. Here is the stomach of a criminal, preserved in alcohol; the organ having, therefore, belonged to a healthy subject, must be supposed to exhibit the normal state. Two little silver probes being introduced from without into the pancreatic ducts, you will see them appear on the inner surface of the intestine and their direction will be easily ascertained. The extremity of the probe passes into the duodenum, as you perceive, just below the pylorus. One of the ducts is provided with a distinct aperture, while the other falls into the biliary canal. In this preparation both ducts happen to be of an equal size, but in the majority of cases that which is anastomosed with the ductus choledochus is a little larger than the other. And, lastly, a direct anastomosis exists between the two ducts; it is fully exhibited (as you see) in this preparation. This disposition is worthy of notice, since, after tying one of the two excretory canals, the pancreatic secretion flows through the other into the digestive tube.

A similar disposition exists in the dog; the pancreas is also provided in this animal with two ducts, one of which opens into the duodenum just above the orifice of the ductus choledochus, while the other unites with the biliary canal, a direct communication existing between the two ducts, as in the human species. A small tubercle on the internal surface of the intestine points out the seat of the principal orifice, common to both the pancreatic duct and the biliary canal; immediately above this point a second tubercle corresponds to the opening of the accessory, or independent, pancreatic duct. We here exhibit the stomach of a dog, in which the above-mentioned dispositions are conspicuous, and it will be easy to show you the anastomosis between the two ducts by a direct experiment. When a coloured liquid is injected into one of these apertures, it flows immediately from the other, affording a manifest proof of the communication between them.

(M. Bernard here introduces a fine syringe into the principal orifice, and injects water with force into the corresponding duct; a jet immediately escapes from the neighbouring aperture.)

The existence of this anatomical peculiarity in dogs has been described long ago by R. De Graaf, and was even known to exist in man. Meckel states that in the fœtus a double canal corresponds to a double pancreas; in the adult, this bifidity disappears, according to Meckel, and only one duct is found, the double gland having coalesced into a single mass. Although the celebrated anatomist was mistaken in this particular, I readily believe in the bifidity of the pancreas during the fœtal state. I have found this to be the case in the canine species; and the existence of a double apparatus in the fœtal state, which corresponds to a single organ in adult animals, is of very frequent occurrence. In the gallinaceæ, for instance, the left ovary is atrophied when the bird arrives at its full development.

The dog is of course the animal usually employed in making experiments on the pancreatic secretion; and the accessory duct is generally chosen for this purpose. The operation is performed in the following manner:—

An incision is made upon the abdominal parietes in the median line, in the vicinity of the pylorus; the muscles being drawn aside by an assistant, the operator seizes the duodenum with a forceps, separates it from the adjoining parts, and draws it out through the wound. The pancreas, the intimate connexions of which with this portion of the digestive tube are well known, is in this manner extracted from the abdominal cavity; the vessels are then drawn aside, the utmost care being taken not to injure them; and a small portion of the accessory duct is thereby laid bare. On this point the incision may be performed, without irritating the

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delicate gland, which the slightest touch would inflame. A thread being passed under the duct, it is opened, and a silver tube is fixed by means of a ligature in its cavity; it is often found necessary to fasten the tube in the duct in two separate places, in order to prevent it from escaping. The duodenum and pancreas are then carefully replaced within the abdominal cavity, the extremity of the canula still protruding from the wound. The tube employed for this purpose must be four or five inches long, and provided with a stylet, to clear it from obstructions.

The pancreatic secretion has not exclusively been studied in the canine tribe: its properties have been examined in several other animals.

In the cat the disposition of these ducts is so irregular as to baffle all description: in most cases, there exist several of them. In the rabbit this distribution is highly favourable to the experiment; they spread over the mesentery, in the shape of a fan before penetrating into the duodenum; nothing, therefore, can be easier than to open them and insert a tube into their cavity. The anatomical preparation which we place here under your eyes, exhibits the above-mentioned arrangement.

In the ox the pancreas is equally provided with a large number of excretory ducts; the greater part of these are anastomosed with the biliary apparatus; some of them fall into the ductus choledochus: others arrive at the gall-bladder itself; and the biliary ducts are not unfrequently connected with little pancreatic glands, which pour into their cavity the fluid which they produce. There always exists, however, one independent duct at least, which opens separately into the duodenum; on this point is the operation performed: but even after tying most of the accessory ducts, it is impossible to collect the whole of the liquid secreted by the pancreas, a large proportion of which flows directly into the gall-bladder. We place here under your eyes the duodenum of an ox, with the neighbouring portions of the stomach; and in this preparation you see the ducts which arise from the pancreas, freely anastomosed with the various ramifications of the biliary canal.

The method of obtaining pancreatic juice which has just been described, is altogether different from the one adopted by De Graaf: in his researches on this subject, he used to make a wide incision on the abdominal walls, which allowed the whole intestinal mass to escape; the pancreas being then separated from the neighbouring parts, a tube was introduced into its principal duct; but the subsequent results of this somewhat brutal separation appear to have vitiated the secretion of the gland, for De Graaf's description of the properties of this fluid is far from coinciding with the notions actually entertained on this point.

Other observers had opened the duodenum, in order to obtain a supply of pancreatic juice, but Tiedemann and Gmelin had recourse to the operation we have described, and were thus enabled to obtain large quantities of this fluid without wounding the intestine; the advantage of avoiding this useless injury is too evident to be explained.

The operation must in every case be performed while the animal is in full digestion, for in the healthy state the secretion only takes place at that moment, and the nerves of the pancreas being imperfectly known, we are unable to bring galvanism to bear upon them, for the purpose of stimulating the activity of the gland. On the other hand, it is of the highest importance to obtain a certain quantity of the fluid at once; for if several hours are allowed to elapse after the operation, before any is collected, an acute inflammation may have taken place, and a vitiated secretion is obtained instead of the normal products of the gland. In most cases, however, if the operation has been properly performed, these accidents do not occur, and the animal furnishes a healthy secretion in abundance, for the space of several days.

A correspondent of the "Times" recommends that in the new Coroners' Bill now before Parliament, a clause should be inserted to the effect,—That a coroner's inquest should be held on the body of every lunatic who dies in an Asylum. Has the gentleman no respect for the feeling of the relatives of the lunatic? Does he think that they would consent to their names being thus unnecessarily dragged before the public?

ORIGINAL COMMUNICATIONS.

ON IRIDECTOMY IN GLAUCOMA.

By WILLIAM BOWMAN, F.R.S.

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There has recently appeared in the *Dublin Quarterly Journal of Medical Science*, a review, intending to discredit the treatment of glaucoma by iridectomy, as advocated by Von Graefe; and as this treatment seems to me of the utmost value in a class of cases hitherto little or not all under control, but leading sooner or later to hopeless blindness, as confessed by the reviewer himself, I think myself bound to offer some remarks upon it; for I believe I was the first (in May, 1857,) to apply this treatment in England, and having soon convinced myself of its importance, I have since constantly advocated its general adoption, in the cases to which it seems reasonably applicable.

It is impossible within the limits of such a paper as this to enter at large on the numerous questions opened by the brilliant researches of the Berlin Professor, as to the essential nature of the glaucomatous process, the modifications it assumes in persons of different ages and constitutions, its acute and chronic forms, and its relations with disease of other kinds occurring in the eye or in the system at the same time. These will furnish abundant material for the labours of the coming time: at present, we are concerned with the practical question—How are we to treat the patients of to-day? The reviewer says they are to be treated as they have hitherto been treated, while he allows their incurability by such methods. "Chronic and acute glaucoma," he says, are nearly always fatal to vision." He rests so firmly on his prejudices as not to have thought it worth while even to try the new practice, styled by him the "glaucoma dodge," which he informs us, "to the honour of the Dublin School, was openly and fearlessly denounced by the *Dublin Medical Press* on February 10, 1858," that is, before it could possibly have been submitted to any practical test. What is worse in a man of science and intelligence, he now disparages the treatment on *à priori* grounds, after the world has had three years of the positive testimony of facts in its favour, and he claims credit for dulness in appreciating what is already acknowledged to be most excellent by the ablest ophthalmologists of Europe. But I most of all lament that he should have mentioned, in terms of personal disrespect, the distinguished author of this method, one who has borne so eminent a part in transforming the ophthalmic knowledge of 1850, into the far more advanced, and more scientifically-based ophthalmology of the present day. The Profession in Ireland, and even in England, is interested in discountenancing this tone and attitude in one professing to speak in its name; and were it not that the review is understood to have proceeded from a high and most respectable authority, and has been widely distributed in a separate form, it might have been better to let it pass by in silence.

In reverting to what ten years have done for ophthalmic science and practice, it is impossible to disconnect the new proposal for treating glaucoma from the general advances, dating from the immortal invention of the ophthalmoscope by Helmholtz, and the recent enlightenment regarding the anatomy and physiology of the eye as a part of modern science. When my friends Professor Donders, of Utrecht, and Von Graefe, of Berlin, visited our metropolis in 1851, at the time of the Great Exhibition, as young men hardly yet known, it was evident that they were about to take a large share in the development of ophthalmic science. Both highly gifted, and profoundly versed in the more recent physiology, they were devoting themselves to a subject then invested with new and extraordinary interest (for those who could read its importance) by the instrument of Helmholtz. Donders has since founded a School and Hospital of Ophthalmology in Holland, and has enriched science by many physiological, pathological, and practical writings of great originality and value, and by none more than by his great work (just published) on "Ametropia," or the nature and treatment of the disorders of refraction and accommodation; of which I trust the New Sydenham Society may be induced

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to give an early account in one of its admirable volumes. He fully accepts and practises the new treatment for glaucoma. The career of Von Graefe has been not less remarkable; and, as might have been expected from the vivacity of his genius, more dazzling than that of his friend. He also at Berlin has founded a new School of Ophthalmology, and become the centre of progress in Germany. He has penetrated to its depths every subject he has touched upon. His study of the complex problem of the action of the ocular muscles, and his researches on the cognate topics of diplopia and strabismus, exhibit a masterly intellect, acute faculty of observation, and great fertility of resource,—qualities equally displayed in his papers on Iritis, Choroido-Iritis, and Glaucoma. His successive memoirs on the last-named subject in particular, are marked by qualities of the first order, the keenest perceptive power, a readiness in detecting hidden relations where least expected, caution in arriving at results, but the utmost boldness in framing measures of treatment answerable to his conclusions when drawn. The intense activity of his mind, and his enthusiastic earnestness of purpose, can hardly be conceived by those who have not witnessed them; while his liberality towards all his colleagues, and the transparent candour of his disposition, make him universally beloved.

The term "glaucoma," as now understood, embraces much more than the etymology would import, or than the reviewer, imbued with the ideas of ten years ago, seems to suppose. To trace the conditions which often lead to that state of utter blindness, with dilated pupils of sea-green hue, which alone formerly received that name, and to arrest them while still possible, was the aim of Von Graefe, and seldom have researches been conducted in a more philosophic spirit, or been crowned with a happier result, than these.

The treatment by iridectomy has been no hap-hazard guess, but a rational conclusion gradually worked out. The dominant idea guiding the mind to the appropriate remedy has been that of the existence of augmented intra-ocular pressure, as the main characteristic of the glaucomatous process. In fact, whatever the essential nature of that process, its concomitant seems to be a marked tendency to hardness or tension of the eyeball; and thereupon arise the most serious secondary effects,—paralysis of the retina, oftentimes interrupted circulation, congestions, inflammatory attacks, with their various consequences,—ending sooner or later, and with more or less of intermissions, in total loss of sight and a spoiling of all the tissues of the eyeball. The general states met with in practice and falling under the general heads of amaurosis with excavation of the optic nerve, chronic, sub-acute, and acute glaucoma, all seem to be allied to one another, and may be termed "glaucomatous diseases." Some are very slow in their progress, and the loss of power in the retina very gradual; there is no inflammation or even congestion; in others there is congestion, slight or considerable, intermittent or continuous. In others, again, acute and intense inflammation arises. A glaucomatous state may also come on in the course of other diseases, choroidal, retinal, or cataractous. To relieve intra-ocular pressure seems to be the prime indication in all, and it is rational to suppose that it will be the more effectual, the less deterioration of structure the retina has previously suffered. To relieve this pressure is to disarm the glaucomatous state of its chief peril, and apparently to restore the eye to the influence of the reparative powers belonging to it as a living organ. The tension once relieved, and so long as it remains so, the circulation tends to its natural equilibrium, and the retina which has been compressed recovers itself more or less, or ceases to degenerate, in a degree usually corresponding inversely with the intensity and duration of the preceding pressure.

It is certain that this critic would never have attacked the new practice had he really read Graefe's memoirs, or believed the cures, reported by others, to be genuine. He says, "Graefe's doctrines, as published by the Sydenham Society, are plausible, but in a practical science of this nature we require something more than doctrines; cases must be given, and Graefe was wiser than his countryman (a) of the London Ophthalmic Hospital, and kept his cat in his bag." Will it be believed that the reviewer can have read the memoirs of Von Graefe which he criticises, which are enriched with numerous cases, fully detailed and epitomised, and constantly referred to, illustrating all the main doctrines advanced? As for the experience acquired in England, I shall at present speak only for myself; and I can assure the reviewer, in the most decided terms, of the reality of the influence of this operation in relieving, even permanently, the unnatural tension of glaucomatous eyes, and of its effect in arresting the glaucomatous process, and often in restoring sight in a marvellous manner. My own cases in the Hospital and in private have been numerous, and bear out the above general statement. This it is that makes me so anxious that the Profession should be rightly informed as to the signs of glaucoma in its relievable stages, and should be ready to sanction the timely application of the only known real remedy. I can hardly conceive a greater comfort in practice than to be able, by this operation, to rescue sight thus imperilled, and to escape the disheartening task of treating a disease, evidently tending to blindness, by the old, ineffective remedies. The reviewer may class the eminent author of so great a boon with "Hahnemann, Preissnitz, and De Leeuw," but he may depend upon it he will be powerless to "arrest the spread of the 'glaucoma epidemic' in England." I could, indeed, heartily wish that, when he has further examined into the evidence, and dispassionately perused what he criticises, he will make trial of the operation for himself, in which case I doubt not he will be satisfied with his results.

In speaking in these terms of iridectomy in glaucoma, I must carefully guard myself from being supposed to uphold it as a sovereign remedy equally valuable in all forms and stages of the disease, and under all its various complications. At present the operation is being extensively tried in cases where augmented intra-ocular pressure evidently exists; and the proved tendency of the operation to relieve this injurious tension, the certain cause of secondary mischief, makes it our duty to employ it, when the patient is otherwise apparently drifting into inevitable blindness. It may be our misfortune, and that of our patients, that our experience is as yet less complete than a few more years will make it; but meanwhile we can only act on the light we possess, and store up the results for the future benefit of others.

While the modern doctrine and treatment of glaucomatous affections is so new, it is to be expected that errors in the diagnosis may occur even among well-instructed Practitioners; and the operation is doubtless in some danger of being brought into discredit by being undertaken in cases to which it is not rationally applicable, or by being defectively executed. I do not see how this can be avoided; it is the necessary fate of all novel proposals, and this one must face the ordeal. It is the part of intelligent men to make allowance for these incidents of human progress, rather than to allow them to prejudice the march of truth.

In the present state of our knowledge it may be right to try the operation experimentally in some cases to which more extended experience may show that it is not usually applicable. Experience hitherto shows that it is most valuable when performed *early* in *acute cases*, in which turbid effusions exist, the absorption of which goes on rapidly when the tension is relieved. Temporising measures in such cases, such as bleeding, mercury, colchicum, and even simple puncture of the eye, whether of the aqueous or vitreous regions, are not to be relied on, and occasion dangerous delay. It is also most useful if performed in the subacute form, when the visual field is not as yet seriously contracted, but where the symptoms are steadily advancing. If postponed here till the sight becomes greatly impaired by gradual alteration of the tissues of the retina, and of the optic nerve-entrance, the ultimate advantage is smaller, though usually lasting. In many instances we are called on to treat patients already almost blind from the progress of the disease under one or other of its various forms. Here it has often been the means of sparing them a little sight, sometimes permanently, at others not. I have also tried the operation in some examples of blind and tense glaucomatous globes, the seat of excessive or wearisome pain, and on several occasions have been well satisfied with the result. How intractable such cases are apt to be under the usual palliatives is well known.

As for the operation itself, a large experience has convinced me that, though usually a simple proceeding, not liable to accidents, it is occasionally one of the most delicate and critical in its nicety of all the operations on the eye. The

(a) Referring to the report of cases of operations for Glaucoma at the Moorfields Hospital, given in the "Ophthalmic Hospital Reports" by my friend Dr. Bader, who is quite able to defend himself.

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anterior chamber has to be entered at its extreme rim, where the sclerotica overlaps the cornea, close in front of the iris, which often bulges much, and which must on no account be pricked, lest the vitreous humour or the lens, immediately behind, should be wounded; in either case a most serious complication. The bulging of the lens, in many cases, and the dilatation of the pupil, add to the risk of injury to the lens. A little blood, too, escaping into the anterior chamber, either before or after the excision of the iris, may obscure the parts from view, and add to the chance of involving the vitreous humour or lens. It is obvious that these difficulties and contingencies ought to be acknowledged and recognised in order that they may be guarded against. In very few instances indeed can they lead to accidents in skilful hands. When blood occupies the anterior chamber in the course of the operation, it is wise to remove it, either by a gentle stroking movement of the *curette* over the cornea towards the incision, or, if that do not suffice, by carefully introducing the end of the *curette* within the incision itself. On two occasions only have I known the lens to become opaque after the operation, where the capsule was not directly injured (as it ought never to be) by the instrument. One of these was in my own practice, another in that of a highly esteemed colleague.

I am unwilling to extend this already long comment on the review by any inquiry as to the *rationale* of the operation; but there is much in favour of Von Graefe's original suggestion, that the diminution of intra-ocular pressure may be largely due to the lessening of the iris as the surface secreting the aqueous humour. My own opinion, however, was, and is, that the more direct communication opened between the vitreous and aqueous regions of the eye facilitates the play of currents between them, and thus allows an excess of fluid behind to come forward to the corneal surface, through which exosmosis is much easier than through the posterior coats, the sclerotic, choroid, and retina. This would go far to explain the apparently contradictory influence of the operation in raising the tension to the natural degree when previously diminished; for this also it is capable of doing in some cases, as shown long ago by Von Graefe himself. That the size of the piece excised in glaucoma has a direct relation to the effect produced is true according to his latest observations, confirmed I believe by those of Donders, and of Arlt, the distinguished and most able Professor of Vienna. I can also add my own corroborative testimony. Von Graefe is thus led (in his latest memoir, just published) to insist once more, as he had done in his first paper, on the necessity of removing a considerable portion of the iris (not, however, so much as a third, or even a fourth, of its circuit), where it is wished to reduce permanently the intra-ocular pressure. A small iridectomy is insufficient, much less any mere puncture, such as some are still inclined to rely upon.

In conclusion, I may remind the reviewer, that after the reading of Mr. Hulke's excellent paper on the Pathology of Glaucoma, at the Medical and Chirurgical Society, on January 12, 1858, both Mr. Critchett and myself endeavoured, from our own experience, to enforce the importance of Von Graefe's new proposal (see the *Medical Times and Gazette*, January 23), and that in our weekly operations at Moorfields, all comers have had the opportunity ever since of watching the progress of our numerous cases, as well as of those of our colleagues. Mr. Hulke advocated and explained this treatment in detail in an able paper "On the Surgical Treatment of Glaucoma," in the *Medical Times and Gazette*, March 27, 1858 (vol. xxxvii. p. 316), referring to the favourable experience of Moorfields and to my own private practice, in which at that time I had the advantage of his assistance. He has recently reverted to the subject in a second paper at the Medical and Chirurgical Society. To both these latter communications I venture to draw the attention of Practitioners. The reviewer is in error when he states that there has been any holding back of opinions or of facts on the part of those who have introduced the operation into England.

ACADÉMIE DE MÉDECINE DE PARIS.—M. Gosselin is the candidate placed on the first line by the Committee appointed to propose the new member for the section of Surgical Pathology. After his come the names of MM. Broca, Richet, Morel-Lavallée, Follin, and Giraldés.

FOUR CASES OF OVARIOTOMY.

By T. SPENCER WELLS, F.R.C.S.

Surgeon to the Samaritan Hospital, etc.

IN the last number of the *American Journal of the Medical Sciences* (July, 1860), Dr. Sawyer, of San Francisco, says that of seven cases of abdominal section made in California, on account of ovarian disease, six terminated fatally; and he asks if Surgeons "always furnish a report of their unsuccessful cases as well as of their successful?" He concludes his paper with the remark, that he is "satisfied that the statistics of ovariotomy are entirely unreliable, because but a feeble fraction of the fatal cases are given to the public; while there is not a single successful operation that does not find its way, either directly or indirectly, into some of the Medical periodicals of the day." Somewhat similar opinions have been hinted, if not openly expressed, on this side the Atlantic. I am anxious, therefore, to assure the reader that he may find in the carefully-elaborated table appended by Mr. Clay to his translation of "Kiwisch on Diseases of the Ovaries," particulars of *all* the cases, successful or fatal, in which I had performed ovariotomy up to the date of the publication of that work. I have performed it twice since, with a favourable result in both cases; making a total of 19 operations, followed by death in 7 cases, and recovery in 12. I feel confident that this mortality may be much diminished hereafter; but, as it stands, it is far better than the result of lithotomy in the London Hospitals, which ranges from 50 to 53 per cent. in patients over the age of 14. As the details of the following four cases have not been published, they may possibly be acceptable to the readers of the *Medical Times and Gazette*.

Case 1.—On October 18, 1859, I met Dr. Rigby and Mr. Peirce, of Notting-hill, in consultation upon a single lady, only 17 years of age, who had been tapped eight times during the previous two years. She had been previously under the care of a Physician who considered the disease to be ascites, but Mr. Peirce had recognised its true nature. It was arranged that this gentleman should tap in our presence, which was done, and a careful examination was made after the largest cyst had been emptied. It was then found that there were several groups of smaller cysts in different parts of the abdomen, and looking to the frequency with which tapping had become necessary, and the condition of the patient, who was much emaciated, it was agreed to recommend ovariotomy. The patient and her friends being anxious to have it done after the danger had been fairly put before them, it was arranged after a short time that I should perform the operation. Some delay was caused by a continuance of very foggy weather, but it was performed on November 19.

Dr. Priestley having administered chloroform, and Messrs. Curling and Peirce, and Dr. Sanderson, being present, and kindly assisting me, I removed the cyst and its contents, by an incision only four inches long, opening the cyst to the same extent, and breaking down the inner cysts, withdrawing the whole as they were emptied. Moderately extensive parietal adhesions had been previously broken down; and a portion of omentum was separated, in which were two vessels which required the ligature. The peduncle was secured by strong twine, and, with the omental ligatures, was kept outside the wound, which was united by hare-lip pins carried through the peritoneum on both sides, and by superficial sutures. The cyst and contents weighed thirty-eight pounds.

The after-treatment of this case was conducted with great ability and care by Mr. Peirce; and it is only necessary to add that rapid recovery followed, without one alarming symptom. An occasional opiate was given by the rectum, and hot linseed poultices were used for a few days all over the abdomen. The young lady is now in vigorous health, and was seen lately by Dr. Rigby, who was much struck by the contrast between the blooming girl before him, and the pale emaciated being who was the subject of our consultation only a few months before.

Case 2.—On January 31, 1860, I was consulted by a married lady from Manchester, aged 26, the subject of ovarian disease of about three years' standing. Dr. Whitehead had tapped her in March and August, 1859, removing at the first time twenty-five, and at the second fifteen, pounds of fluid. A number of small cysts had grown rapidly between the first

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and second tappings. When I saw her she measured forty-one inches in circumference at the umbilicus, and nineteen inches from ensiform cartilage to symphisis pubis. She had been in pretty good health until the last six weeks, but had suffered much since from the distension, pain, and want of sleep. A portion of the tumour could be felt in the pelvis, between the rectum and uterus, pushing the uterus upwards and forwards; but, as the uterus was moveable, I hoped there were no pelvic adhesions of consequence, and, seeing no other resource open to the patient, advised ovariotomy.

I performed the operation on February 6. Dr. Priestley administered chloroform. Dr. Markham, Mr. W. Adams, and Mr. Price were present. The operation was precisely similar to that performed in the former case, the cyst having been emptied and drawn through a small incision. A group of smaller cysts moulded to the pelvic cavity were then also withdrawn through the wound, but the uterus followed the cysts closely, the tumour and uterus being connected together without any intervening peduncle. The Fallopian tube was much enlarged, elongated, and expanded over the growth, and adhering to it. I commenced the separation by the knife, dividing the Fallopian tube and part of the broad ligament, and secured some large vessels by ligature. The attachment lower down, towards the cervix and side of vagina, was looser. Here I transfixed it, and tied in three portions, after securing it temporarily by a clamp. I found that the tissues included in the ligature could not be brought outside the wound without exerting a dangerous degree of traction on the uterus. Accordingly, after the wound had been united by hare-lip pins, I was obliged to be satisfied with bringing the ligature as near the peritoneal edges of the wound as I could, and leave sufficient opening for the escape of the decomposing stump.

She recovered well from the operation, and had some quiet sleep in the evening; the pulse, however, was 135, and rather feeble. Flatulence was rather troublesome, but there was no sickness. She seemed inclined to perspire, and said she was "comfortably warm." She passed a good night, frequently dozing, and perspiring a little; but in the morning the pulse was up to 148. She had no pain, but flatulence was troublesome, and she said she felt "tired." During the forenoon the pulse became feeble, rose to 160, and she continued to sink all day, although she took stimulants and beef-tea freely, and was not sick. No urine was secreted after three p.m. The intestines became enormously distended by gas, and she died at nine p.m., thirty hours after operation. No post-mortem examination was allowed.

I am disposed to attribute the death in this case partly to imperfect recovery from the shock of the operation and the consequent exhaustion, and partly to the absorption of some morbid product of the decomposing cyst. When a peduncle is secured outside the wound on the surface of the abdomen, the portion of cyst or peduncle strangulated by the ligature becomes quite putrid in a very few hours, and a black offensive discharge is generally very copious. The same thing must occur when the stump is within the peritoneal cavity, and the effects might be expected to resemble those produced by the injection of putrid substances into the veins. It is known that Dr. Clay thinks it better to leave the stump within the abdomen, and acts up to his belief; but, with two exceptions, I have always kept it outside,—this case, and one in which the patient recovered.

Case 3.—On May 26 I was requested to meet Dr. Ramskill and Dr. Buss, of Shoreditch, to decide upon the treatment of a patient, aged 41, the subject of a large multilocular ovarian cyst of two years' growth. She had not been tapped, and it was agreed that Dr. Buss should tap her in our presence. Very little fluid was obtained at first, but by passing a uterine sound through the canula, and breaking down the walls of many inner cysts, a pailful of thick fluid was evacuated. She recovered well from the tapping, but filled again rapidly, and it was decided at a second consultation with the same gentlemen held on July 13 to perform ovariotomy, as she was already as large as before the tapping.

On July 17 I performed the operation. Dr. Echeverria administered chloroform. Dr. Ramskill, Dr. Routh, Dr. Drage, of Hatfield, Mr. Clay, of Birmingham, and Mr. Thompson, of Westerham, were present. The parietal adhesions were very extensive, requiring separation with the hand from almost the whole of the abdominal walls. A portion of omentum, also, had to be separated. A very little fluid passed through a very large trocar, so that I opened the cyst to the full extent of the wound, introduced my hand, and broke down the inner cysts while Dr. Routh and Mr. Clay withdrew them as they were being emptied. In this way the whole tumour was removed through an incision only just large enough to admit my hand, and little, if any, of the contents of the cyst entered the peritoneal cavity. There was some oozing of blood from the torn adhesions, and it was necessary to sponge out the pelvic cavity, but no ligatures were used. The pedicle was secured by twine ligature in three portions, and kept outside the wound, which was closed in the usual way by hare-lip pins and superficial sutures. The empty cysts weighed four pounds, the fluid collected thirteen pounds, and some eight or ten pints were lost.

The after-treatment was ably conducted by Dr. Ramskill and Dr. Buss. No medicine was given by the mouth. The abdomen was covered by hot linseed poultices, and when there was pain small opiate enemas were administered; but she only required three of these. Indeed, recovery was uninterrupted. As Dr. Ramskill said, "She had not even a dry tongue, a quickened pulse, any pain, or any heat of skin." The bowels did not act till the ninth day. On the next day the ligature separated from the peduncle, and on August 11, twenty-four days after the operation, the patient left town for Brighton by cab and railway, having been walking about the room for nearly a week before.

Case 4.—On December 8, 1859, I saw a single lady, aged 36, in consultation with Dr. Rigby, and removed ten quarts of fluid from an ovarian cyst. She had not been tapped before. The growth was of about three years' standing. She suffered nothing from the tapping, gained flesh afterwards, but began to fill soon.

I saw her again on May 9, 1860. She then appeared about as large as before the first tapping. The girth was 39½ inches. It was arranged that I should tap again, and inject iodine if no secondary cysts were found. Accordingly, on May 21, I removed nine quarts of fluid; but, finding that large groups of secondary cysts had formed on the left side since the first tapping, no iodine was injected. She remained rather feeble, with occasional nausea and faintness, for some days, but left town ten days after the tapping. She did not recover strength, complained of much headache at times, and lost flesh, while the size of the abdomen increased rapidly.

On July 13 consultations were held with Dr. Rigby, Dr. Tyler Smith, and Dr. Growse, of Brentwood. The result was that she determined to submit to ovariotomy, and I performed the operation at Brentwood on July 28. The growth had increased so rapidly, she had become so thin and pale, had been so much distressed by the abdominal distension, and the pulse was so feeble, that at the last moment I consulted with Dr. Ramskill and Dr. Growse, as to the propriety of operating; but, fortified by their opinion that it was the only means of escape from speedy death, we determined to proceed, Dr. Ramskill carefully watching the action of chloroform, Dr. Growse and Mr. Quennell, of Brentwood, and Mr. Mason assisting me. With the exception of one small band of adhesion at the site of the previous tappings, the cyst was quite unattached. This band readily yielded to the hand. The principal cyst was tapped, emptied, and partly withdrawn. But large groups of inner cysts prevented the escape of the whole tumour through the small incision. I therefore passed my hand into the large cyst, and by breaking down the smaller ones and squeezing out their contents, the whole tumour easily passed through an incision only just large enough to admit my hand. Dr. Growse and Mr. Quennell were so careful in drawing out the cyst as it was emptied, and protecting the edges of the wound by hot flannels, that not a drop of the contents of the cyst entered the peritoneal cavity. There was rather free bleeding from the broken-down adhesion, but it subsided spontaneously. The peduncle was long, but very broad, extending along the brim of the pelvis on the left side. It was secured by transfixing and by a twine ligature. The wound was closed in the usual manner, and the same plan of after-treatment agreed upon. It was conducted most ably and attentively by Dr. Growse, and I have little more to record than gradual recovery. For three days she remained very weak, the pulse ranging from 104 to 130, the skin inclined to be hot, and there was a good deal of flatulence with occasional vomiting. But there was very little pain. She slept very comfortably after an occasional

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opiate enema, and all anxiety was over by the fourth day, when the ligature on the peduncle had separated, and the deep sutures were removed. The superficial sutures were left till August 4. I have since had most favourable accounts of her progress, and look upon convalescence as established. Her sister wrote to me on August 21, twenty-four days after the operation, saying:—"My sister walked into the front room yesterday, where we dined, and spent the day. She is now sitting in an easy-chair, *at work*."

I am anxious to direct special attention to the simple after-treatment pursued in these cases,—as I am convinced that in many unsuccessful cases the fatal result has been principally due to over-active or meddlesome medication. The published reports of more than one case clearly point rather to opium than to ovariotomy as the cause of death. In other cases stimulants seem to have been given in mischievous excess; while the opposite treatment by starvation and purgatives is not yet absolutely exploded. I have made a great number of experiments on dogs, rabbits, and guinea-pigs, in order to determine the best mode of uniting wounds of the abdominal parietes; and nearly the whole of the animals operated on recovered,—yet the rabbit is peculiarly liable to peritonitis, and the guinea-pig in about the same degree as in the human subject. But, although no after-treatment whatever was adopted, and the animals were left with their ordinary supply of food, and to their natural instincts, they recovered with hardly an exception. This experience has led me to regard perfect rest in a well-ventilated room, comfortably warm bedding, and extreme cleanliness, while simple food and drink are given in small quantities as the patient's feelings suggest, as the principal things to be attended to. The application of warmth and moisture to the abdomen is very pleasant to all such patients, and undoubtedly useful. Opium in sufficient doses to relieve pain is also of great use; but in larger quantities it is unnecessary and injurious. If given by the mouth in any form it is apt to be followed by vomiting, but this evil is in a great degree avoided by injecting it into the rectum. Here also it seems to have a local soothing effect; especially in relieving irritability of the bladder, which is sometimes troublesome. Purgatives on the one hand, or artificial constipation by opium on the other, seem to be equally mischievous. Over-excited peristaltic action may produce peritonitis directly, while the opposite condition may do so indirectly, and certainly leads to distressing flatulent distension of the intestines. It seems to be a perfectly safe rule to allow both stomach and intestines to adapt themselves to their altered circumstances with very little, if any, Medical interference, and certainly rather to do nothing than to run any risk of doing harm.

ON MALFORMATION OF THE ROOT OF THE NOSE

DEPENDING ON A PROTRUSION OF THE CONTENTS OF THE CRANIUM (MÉNINGOCELE SIMPLEX, SPRING),

IN AN ADULT.

By Professor A. RETZIUS (a).

Translated from the "Hygiea" for October, 1859,

By WILLIAM DANIEL MOORE, M.B., M.R.I.A.

AMONG the anatomical subjects in the dissecting-room of the Royal Carolinean Institute during the last session was the body of a middle-aged woman, in which the upper part of the root of the nose was unusually broad and clumsy, the superincumbent skin being thin, but not discoloured. On one side a cicatrix was observed. The affection was supposed to be the result of syphilis, and as the subject was just then required, both for the Surgical lectures and for dissection, it was appropriated to these purposes, with the proviso that the skull should be kept whole for further preparation and examination. After dissection, the head was macerated with a view to preserve the bones; and it was not until this process was completed that I examined it more closely, and ascertained that the affection was of an entirely different nature from what I had at first supposed.

In the skull thus cleaned I made an opening on the left side of the cranial arch. It now appeared that the cavity of the skull on the right side around the cribriform plate jutted out into a diverticulum, extending downwards to the right lachrymal bone, as far as the orbital opening of the lachrymal canal. The opening of this diverticulum was somewhat larger at its origin from the proper cerebral cavity; its circumference was about that of an ordinary thumb; across it was obliquely oval, farther outwards and downwards it was narrower, and formed a sharp ring; only the posterior part of the crista galli remained. The anterior part was compressed. The orbital plates of the frontal bone were depressed into the opening, and continued into its neck; the upper part of the crista frontalis terminated over the middle of the margin of the opening; its inferior part was destroyed by pressure. The cribriform plate of the ethmoid bone was uninjured, but was broad and depressed.

Externally the nasal process of the frontal bone was found to be one inch and three-eighths in breadth, and passed into a thin wall which surrounded the above-mentioned diverticulum. The latter had involved one-half of the root of the nose, giving it a completely deformed appearance, and a breadth of one and a-half inches. The shape of both orbits was so changed by it, that whereas ordinarily the breadth of the orbit exceeds its height by one-third, in this instance the height was one-third greater than the breadth, and the roofs of the orbits were as if lifted up by the malformation.

It was evident that this malformation proceeded from a hernia of the contents of the skull protruding in the above-mentioned place.

But this hernia had not protruded through the skeleton under the skin, but had instead become surrounded with a bony shell, formed of the nasal bone, the lachrymal bone, the anterior part of the right labyrinth of the ethmoid bone, and the nasal process of the superior maxillary bone.

The hernial cavity itself, however, involved only the right half of the broad skeleton of the nose. Here, too, the bony shell was thinnest, and perforated with numerous holes. The left half of this broad interorbital pillar did not belong to the hernial sac. It had thick, strong bony walls, with several smaller openings both inwardly and towards the orbit. The inner orifices opened into the hernial cavity. On this side passed out a strong point, under which was a tolerably large, uneven cavity, which point evidently proceeded from a local superficial inflammatory process. That such existed here was also subsequently shown on investigation.

The walls of the cavity of the nose were quite whole. The roof of the anterior part of this cavity, formed by the cribriform plate of the ethmoid bone, with the perpendicular lamina of the ethmoid descending from the same roof, was, by the above-mentioned tumour, depressed to the level of the inferior margin of the nasal bone. The sutures for the articulations between the bones were still distinct, although displaced by the protrusion of the pieces of bone and their own extension. In short, there seemed to exist a diverticular prolongation of the cerebral cavity down to the nasal cavity, or, in other words, it might with all reason be assumed that the affection consisted in a rupture which pressed the bony wall before it, or, more strictly, a rupture whose coverings contained a shell of osseous substance, formed of the above-named bony parts.

As it was of special importance to obtain some information respecting the individual to whom this skull belonged, I commissioned Candidate Eriksson to make the necessary inquiries; he was successful, and reported as follows:—

1. That the woman, at the period of her death, had attained the age of 25 years. 2. That the affection was congenital. 3. That it was never attended with the least inconvenience, except the disagreeable appearance of the nose and face. 4. That the person affected had, during the whole of her life, enjoyed good health, had been of strong constitution, and had possessed perfect bodily strength until her death, which was caused by a severe acute disease. 5. Two years before her death she had received a very severe blow over the left side of the face, whereby the deformed nose was injured, but shortly after perfectly healed without any worse consequences; it was from this hurt that inflammation set in on the left side,

(a) The melancholy interest attaches, so far as I can ascertain, to this paper of being the last contribution to Medical literature published by its lamented author.—TRANSLATOR.

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and it was it which left the above-mentioned traces in the bone as well as the cicatrix in the skin.

As, under these circumstances, there was no indication of any cerebral affection, it may be inferred that the hernia did not proceed from the brain itself, but from the arachnoid and dura mater, or that it was of the kind which Professor Spring, in his excellent work "Monographie de la Hernie du Cerveau" (Bruxelles, 1855), has called *méningocèle simple congénitale*.

I have thought this case worthy of being more generally known, as this affection, or rather malformation, is in adults of extreme rarity. It is especially remarkable that the hernia was protected by a bony covering. I reproach myself much that I did not in time recognise or even suspect the true nature of the case. This I cannot otherwise explain than by the fact that I had never before seen or heard of any such instance in an adult, where the hernia was contained within solid walls. Had I from the first been aware that the affection was congenital, I should have been much more likely to have divined its true origin. It may perhaps be some excuse for me that, as I have since learned, several other Professional men, who were acquainted with the individual during life, had no suspicion of the true nature of the case; but had probably, as I had, taken it for granted that the disease proceeded from lues venerea. This supposition was the more natural as the individual was a woman whose circumstances were those under which the latter affection often occurs, as well as that such people with injured noses seldom state truly, when asked, the real cause of the lesion.

CASE OF

LITHOTOMY IN A FEMALE—REMOVAL OF LARGE STONE—RAPID RECOVERY.

By EDWARD ATKINSON, M.R.C.S.

Surgeon to the English Hospital for Jews at Jerusalem, and late Assistant-Surgeon to the British Hospital at Smyrna, etc.

ESTHER ——, a Jewess, aged 54, resident at Jaffa, came to Jerusalem last March, on account of great pain and difficulty in passing her urine, which had existed, more or less, for nine years. On examination the presence of stone was detected in the bladder. She was admitted an in-patient of the English Hospital on April 16, and consented at once to an operation, as her sufferings were extreme. On the 19th I introduced Weiss' dilator (without anæsthesia) in order to relax the urethra preparatory to the operation, which was fixed for the next day, and gradually separated the blades until I was able to touch the calculus with the point of the finger; but, as the bladder was empty, and the dilatation caused considerable pain, I desisted, and withdrew the instruments, without having formed any estimate of the size of the stone.

20th.—The patient being put in position, and brought under chloroform, I introduced a straight-grooved staff into the bladder, and, striking the stone, carried the point of the instrument round a portion of its circumference, to get an approximate idea of its size. Finding it much larger than I had anticipated, I relinquished the hope of removing it without dividing the firm fibrous ring at the neck of the bladder; and, at once turning the groove downwards and outwards towards the left side, introduced a blunt-pointed bistoury, and incised the whole length of the urethra, increasing the dimensions of the wound as the blade passed outward. Next I made a similar incision on the right side, with the exception of leaving the neck of the bladder untouched. I now applied the dilator (Weiss') slowly, and with occasional pauses, until I could easily place the forefinger upon the stone. Then, withdrawing the dilator, I introduced the forceps, and with some difficulty adjusted its blades over what I now perceived must be a very large stone. Had I possessed a lithrotrite, I should now have broken the calculus before proceeding further; but, as I had none, and dreaded the thought of being obliged to put my patient to bed again without having relieved her, I gave the forceps carefully into the hands of an assistant, and bidding him use gentle traction towards the left side, I again passed the staff on the right, between the stone and the neck of the bladder, which was now on the stretch, and with the bistoury freely divided the tense fibrous band, which seemed too tough to yield to any degree of dilating force. Even then, on making traction with the forceps downwards, and in the mesian line, with oscillating movements, I made but little advance, and it was not until I had again recourse to the knife to deepen the left incision, and after some rather hard, but steady pulling, that I at last extracted a stone, whose circumference, in its short axis, measured four and a-half inches, and in its long, six inches; it weighed nineteen drachms.

So completely did the chloroform answer its merciful end, that the patient did not recover her consciousness for a quarter of an hour after her removal to bed, though the operation had occupied, from first to last, an hour and a quarter.

After such extensive injury to the urethra, etc., it was to be feared that serious consequences were inevitable; but, strange to say, not a single bad symptom showed itself. Half-a-grain of muriate of morphia, rubbed up with a little lard, was introduced into the rectum by means of a bone suppository syringe, and fomentations applied to the vulva. On the next day a piece of a gum-elastic catheter was introduced into the bladder and retained there, with a morsel or two of soft sponge upon the wounds, which were changed occasionally. For several days there was a good deal of fever, but this gradually subsided. The patient slept well with the aid of mild opiates. Appetite soon returned.

On the sixth day a small slough came away, and a healthy contraction of the wounds set in. The catheter was now changed, and a stopper fitted into it, which was removed frequently, so as to prevent as much as possible the urine from flowing over the wound. She drank copiously of water, and weak lemonade, so that there was a constant secretion of urine going on. Finding the catheter irksome, the patient removed it herself, and on the tenth day she was able to hold her water for a quarter of an hour. A week later she retained it for half an hour, and was able to walk about the ward a little. Eighteen days after operation she left the Hospital, and a fortnight after she came on foot as an out-patient to consult me about a slight pruritic eruption on her chest. I have seen her again lately (two months after operation), when she was walking in the street at Jaffa, in excellent health, though still troubled with inability to retain her urine for long together.

Jerusalem.

CRIMINAL LUNATICS.—By an Act passed on the 6th inst., Her Majesty may appoint an Asylum in England for the custody and care of Criminal Lunatics. The Secretary of State is empowered to appoint a Council of Supervision and officers for such Asylums, with rules for the treatment of the inmates. There is a provision in the Act by which the Secretary of State may permit a lunatic confined "to be absent upon trial for such period as he may think fit, or to permit any such person to be absent upon such conditions in all respects as to the Secretary of State shall seem fit." In the event of a person not returning, then he is to be retaken, as in case of an escape. The Commissioners in Lunacy are to visit the Asylums provided or to be appropriated under this Act (23d and 24th Victoria, cap. 75) and to report to the Secretary of State. Any superintendent, officer, servant, nurse, or other person employed in an Asylum, who strikes, wounds, ill-treats, or wilfully neglects any person confined therein, is to be guilty of a misdemeanour, and, on conviction, liable to fine and imprisonment, or to forfeit for every such offence, on a summary conviction, a sum not exceeding £20, nor less than £2.

PROFESSOR FRITZ has come to the following conclusions on the subject of uræmia:—1. When the urinary secretion is arrested, excrementitial matters accumulate in the blood, and especially urea. 2. Consecutively also to the absorption of urine already secreted, the blood is charged with urea. 3. The urea passes from the blood into all the excretions of the body. 4. But it is found most frequently, and in greatest quantity, on the mucous membrane of the intestines. 5. It is there decomposed into carbonate of ammonia by the intestinal liquids. 6. And thus are generated irritation, softening, catarrh, excoriation, and dysenteric destruction of the intestinal membranes. 7. Ammoniacal poisoning of the blood is caused by the absorption of ammonia from the intestines.

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REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY
JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

A CLINICAL REPORT ON RODENT ULCER.

(Continued from page 158.)

THE MOORFIELDS OPHTHALMIC HOSPITAL.

SEVEN CASES OF RODENT ULCER.

Cases under the care of Mr. DIXON, Mr. CRITCHETT, Mr. BOWMAN, and Mr. POLAND.)

Case 8.—*Rodent Ulcer at the Inner Canthus of the Right Eye—Several times Cured by Caustic.*—J. De C., a very healthy-looking man, aged 77. He states that the disease first showed itself about ten or twelve years ago. He was at that time in much better circumstances of life, and consulted Mr. Lawrence, and, subsequently, the late Mr. Liston. At the time he saw the latter Surgeon the spot was ulcerated and the sore about the size of a fourpenny-bit. Mr. Liston applied a powerful caustic, after which the sore healed and the scar remained sound for three years. This application was made only a day or two before Mr. Liston's death. When the disease returned it was in or close to the scar. He next sought advice at the Moorfields Hospital, and had ointments applied, under the influence of which it again healed. He has at present (August, 1860) two distinct indurations, each about the size of a large pea. The upper one is just over, and probably attached to, the lachrymal sac; it does not involve the epidermis, which is slightly moveable, upon it. The lower one is a tubercle, which has originated in the skin itself. Extending outwards from the latter is a cicatrix about half-an-inch long. The two tubercles have now been present for nearly a year. The lower one is threatening to ulcerate. The old man's memory as to dates is by no means accurate; but, taking the date of Mr. Liston's death, it may be held as certain that the disease has existed for at least thirteen years, and that it has twice, for intervals of a few years, been quite well. He is not aware that any of his relatives ever suffered from cancer. None of the glands in his neck have ever enlarged, and beyond a little pricking at times he has had no material pain.

Although in this case the disease is at present so limited in extent, yet it is exceedingly well-marked in its characters, and could not be mistaken by the experienced eye. The long period during which the scar remained sound, after Mr. Liston's free application of an escharotic (probably chloride of zinc), is instructive. The very slow progress of the disease is an important feature in relation to the old gentleman's advanced age. Rodent ulcer, like true scirrhus, is of slowest progress in the oldest subjects.

Case 9.—*Rodent Ulcer at the Inner Canthus of the Eye—No Gland Disease.*—Ann H., aged 66, was admitted under Mr. Dixon's care, at the Royal London Ophthalmic Hospital. Three years before, a small spot had formed at the inner canthus of the right eye. It itched, and she scratched it; and in six months it began to ulcerate. When she came under observation the sore was the size of half-a-crown, with hard, rounded, everted edges, and a smooth cicatrized surface. Mr. Dixon ordered the chloride of zinc to be freely applied, and under this treatment the appearance of the edges very greatly improved. The woman was stout, pale, and flabby, but not old-looking for her years. She had no enlargement of the lymphatic glands, and stated that beyond a slight pricking she had never had any pain in the sore.

Case 10.—*Rodent Ulcer of Eyelids in an Elderly Woman.—No Gland Disease.*—Martha T., aged 63, was under Mr. Bowman's care at the Royal Ophthalmic Hospital in 1854. Her disease was a well-characterised rodent ulcer near the inner angle of one eye. She was in good health, and had no enlargement of the lymphatics. In all other particulars my notes are, unfortunately, deficient.

Case 11.—*Rodent Ulcer near the inner Canthus—Excision on two occasions—Return of the Disease, and Extension to the Surface of the Eye—Removal of the Globe—Deep Ulceration—Disease of Seven Years' Duration, without Gland Disease.*—Mary H., aged 41, is at present attending as an out-patient under the care of Mr. Poland. Seven years ago "a little wart" began at the outer corner of her right eye. Five years ago Mr. Poland excised the diseased part. A second, and subsequently—two years ago—a third operation was performed, when the eye itself was removed. The scar never got perfectly sound after any of the operations. She is a dark-complexioned woman,—eyes and hair dark,—and has a blue sclerotic. She is pale, but not at all of cancerous cachexia. She has lost flesh lately. She has never been married, and is still regular as regards menstruation. There is no family history of cancer, and she knows of no cause for the disease. There is now a deep cavern implicating the outer

Portrait of Mary H. Copied from a Photograph taken March, 1860.

half of the orbit, and extending through its external wall in front. The inner part of the orbit (from which, as stated, the eye was removed) is now cicatrized. The indurated elevated edge is only well marked at its inner border. To the outer and upper part the edge is deeply undermined, so much so that at the outer angle the finger may be passed for half-an-inch under the overhanging and hardened border. The inner half of the eyebrow is not destroyed. There are no enlarged glands. She complains of a good deal of pain in the sore, especially of late, but it has never kept her awake much at nights; she generally sleeps the night through. She took opiate pills some time ago; but for a month or two has been without them.

In this case the disease has shown itself at an unusually early age, and has—as might have been foretold—extended with unusual rapidity and inveteracy. The ulceration it will be seen has involved many different tissues, skin, conjunctiva, sclerotic, bone, etc. The portrait given above conveys perhaps as good an idea of the extent of the deep destruction as can be given by a photograph. Should the reader still feel inclined to suspect that the disease is really cancer, his suspicions certainly have much of *primâ facie* evidence in their support; nor can I flatter myself that his inspection of the ulcer itself, instead of the woodcut, would tend to diminish them. Yet, let me ask candid attention to the following features of the case:—During a period of seven years the ulcer has never been soundly healed, yet no glands have ever enlarged. There is no extension of morbid deposit beyond the base and margins of the ulcer itself. There has been no tendency whatever to fungating or warty growths,

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and the sore has remained throughout almost clean. The woman has had little or no pain, and is still in good health. At one part of the lower and inner margin the sinuous indurated edge resembles most exactly that characteristic to the rodent ulcer. These features, taken together, are surely indicative of a disease different from any of the recognised forms of true cancer.

Case 12.—*Rodent Ulcer of the Ala of Nose, of Six Years' Duration.*—Mary N., a spare but healthy-looking woman, aged 88, a patient under the care of Mr. Critchett. The ulcer is on the right side of the nose, and has destroyed the ala deeply. It presents in a most marked degree the curved sinuous edge, hard, and as if rolled over. There are no enlarged glands, and there has been no pain. It began six years ago. She thinks that it has been much improved by caustics.

Case 13.—*Rodent Ulcer of the Upper Eyelid and Inner Angle of the Left Eye.*—Robert L., aged 64, a sailor, but now in the workhouse on account of injury to the arm, was admitted as an out-patient on account of rodent ulcer, a few weeks ago. He stated that he had always had good general health, and except for his eye he looked quite well. It began like a "little long cut" on the upper surface of the upper eyelid. It spread first to the inner and then to the outer angle, at first slowly, but lately more rapidly. There is no history of cancer having affected any of his relatives.

The ulcer in this case now covers the upper eyelid, extending as high as the roots of the hair of the eyebrow. The ulcer presents a tuberculated, rolled-over margin, which appears composed of small irregular lumps with sinuous interstices. He has, he states, a little pain, sometimes sufficient to keep him awake.

Case 14.—*Rodent Ulcer near the Angle of the Eye of Ten Years' Duration—No Gland Disease—Excision—Microscopic Examination*—Mrs. K., a stout, leuco-phlegmatic woman, aged 66, has been a patient, under the care of Mr. Poland, at the Moorfields Hospital for eight years past. Her disease is rodent ulcer at the inner angle of the right eye, and extending upon the cheek and side of the nose. It has spread very slowly, and has been kept in check by excisions and applications of escharotics. She has never had any enlargement of the lymphatic glands, nor suffered any pain worth mentioning. She is still in good health. In April of the present year Mr. Poland was good enough to allow me an opportunity of seeing her. The whole of the structures below the angle of the eye, for an extent about the size of a halfpenny, presented a smooth thin cicatrix. At the lower edge of this cicatrix there was a sinuous line of indurated structure, presenting in a marked form features peculiar to this disease. Above the cicatrix, and extending into the inner angle of the eyebrow, was another induration, about as large as a horse-bean, and of nearly similar shape. This induration was just beginning to ulcerate, and with Mr. Poland's permission I excised it, uniting the skin across with a silver suture. A careful examination of the excised part was made. On section it exuded no juice. It involved all the structures of the skin. Its epidermal surface being polished and glossy, its under surface was rounded and easily distinguishable from the adjacent tissues,—the line of demarcation being abrupt, quite as much so as is ordinarily seen in scirrhous tubercle. The lateral line of separation, however, was not by any means so distinct. Its structure was very firm, and of a greyish white stained with pink. A section having been made with Valentin's knife, and afterwards carefully torn with needles, showed on microscopic examination none of the elements of epithelial or scirrhus cancer. Its structure consisted of fibroid tissue, in which were embedded numerous nucleated exudation-cells. These appearances are

Microscopic appearances in Rodent Ulcer, magnified 400 diameters.

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well shown in the appended wood-cut, which is copied from a drawing by Mr. Tuffen West. I may here remark, that this sketch may be taken as applying generally to all the cases of rodent ulcer in which I have had an opportunity of using the microscope. I have now before me two or three other drawings, which show appearances almost precisely similar.

ST. BARTHOLOMEW'S HOSPITAL.

CASES OF RODENT ULCER.

(Under the care of Mr. PAGET.)

In the two following cases some doubt must still be felt as to whether the morbid process most nearly allied itself to epithelial cancer or to true rodent. No doubt the boundary-line between these affections—perfectly distinct as they are in most instances—is not an abrupt one. Nature is said to do nothing by leaps, and the assertion is equally true of the processes of disease. We have no classes or groups abruptly demarcated from all congeners. Transitional cases every now and then occur, and baffle all accurate classification. As such I venture to cite the following cases, which are particularly valuable, as Mr. Paget has kindly furnished me some particulars of his microscopic examinations in each.

Case 15.—Rodent Ulcer on the Upper Lip—Enlarged Glands—Excision—Microscopic Examination.—Elizabeth F., aged 76, a thin but ruddy woman, the mother of seventeen children, and one of a long-lived family, was admitted into St. Bartholomew's Hospital, under the care of Mr. Paget, on August 21, 1852. On the right side of her upper lip was an elevated ulcer of round oval shape, about half-an-inch in diameter. It extended for an equal distance on each surface of the lip. The border of the ulcer was slightly elevated, rounded, not sinuous, nor everted, nor overhanging. At the base of the ulcer and around its border, the tissues felt indurated; but the induration had not a well-marked boundary, except in one part where it seemed to be about a line thick. One lymphatic gland, or a cluster of them under the angle of the jaw, was enlarged to nearly one inch in diameter, and was hard and elastic. This had been observed for a week; but she said she was quite accustomed to her "glands coming down this way," and that it would soon disappear.

"The characters of the ulcer were those of the flatter superficial form of epithelial cancer, or more like those of the flat cancroid ulcer (Schuh's "Flache Krebs"). It was like this especially in its flatness, smoothness, dryness; in its yellowish face, without appearance of warty or granular structure, and in the ill-defined boundary of the surrounding hardness."

Mr. Paget removed the disease. No decisive evidence was afforded by the microscope. "There were also some dimly granular—nearly circular—corpuscles, like the enlarged free nuclei or young cells (?) of epithelial cancer. But these, too, were very scanty and doubtful. I could not satisfy myself of the existence of any true epithelial cancer-particles. No further appearance of epithelial cancer was obtained by acetic acid; so that, on the whole, I doubt whether a single element really to be ascribed to epithelial cancer, existed in the mass."

In September, 1854 (two years after the operation), she was quite well; the lymphatic glands which had been enlarged had quite disappeared.

Case 16.—Ulceration of the Eyelids of doubtfully Rodent Character—Excision—Microscopic Examination.—Thomas D., a sturdy-looking sailor, aged 45, was admitted into St. Bartholomew's, under Mr. Paget's care, on September 5, 1851. He said he had "caught cold" in the right eye in 1849, when going round Cape Horn. A sore then appeared on the lower eyelid, and gradually extended. He was under Mr. Lloyd's care in 1849, when the sore was noted as seated on the edge of the lower eyelid. The disease was removed, and a piece of skin transplanted from the temple, but it partly sloughed. The eyeball suppurated and collapsed. He, however, left apparently well, but the disease reappeared in its old situation in December, 1851. The ulcer now occupied the inner half of both eyelids (the remains of the transplanted flap scarcely, if at all, affected), the side of the nose, and, to an uncertain extent, extended into the orbit. The edge of the ulcer appeared abruptly cut down, being, however, slightly tubercular in one spot, not nodular or warty. No disease appeared elsewhere. On September 6 Mr. Paget freely removed the whole disease, including the shrivelled eyeball. The disease was found to extend far along the inner surface of the orbit, and on the conjunctiva of the shrivelled globe presented a more warty appearance than it did on the skin. The following expressions are quoted from Mr. Paget's notes taken at the time:—"In a piece which was very tough were found a few cells like epithelial cancer-cells—certainly exactly like these." "In a piece from the front of the conjunctiva of the shrivelled eye, after a long search, five or six cells like those of epithelial cancer were found." On November 5 he left the Hospital with the wound healed to within half-a-line, and all the scar appearing sound.

The five cases below were treated by Mr. Paget in private, and I am indebted to him for permission to publish, as well as for their particulars. On account of their interest I make no apology for departing from custom in introducing cases not occurring in Hospitals. The cases are much abbreviated from Mr. Paget's notes.

Case 17.—Rodent Ulcer on the Ear of Seven Years' Duration—Unusually Large Mass of Induration—Excision—Recovery.—A gentleman, aged about 55, consulted Mr. Paget for rodent ulcer of the left ear on September 9, 1858. The history was that in 1852 he had an ulcer just in front of the tragus, which was destroyed by chloride of zinc. It healed soundly, but in 1855 reappeared. It was again removed by the caustic, but reappeared for the third time in July, 1857. It was now situated higher up, invading a portion of the ear itself just below the helix. It was healed once more but with some loss of substance. It then remained well until August 1858, when with renewed ulceration a growth commenced under the skin passing from the scalp to the external ear, and this growth increasing now formed a roundish mass about ¾" in diameter. It was covered with dark thin skin, and felt firm. It seemed probable that there was continuity between the growth and the base of the ulcer, but it was not clearly traceable. Mr. Paget freely excised the whole disease. The parts healed soundly, and have since remained well.

Case 18.—Rodent Ulcer on the Nipple of Nine Years' Duration—No Gland Disease.—A lady, aged 58, a large, very fat woman, came to Mr. Paget, November, 1853, for disease of the left nipple. It was rather depressed, but she said it had always been so. It was also smaller than the other. Its integuments were tense, glistening, and as if moist; and at its end was a small, quite superficial ulcer about 1‴ in diameter. To the touch the nipple was firm, but not hard; pliant, elastic, and painless. Excepting varicose veins of the legs she was in good health. Her mother had died of "cauliflower excrescence of the uterus," but no other hereditary history of cancer or tumour was ascertained. It had commenced in 1851. She was again seen by Mr. Paget in June, 1860, when the disease was found to have destroyed the nipple, and to have hollowed out the skin of the areola. She stated that about a year ago what she called "proud flesh" began to grow from the ulcer and became as large as a nipple. The ulcer was now about ¾" in diameter and 2‴ deep, occupying the place of the former base of the nipple, and a little undermining the adjacent skin. There was no hardness in the neighbourhood, and no enlargement of any lymphatic glands. She was now in good health.

Case 19.—Rodent Ulcer on the Right Cheek of Four Years' Duration.—A gentleman, aged about 65, consulted Mr. Paget on August 31, 1857. He was tall and thin, and of good general health. In his right cheek by the side of the middle of his nose he had four small ulcers covered with dry yellowish scabs, and one or two very small scabs on points of skin not ulcerated. These were all at the borders of a scar remaining after the cauterization of what were said to be similar ulcers. The surface of the ulcers when exposed were smooth, ruddy and pinkish: no apparent granulation or wartiness; the edge abrupt but rounded. The subjacent tissues were not indurated. He suffered little or no pain. He first observed it as a small dry scab four years previously. It had been several times partially healed after caustics. Mr. Paget applied nitric acid and sulphur paste.

Case 20.—Rodent Ulcer on the Lower Eyelid of Seven Years' Duration.—A gentleman, sallow and feeble looking, but not unhealthy, aged 53, consulted Mr. Paget on April 21, 1860. It began as a little dry wart below the lower eyelid seven years ago. It was now an oval, hollow, scooped-out ulcer, dry, brownish, and without any adjacent hardness. On June 18, Mr. Paget applied the acid nitrate of mercury.

Case 21.—Rodent Ulcer on the Side of the Nose of Seven Years' Duration—Treatment by Escharotics—Cure.—A married

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lady, aged 63, consulted Mr. Paget, August 14, 1859, for rodent ulcer on the nose. She was a person of feeble health, and her appearance was quite cadaverous, thin, and withered, but it was said that she had always looked thus. On the right side of the nose, in the middle of the ala, was a circular ulcer about half-an-inch in diameter. It was about ¼‴ to 1‴ deep, with smooth rounded edges, a livid base, with scarcely an appearance of granulation, glazy and dull, pale ruddy. There was very little surrounding or subjacent induration, and no appearance of any other connected disease. The disease had been three years in constant progress, more rapidly of late. It began as a little scab. Mr. Paget painted the surface of the ulcer with a thin layer of arsenic and calomel. After this local dressing, water dressing. Resin cerate with balsam of Peru was used. The sore was healthily healed on September 25. It never re-appeared. She died in February, 1858, of other disease.

ST. THOMAS'S HOSPITAL.

CASE OF RODENT ULCER.

(Under the care of Mr. MACMURDO.)

Case 22.—*Rodent Ulcer on the Side of the Face.*—James N., aged 52, was admitted, under the care of Mr. Macmurdo, for rodent ulcer of the right side of the face. The man gave the following history:—It began three years and a-half ago, and followed a blow in which the skin was crushed, dirt getting into the wound. It ulcerated slowly, and a year ago was only half the size it was on his admission under Mr. Macmurdo. It was then described as "a large open ulcer, very like cancer, almost the size of the palm of the hand, with thick, hard edges, raised and undermined, extending from the outer angle of the eye to the ear. Towards the ear there is a subcutaneous attached induration at least as large as a flattened egg." He did not look very ill, and the account of pain he suffered was much less than is usual in true cancer. There was no enlargement of the glands. Mr. Macmurdo remarked at the bed-side, that he had seen many cases of cancer-like ulcerations about the eyelids, all of which, he believed, had a history differing from that of cancer, in that —1st, The disease was very protracted; 2nd, That the cachexia was absent; 3rd, Pain little; and 4th, That the glands were not enlarged.

THE METROPOLITAN FREE HOSPITAL.

FIVE CASES OF RODENT ULCER.

Case 23.—*Rodent Ulcer on the Ala Nasi.*—Michael H., a man in good general health, aged 60, was admitted, in June last, as an out-patient, under the care of Mr. Childs. He stated that the disease began five years ago. There was no history of cancer in his family. The ulcer is situated on the left side of the ala, which is partly destroyed. It is sometimes painful. No glands are enlarged. Caustics have often been applied.

Case 24.—*Rodent Ulcer on the Eyelids of Three Years' Duration—No Gland Disease.*—An Irishwoman, aged 55, admitted an out-patient under my own care August 25. She had a warty patch, about the size of a shilling, situated about half-an-inch from the outer commissure of the right eyelid. It was markedly rodent, but was not yet ulcerated, but had the characteristic rolled hardened border. It commenced three years ago, and had been fast increasing lately.

Case 25.—*Destruction of the Nose, Upper Lip, etc., by very Extensive Rodent Ulceration—Disease of more than Ten Years' Duration, but still without Glandular Enlargement.*—Jane W., then aged 57, was admitted as an out-patient, under my care, March 29, 1857, for rodent ulcer which had destroyed the nose and extended in the left cheek and upper lip. It had begun more than seven years before, as a pimple, at the juncture of the ala nasi and the upper lip. Seven years previous to her admission Mr. G. B. Childs had freely excised it. Before this operation it had been very painful, and kept her awake at night. She had had, however, pretty good health, but had somewhat lost flesh, and had become thinner. After the operation by Mr. Childs it never quite healed, but the pain was greatly relieved and continued in abeyance for some time afterwards. I made the following note of her condition on the day of her admission:—"The ulcer has now destroyed the left half of the upper lip, and extended considerably to the right side of the median line. The gum remains adherent to the teeth and the bone, which, where otherwise uncovered, is protected by florid granulations. The ulcer extends as a triangular gap up by the side of the ala in the cheek. Below the level of the mouth, on its left side, is a scar the size of a halfpenny, the inner margin of which forms the boundary of the ulcer. The edge of the ulcer, wherever it is most recent, as by the side of the nose, is very hard indeed, but the hardness does not extend deeply, and there are neither tubercles nor warty growths at any part. The edge is a little undermined in some places, and at others bevelled off. To the outer side of the cicatrix is a roll of hardened tissue a little raised, not tuberculated, but exactly like that of the rodent sore." The woman being placed under the influence of chloroform, the actual cautery was applied on May 28. The wound looked cleaner afterwards, there was less pain, and she could sleep better. She had been taking a mixture containing the iodide of potassium and tincture of iodine.

Portrait of Mrs. W., from a stereograph taken three years ago.

Mrs. W. has now been under my care for about five years, first at the Metropolitan Free and subsequently at the London Hospital. The woodcut is copied from a photograph taken more than three years ago, and since then the ulceration has considerably extended. On one or two occasions severe attacks of erysipelas have occurred, one of which nearly proved fatal. All local treatment, in the way either of cauterisation or excision, is of course quite hopeless, and in constitutional measures all thought likely have been tried without benefit. In turn the iodides, arseniсals, and the ammonio sulphate of copper, as well as other tonics, have been fairly tried. Although the ulceration has been so extensive, there has never been either new growth or glandular enlargement.

Case 26.—*Rodent Ulcer of the Eyelids—Excision and Plastic Operation in order to cover the Wound.*—Leon L., a German Jew, aged 63, was admitted under my own care into the Metropolitan Free Hospital in April last. He had previously been under observation for some months as an out-patient. The appended sketch, copied in part from a photograph, and in part from a carefully-executed coloured drawing by Mr. Lens Aldous, will convey a good idea of some features of the disease. The wood-engraver has, however, not succeeded in giving the edge well, and the appearance of pendulosity about some parts of the overhanging edge is greatly exaggerated, and not true to nature. The sore itself is an exceedingly characteristic one, presenting in the middle a thin irritable cicatrix, and both above and below an exceedingly indurated, sinuous, rolled-over edge. In the upper part the edge is undermined. There was no warty growth, and very little tendency to the production of granulations. On the upper eyelid there was an abruptly-margined disc of induration, or, perhaps, more properly of new growth, about the size of a

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sixpence, and at least the eighth of an inch in thickness. Another abruptly-margined, indurated growth existed on the

side of the nose. Both these presented a glossy surface' and that on the nose was not attached to the deep parts. The sore had caused but little pain, had existed for more than four years, and was spreading very slowly. The man was in good health, and had never had any enlargement of the glands of the neck. From the extent of the disease, to the middle of the upper eyelid above, and on the cheek at least to the middle of the lower one, while the whole of the structures at the inner canthus, and at the side of the nose, were destroyed, it was clear that nothing could be hoped from the use of escharotics, or from mere excision. Either of these plans of treatment would have left a large exposed surface, which, if it had ever healed, must have done so by a thin stretched cicatrix, in a condition very likely to take on morbid action. It would also have resulted in leaving the inner half of the eyeball exposed. I determined, therefore, to perform a plastic operation in addition to the excision. The operation consisted in cutting through the upper eyelid vertically at about its middle. The whole of the cicatrix and of the diseased parts were then freely dissected away. The large wound thus made was covered in by a flap of skin transplanted from the left forehead. This flap was divided in its anterior margin into two portions, which were stitched to the cut edges of the upper and lower eyelid respectively. The flap had been cut of large size, so as to provide against there being any tension on the parts. The result of the case was very satisfactory. The transplanted flap united well, and without the slightest sloughing. For some weeks the man was not able to open his eye, although he possessed power of movement over the inner half of his lid, and probably about half of the attachment of the levator had been left. Subsequently, however, when the inflammatory thickening of the new half of the lid subsided, he became able to open the lids sufficiently to allow of his seeing, although of course not nearly so widely as natural. The parts are at the present date perfectly sound. Should any return of the disease take place at the margins of the flap, they can easily now be dealt with either by caustic or by the knife, as we have a large extent of transplanted and healthy skin covering the whole of the naso-palpebral region.

Case 27.—*Rodent Ulcer on the Nose and Cheek, of Four Years' Duration—No Enlargement of the Glands.*—The patient in the following case is a man in the Hospital of one of the Metropolitan prisons, whom I was asked to see by Mr. W. B. Langmore, the Visiting Surgeon. The patient's age is 63. He is rather stout, pallid, but in good general health. He has, however, on account of his reduced circumstances, been the subject of much mental anxiety for some years past. The disease began at the root of the right ala of his nose. It first showed itself as an indurated irritable pimple, which he scratched, and which then ulcerated. Its commencement was about four years ago. It has now spread downwards and outwards, nearly to the angle of his mouth, and in an upward direction has destroyed the greater part of the side of his nose. Its edge is indurated, everted, and sinuous, and very characteristic. No enlargement of the glands has ever taken place. Escharotics have several times been applied with the effect of inducing healthy action in parts of the ulcer, but from the peculiar position of the latter it is impossible so to use them as to destroy the whole of the disease with any prospect of cicatrization. Excision and a plastic operation, more or less similar to that described above, is the only measure likely to be of benefit.

(To be continued.)

ST. THOMAS'S HOSPITAL.

CASE OF CYANOSIS, WITH CLINICAL REMARKS.

(Under the care of Dr. PEACOCK.)

A child, five months old, was brought to Dr. Peacock on August 20, labouring under marked cyanosis. Its face was turgid, the conjunctivæ injected, and the fingers and hands of a deep purple colour. Its mother stated that from the time of birth it had been very dark-coloured, and had cried almost constantly, especially during the night, unless when carried about in arms. On applying the stethoscope a systolic murmur was heard over the whole cardiac region, and it was apparently most distinct in a line from the left side of the sternum to the left shoulder, or in the course of the pulmonary artery. Dr. Peacock said that the seat and direction of the murmur rendered it probable the case was one of congenital obstruction at the orifice of the pulmonary artery, and that—as in by far the largest proportion of such cases—either the septum of the ventricles was imperfect or the foramen ovale open. It might, he said, safely be inferred that one or other of those conditions also existed, but there was no means of directly diagnosing these defects. They were, however, necessary results of the pulmonic obstruction; for (he remarked) extra-uterine life could only be maintained by some direct communication being established between the two sides of the heart. The probability of this view was confirmed by the markedly cyanotic condition of the child, which showed that but a small proportion of the blood circulating in the body was subjected to the influence of the air, and that the congestion of the venous system was very great. He believed the cyanosis to be due to venous congestion; but as, if but little blood was aërated in the lungs, the whole mass would be of an unusually dark colour, he thought the discolouration was thus aggravated. The prognosis must in all such cases be unfavourable, but the probable duration of life varied with the nature of the case. If the symptoms of the cardiac defect did not appear till the child was two or three years of age, or even older, the defect would probably be slight, and the child may survive till the period of puberty, or even later; but if, as in this instance, the child is affected from birth, the defect was probably of a very serious character, and life is, under such circumstances, seldom prolonged for more than one, two, or three years.

THE LONDON HOSPITAL.

THE METALLIC SETON IN HYDROCELE.

(Case under the care of Mr. GOWLLAND.)

Several cases have lately been treated at this Hospital by the introduction of the silver wire seton, and with very satisfactory results. The following case, however, in which severe suppurative inflammation of the cavity was caused, is one which it is only right should be placed on record:—The patient, Wm. C., a healthy man, aged 32, was admitted in May, under the care of Mr. Gowlland, with hydrocele on the right side. Mr. Gowlland had tapped him three months previously,

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while attending as an out-patient. It had now filled again, and was about the size of a small fist. The man stated that he thought that side of his scrotum had been larger than the other since boyhood, but that there had been no remarkable enlargement until January last. Mr. Gowlland admitted him, and on May 3 tapped the tumour, and injected with iodine in the usual manner. The sac refilled, and as the man was impatient for a cure, on May 28—that is, nearly a month after the injection—Mr. Gowlland introduced a silver wire seton consisting of two threads On the next day the inflammation of the part was very acute, and the pain severe. The man had also a good deal of abdominal tenderness. On the third day the inflammatory symptoms ran so high that it was necessary to withdraw the wires. On May 31, the swelling being very great, and suppuration having evidently taken place, Mr. Gowlland laid the sac freely open by a vertical incision, three or four inches long. This measure gave great relief; but for a time it appeared doubtful whether the testis itself would not become involved, as the tunica albuginea presented in the wound. Ultimately the man made a good recovery, but he had undergone a very serious illness. He was discharged from the Hospital eleven weeks after his admission, the cicatrix being then quite sound, but puckered up, and adherent to the front of the testis. The body of the testis itself was soft, and appeared quite healthy. The hydrocele was of course cured.

AMUSSAT'S OPERATION PERFORMED ON ACCOUNT OF MALIGNANT DISEASE OF THE RECTUM.

(Under the care of Mr. WARD.)

The operation of opening the colon in the loin, with a view to the formation of an artificial anus in that position, has been recommended in two very different classes of cases. In the one it is performed on account of irremediable obstruction of the rectum, that obstruction being of such a character as would in itself cause the patient's death. In the second class,—and this, it must be remembered, is the one with regard to which the operation was first devised,—its immediate object is not so much the prolongation of life as the mitigation of suffering. The cases alluded to are those of ulcerated cancer of the lower bowel, in which the escape of fæces is not prevented, but in which it causes most intense suffering. In one of this latter class the operation was performed by Mr. Ward at the London Hospital about three weeks ago. The patient was a thin, miserably cachectic man, who had for some years been the subject of carcinoma, extending over a long tract of the rectum. The passage of his fæces caused him agonising pain, and he readily consented to Mr. Ward's proposal, that an artificial anus should be made. The operation was not one of unusual difficulty, the colon having been distended by the injection of air. The man did well, and at the present time, three weeks after the operation, the fæces wholly pass by the artificial opening. A good deal of mucous discharge comes by the rectum. The opening in the loin is covered by a moulded pad of gutta-percha, which prevents any incontinence of fæces. The man is able to get up, and expresses himself as very grateful for the relief afforded.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 430.—A Demi-Charlatan.

Thomas Woolhouse is the first modern author who has called the attention of the Medical world to the passage of Hippocrates which refers to scarification of the eyelids. He was oculist of James II., of England, and settled in Paris about the beginning of the eighteenth century. He was a Graduate and Fellow of Magdalen College, Oxford, skilful, and very learned; but his place in history is in the rank of those for whom science is merely a means of arriving quickly at fortune. He made use of this very passage of Hippocrates to carry on his charlatanism. In this passage, he said, which no one before him had understood, scarification of the eyelids was indicated,—a sovereign remedy for a great number of ophthalmic diseases. He only knew the mode of performing it, and this he kept a secret. In his works he speaks only of the operation and the instrument with which he operated, but gave no description of it. He, in fact, kept it a complete mystery, and only permitted his pupils and intimate friends to be present when he practised it; and when he initiated them into the secret he made them pay a good round sum for it, and also swear to keep it secret.—*Gaz. Hebd.*

No. 431.—Wanted, a Cure for Ascarides.

Sir,—One of your correspondents some time since addressed a series of what were to me very interesting queries respecting the habitat, the mode of growth, and the cure of ascarides. I have since looked with much anxiety to your page of Notes and Queries, hoping to find some satisfactory answers given to the questions proposed by him, and especially to the last question, viz. the treatment. I suppose I must gather from what was stated in the letter referred to, and from the silence of the Profession, that the only treatment which we at present possess is simply palliative; and that we, in fact, possess no remedy which is able to destroy the nidus and ova of these tormenting creatures. I was much surprised to find that the Profession knows so little about the history of these animals. Can what your correspondent states be true, viz. that their natural history as regards birth, habitat, etc. in the intestines has all yet to be discovered? I thought it was an admitted sort of conclusion, that their quarters was the rectum. No doubt this must be an error, for if it were not, then surely we might get them in all cases destroyed. It would seem to be, that we have hitherto chosen to consider them as inhabitants of the rectum, solely because it is only in that part of the intestines, that we meet with them during life. That they reside much higher up and far beyond the reach of injections I have had ample proof from a case which I have long closely watched. In this case, a gentlemen, who is tortured by them, often remarked that, on any peculiarity or change of diet being accidentally adopted, the ascarides were driven down into the rectum, as he said by the handful, and were evacuated. He in consequence on several occasions tried several kinds of food—such as taking twenty oranges in a-day, or a pint of raw gooseberries, and always vainly imagined from the immense quantity of the animals which were thereby driven into the rectum, that he had discovered a cure. Allow me once again to call the attention of the Profession to this interesting and difficult subject, and to ask of those who by accident have had much to do with the treatment of the disorder, the benefit of their experience. I would especially also be glad to hear what those who have used it think of Santonine as a remedy. Sic.

No. 432.—Lazar-Houses.

"The number of Lazar-houses in Europe about the time of the 13th century was almost beyond calculation. In our own country it was very great. There were six in London alone. There were five in Norwich, one at each gate of the city. The most extensive one was in Leicestershire, at Burton-Lazars—the name, it may be noticed, appropriating the place to the leper's saint. The heads of all the other English leper-houses were under the authority of the head of Burton-Lazars. There were Hospitals also at Plymouth, Cambridge, Bodmin, Launceston, Carlisle, Derby, Gloucester, Southampton, Hereford, Baldock, Canterbury, Chatham, Dover, Rochester, Lancaster, Peterborough, Taunton, Bristol, Warwick, Ipswich, Pontefract, and many other places. Hutchinson, the historian of the county of Durham, informs us, that at one period half the existing Hospitals of the country were for the benefit of lepers."—*Once a Week.*

No. 433.—An Ancient Account of Tobacco.

"We may add tabaco, which is an ignite plante, called by the native Americans *Picielt*, by those of Hispaniola *Petc bo cenue*, as by those of New France *Peti*, *Petum*, and *Petunum*. It was called by the French *Nicotiana*, from John Nicotins, embassador to the king of France, who, An. 1559, first sent this plant into France. But now it is generally by us Europeans termed tabaco (which we improperly pronounce tobacco), a name first given it by the Spaniards from their island Tabaco, which abounded with this plant; whereof had Plato had as much experience as we, he would, without all peradventure, have philosophised thereon. They say we are beholding to Sir Francis Drake's mariners for the knowledge and use of this plant, who brought its seed from Virginie into England about the year 1585. They recite many virtues

proper to it, as that it avoideth rheumes, tough flegmes, etc. I shall not deny but that tobaco may have a good use, both common and medicinal, when taken moderately, by such as it is proper for. As I grant it to be useful to mariners at sea, if taken with discretion, for the evacuation of those pituitous humours which they contract by the injury of marine vapours; as also for soldiers when in their camp for a parite reason. Neither do I deny its medicinal use in many cases, especially for cold, pituitous, phlegmatic bodies, when taken with discretion and moderation. Though I conceive the chewing of its leaf to be far more medicinal and less noxious than the smoke in most cases: of which see *Magnemus de Tabaco*. But whatever its virtues may be when taken medicinally, it is without doubt, as generally now taken in England, the cause of many great diseases. It is universally confessed that its nature is narcotic and stupifying: whence it cannot but be very hurtful to the brain and nerves, causing epilepsies, apoplexies, lethargies, and paralytic distempers. I had three friends, and two of them worthy divines, taken away by apoplexies within the space of a year, all great *tabaconists*. Again, it fills the brain with fuliginose black vapours or smoke, like the soot of a chimney. Pauvius, a great anatomist, and Talkenburgius affirme, that by the abuse of this fume, the brain contracts a kind of black soot, and they prove the opinion both by experience and reason. Raphelengius relates that Pauvius, dissecting on that had been a great smoker, found his brain clothed with a kind of black soot. And Talkenburgius proves by three reasons, that not only fuliginose vapours, but also a black crust like that of the soot on the chimney back, is contracted on the skull by the immoderate use of tabaco."

No. 434.—A Cure for a "Sty."

"A ridiculous ceremony is practised for the cure of a pimple on the edge of the eye, or what we commonly call a 'sty,' and which is termed in Egypt '*shahh-hhatch*,' a word which literally signifies 'a female beggar.'" The person affected with it goes to any seven women of the name of Tatmen, in seven different houses, and begs from each of them a morsel of bread. These seven morsels constitute the remedy."

No. 435.—M. Jules Miot.

"One of the representatives of the French Assemby in 1848, was a terrible interrupter of President Dupin; his name was M. Jules Miot. The political fever of the time had seized upon M. Miot, who had previously passed a tranquil life in his pharmacy in a little town of Nievre. M. Miot had an excellent practice, and was much respected; but he quitted his rhubarb and diascordium for Paris politics. What became of him after the 2nd of December, I know not; but I have now to announce his re-appearance in the Pharmaceutical world. He has opened a Pharmacy in Paris; and, honourable and spiritual Apothecary as he is, he has thought it necessary to inform the public of his return to his first love. The following is his announcement: — 'The Revolution and Radical Restouration which I have made in the ancient *Pharmacie Poisson* enables me to furnish at the most reasonable prices medicines always fresh and well-prepared. Under all circumstances, I shall show to my fellow-citizens that I know how to respect what is called Duty.—Jules Miot, Ancien Représentant du Peuple, Pharmacien.'"

No. 436.—Sing "Si Dedero."

I met with this expression the other day in a MS. of the fifteenth century, in the British Museum. It occurs in a poem attributed to Peter Idle, Esq., containing advice to his son. Among other things, the following stanza as to his dealings with the Medical Profession:—

'There ys noo surgeon ne othyr leche
Phisicean, or potecarye or other crafte
That any thynge lyghtly vvole the teche
But yf thou yeve, thou shalt be last
Thou shalt peeyve them ful slowe in the haste
Inlesse thou pay freyle or (before) thou part them froo,
Thus must yow lerne to synge *Si dedero*.'"

ANSWER.

No. 428.—A Reply to "Casuist."

I think there cannot be a doubt that the Medical man referred to by "Casuist" was bound in honour not to make use of the girl's confession to him; nor need his evidence involve the slightest deviation from the most rigid truthfulness.

I am, &c. Mercy.

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Medical Times and Gazette.

SATURDAY, AUGUST 25.

HOSPITAL REGISTRATION.

In our recent comments on the tables of Hospital Registration submitted by Miss Nightingale to the Statistical Congress, it gave us much pleasure to express a favourable opinion of their general scope and arrangement. But distinct exception was taken to the nosological classification there set forth, against which the most valid arguments may be and have been frequently urged. Beyond the obvious inconvenience of its great length and cumbrousness, added to its utter dissimilarity from any Register of the kind already in Hospital use, it appears to us to proceed on an erroneous principle. Physiological, pathological, and so-called "philosophical" divisions of the many ailments, injuries, and morbid processes to which our frame is liable, do not work well in practice, whatever may be their *à priori* recommendations. Allusion has already been made to an unconscious bias which they almost always impress on the individual facts, or at least on a large proportion of them. Some of the reasons for this error are obvious: in the first place, diseases, like types and species of animals and plants, pass by an imperceptible gradation from one characteristic form to another; and though well-marked specimens of each present no difficulties to the statist, still the majority of cases possess phenomena more or less ambiguous, and fall with almost equal propriety into several different classes. Moreover, they often co-exist and modify one another to such an extent as to set minute classification at defiance; under this head come complications and consequent or allied disorders, which formed the subject of some discussion in the Congress, and on which one of the foreign delegates, M. Berg, of Stockholm, embodied his views in a specific resolution. Each of these objections is of itself amply sufficient to overthrow the whole principle of scientific grouping; as will be evident to anyone who asks himself in a few instances where some of the most common secondary affections should stand, and under what heading they should be marshalled. It will be allowed by all that the method of the Director-General of the Army Medical Department, by which one patient suffering under two parallel or consecutive diseases, figures in the returns as two separate individuals, may, indeed, have administrative advantages, but in a scientific point of view is singularly arbitrary and deceptive.

Perhaps we may go a step further, and affirm that such nosological systems are not only inconvenient, but illogical; for the object of statistical research must evidently be to bring together in a favourable light for comparison groups of cases essentially and in the reality of things allied, forming "natural orders" of disease. Indeed, Dr. Guy, in his

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Croonian Lectures, makes a statement essentially identical with this, though worded somewhat differently, when he observes that our "Individual facts should be counterparts of each other." Now, if we grant, as it is hardly possible to avoid doing, that these orders are not so clearly cut off and separated from one another by essential characteristics as are the facts of mathematics or history, it is evident that the intermediate, less typical, or transitional forms present a hopeless obstacle to the procuring of complete results. Some instances must necessarily figure in each list, which, though bearing a nominal and remote resemblance to the parent type, might better be omitted, or referred elsewhere by a less elaborate division; for it is more to be desired that all cases included under one head should be exactly and rationally pertinent, than that the heads themselves under which the cases are classed should be very intricate, and the division perfectly exhaustive. It would, however, seem to be often forgotten, that while the individual cases are facts of nature and real, the groups into which we divide them are at best only conventional, and can hardly acquire the solidity of unmanipulated observations. It is, no doubt, by a judicious manipulating of such doubtful materials that foregone conclusions and fallacious theories have often received apparent sanction from statistical returns; and the common-sense of society has been so offended, that a very large bulk of our thinking men entertain deeply-rooted prejudices against their employment. When we hear that "anything may be proved by statistics," though we may deny the proposition in its fullest sense, we cannot truthfully controvert the fact that this is a branch of investigation specially liable to false applications, and peculiarly open to those influences which, in the mercantile world, when concerned with financial affairs, are recognised under the descriptive title of "cooking."

Passing from the theoretical to the practical, we are bound to urge against Miss Nightingale's scheme the complaint, that it makes too heavy demands on the time of officers in institutions furnishing reports. When, at the Congress, it was proposed to extend its provisions to out-patients as well as to those under close surveillance in the wards, the suggestion provoked some not unnatural reclamations. And an able letter, with the signature of "An Assistant," recently transferred to our columns from the *Times* of July 30, goes far to corroborate this line of argument. The simple arithmetical statement there put forward, of the time really allotted to Hospital patients, is in the highest degree suggestive. We should indeed gladly see the difficulty met by an increase of the working Medical staff of St. George's and some other Hospitals, similar to that which has recently and most judiciously been carried out at King's College and St. Thomas's. In this way bare justice would be done to the patients, and science would gain immeasurably by the co-operation of more numerous and less over-tasked labourers. But, as that writer also points out, the time of professional men is their subscription to the success of the eleemosynary establishment;—a subscription, even after the deduction of interested motives, far exceeding in actual marketable value the usual annual contribution of lay Governors; and we should append to his protest another, addressed equally to the topic before us, against in any way unnecessarily increasing the burden already weighing heavily on the limited hours and exhaustible energies of the Hospital Surgeon or Physician.

But criticism and animadversion should end in more original and substantive advice, and to this we will proceed; although, in accepting Miss Nightingale's five tables, we consciously, as well as by implication, give in our adhesion to her scheme in all its material points. The greater space occupied by discussion of a single difference should be attributed to the apprehension, lest one such blemish may prevent the acceptance of a proposition in all other respects commendable. Our first task, then, in amending the nosological list would be to cut it down to one-half or one-third of its present length; and to replace its complicated divisions by the very simplest table of diseases, which could be gathered from the usual treatises on medicine. It is no slight matter that such a nosology already forms the basis of reports at every well-conducted Hospital, and in many cases would simply require transcribing into the forms now furnished; for not only would answers be obtained which have hitherto been withheld on the ground of impracticability, but greater correctness would be attained in those actually forthcoming. We do not speak without personal experience in saying that filling up the present tables, even with the best will and with considerable labour, is confusing and unsatisfactory, owing to the numerous unavoidable and undetectable errors which creep in during the process of tabulation. Having once fairly thrown over the alluring but illusive phantom of a scientific terminology, we are left free to carry out the real practical object of such inquiries, namely—to isolate under single and precise headings very numerous instances of acknowledged and well-defined types of disease, such as, from having marked characters, hardly admit of imperfect diagnosis or erroneous description. These at least will issue in true results, hardly, if at all, alloyed by the adulterations inseparable from obscurer cases, when committed to a multitude of observers, and passed through a long succession of modifying hands. No reasonable person can doubt that in a short time information would accumulate—on at least several disorders—which would bear the stamp of reality, and would add the value of a large induction to the genuineness of detail as yet unfortunately limited to smaller collections. Perhaps, though not of necessity, warrant might be found for rising, here and there to some higher group and "natural order" which would command the assent of candid enquirers. Such a generalisation would assuredly be more prized by the Profession at large if it took the familiar title of nervous, cardiac, or pulmonary disease, instead of "zymotic—worms," "local—mania," "necusia,"—"necrencephalus," and other mystical appellations, which do harm by frightening some, and disgusting others from a scheme essentially good and practical.

We cannot bring these remarks to a close, without once more adverting to the apprehension that mere nominal returns will hardly ever repay the cost of tabulation. Taking them at their best, as represented by the names and headings attached to Hospital bed-tickets, we fear they are but doubtful guides. Medical nomenclature, though as a practical classification sufficient, and certainly superior to the proposed nosology, is so confused, so much a question of personal caprice, and so heterogeneous in its origin, that it is dangerous to build upon it. And in this branch of human knowledge, like the kindred branch of physiology, systems built on sand have the double defect not only of postponing the erection of true and durable edifices, but of leaving their scattered remains in the way of all who project a nobler and more secure fabric: much, for instance, has been very confidently asserted of late years on these subjects, especially in the so-called Sanitary Department, which is already losing both public and professional confidence. But its feeble facts, erroneous statistics, and hasty generalisations will have to be cleared away, line by line, before truth can be established; and as it is each man's individual duty personally to strive for the advance of knowledge, so should we all to the best of our power keep the path clear for subsequent investigators. Results free from error will only be obtained in disease when statistics are carried a step higher than they have hitherto been, and when symptoms or groups of symptoms are classified, instead of merely the technical names by which it is convenient to distinguish them. To embody these views in an example, we will risk the accusation of self-praise or of collusion, by pointing to an effort towards their realisation,

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although it occurs in the pages of this Journal—"The Reports of Hospital Practice in Medicine and Surgery" always offer some authenticating particulars of each case beyond its mere name, and by these its statistical value may be estimated, or if need be amended. We sincerely believe these labours to be both successful and of good promise; something has already been gained by them, and much more remains to be accomplished. Compilations of this character may be made to steer between the excessive minuteness of detailed case-taking, and the unsatisfactory verbiage of mere nominalism. In this light we heartily urge them on the notice and help of our Professional brethren.

ALLEGED POISONING AT YEOVIL.

Those who did not know that Yeovil is a town of some 6000 inhabitants, in Somersetshire, every seven or eight hundred of whom enjoy the benefit of the Medical care of one Practitioner, have now an opportunity of fixing this fact in their memories, inasmuch as pending the mysteries of toxicology in the North, Yeovil has provided all the materials for a *cause célèbre*, viz. a death from natural causes, a trace of something in an excretion, a *post-mortem* examination under a coroner's warrant, great suspicion and "guessing," an important inquiry, tremendous excitement, and two supplements to the *Western Flying Post*, "printed by steam."

A more impotent inquiry than that which was concluded on July 28 at Yeovil, touching the death of a Mrs. Peters, cannot well be imagined. At the outset of our endeavour to put before our readers a concise abstract of the facts concerning the case of this unfortunate lady, we should be foiled by the absence from the report of the proceedings of the court of all information relating to the state of health of the deceased previous to her last illness, had it not been supplied to us by a most reliable correspondent. From him we learn that Mrs. Peters, the mother of three children, had been ailing during about three years, and after her last confinement, about twelve months ago, she began to suffer from decided pectoral and abdominal symptoms; diarrhœa, sickness, and tenderness over the region of the liver and epigastrium being most prominent. These her then Medical attendant, whose name did not transpire at the inquiry, diagnosed to be due to incipient phthisis and mesenteric disease. Notwithstanding a change of air, all her symptoms became more aggravated, and on her return to Yeovil, which occurred some six weeks ago, she placed herself under the care of Mr. Garland at that place. Her symptoms were then those of "intense irritation of the stomach and bowels, vomiting, and diarrhœa" (Mr. Garland's evidence), the diarrhœa being periodical, and severe pain over the region of the liver and cæcum (adds our correspondent).

Mr. Garland, considering the case "obscure," took counsel with his partner, Mr. S. Thorpe, and (we now begin to draw our information from the short-hand report of the inquiry) on June 26 last, with the permission of the husband, and under the auspices of the sister of the deceased, impounded five or six ounces of what there is no reasonable doubt was her urine. He "asked for a bottle, which Mr. Thorpe washed out," and immediately filled with the impounded fluid. With due precautions the bottle was transferred to the surgery of these gentlemen, and in the evening a portion of its contents was tested by them for arsenic, which was ascertained not to be present, though the copper had become coated. Dissatisfied with his own analysis, Mr. Garland, on June 28, sent the remainder of the urine, with the necessary precautions, to Mr. Herapath, analytical chemist, of Bristol, to whom he also addressed a letter, "to the effect, that it was a very suspicious case, and he (Mr. Garland) would like to have the urine examined, to see whether it contained arsenic or antimony." Mr. Garland also "took some of the vomit of deceased the day after the urine was taken (June 27). He tested it, and found nothing. He did not think the portion he had sufficient to detect antimony if it had been there." But this, of course, he only thought after he had not found any, or he would no doubt not have tested at all so unpromising a portion of vomit.

Mr. Herapath, analytical chemist, of Bristol, "upon experimenting on and analysing the urine, found it contained antimony in a small quantity, of which, at the inquiry, he produced a specimen as precipitated on copper by Reinsch's process. He also produced a specimen of red sulphuret of antimony as prepared from the urine, precipitated on paper." On July 3 Mr. Garland received a letter from Mr. Herapath, acknowledging the receipt of his parcel. It is not stated whether this letter also carried the information of the discovery of the antimony. We are, therefore, left to surmise the date on which Mr. Garland had his suspicions so strikingly confirmed. We are also left in utter ignorance of the further steps adopted by Mr. Garland to save his patient, the supposed victim of a nefarious crime, and we are, therefore, bound in law to assume that he did not take any.

But the knot is now tied—suspicion is roused; black and yellow poison gives a colour to the story, and on the 3rd or 4th of July (the date is not given in our report, but our correspondent puts it on the seventh day after the urine was obtained,) Sarah Peter dies.

Mr. Garland, after an unsuccessful struggle with the husband of the deceased for his consent to a post-mortem examination, applied to the authorities, and in consequence of this application the Coroner, Mr. D. H. Ashford, requested Mr. Walter Walter to make a post-mortem examination of the deceased. This examination was instituted on the 8th of July, in the presence of Mr. Garland, Dr. Aldridge, Dr. E. T. Warry, Mr. S. Thorpe, and Mr. Moore. From the depositions of these gentlemen we collect the following summary of facts relating to the body of the deceased, admitting only those in which they all agree without any interpretation, and leaving aside meanwhile minor points of difference, which may be explained quite fairly and consistently by a difference in interpretation. Mr. Thorpe assisted in making the examination. The body was much emaciated.

The upper and lower parts of the right lung were fixed by old pleuritic adhesions. In the (apex of the) right lung was a considerable deposit of tubercle in the stage of softening. In the left lung there was a slight deposit of tubercle. The difference of opinion as to the lungs may be described by saying that the supporters of the poison hypothesis endeavour to characterise the tubercles as of an early stage, only one of them admitting disease in the left lung; while the anti-poisonists describe the tubercle as softening or softened.

The heart was atrophied and flaccid, but not mechanically altered otherwise.

The surface of the abdominal viscera presented symptoms of peritonitis, the duodenum, liver, and colon being bound together. In the cavity which remained there floated about a pint and a-half of semi-putrid fluid and pus, of a brownish-yellow colour, together with a fish-bone and some kernels of an apple. On the stomach there were two large half-red half-livid spots. It was tied at both apertures, and removed. The small intestines, after being tied, were also removed. The mesentery was inflamed, and the mesenteric glands were found in a state of suppuration. An abscess between the folds of the peritoneum, asserted by some, is not disputed by any witnesses. It seems to have been an abscess which, proceeding originally from a mesenteric gland, and increasing principally on the right side, involved the liver, duodenum, and colon in such a manner as to establish a cavity from which communications existed into the colon on the one, and

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into the abdominal cavity on the other hand. This cavity contained the principal portion of the purulent fluid.

The idea that the fish-bone might have been the cause of the intestinal perforation and subsequent formation of abscess, —an occurrence which is all the more probable in a tuberculous subject,—does not appear to have occurred to any of the gentlemen. We will abstain from all further speculation upon this surmise, but draw the attention of the reader to some recorded cases of that kind, one which was brought before the Pathological Society, proving that even so small an article as a bristle from an old tooth-brush is able to cause intestinal ulceration, perforation, abscess, peritonitis, and death.

According to the unanimous testimony of all witnesses, the liver was in an extraordinary state, having lost its original firmness, being granular, much diseased, crepitant, spongy, and exuding lymph or pus on pressure of a cut surface. The lower edge was immersed into the effused fluid of the cavity of the abscess, and at all events contained diffused pus, whether it was formed there, or absorbed from the cavity, as one witness supposed. So striking was the disease of the liver, that most witnesses called it "extraordinary;" some said it had entirely destroyed the ordinary character of the liver; and two admitted that they had never before seen a liver like it; Mr. Herapath adding that, although he had seen hundreds, and that it must have been the result of a long-standing disease.

The pancreas was distinctly hardened, and in a diseased state of some standing.

So large an amount of disease having been discovered, it was unanimously agreed not to open the skull, as unnecessary. The question whether any analysis of the intestines should be performed was placed before the gentlemen, and one of them understood the general feeling to be against any such course. But, nevertheless, that course was taken, and the intestines in the customary jars, tied, sealed, and labelled, were committed to the care of Mr. Superintendent Smith, of the Yeovil police-force, and duly delivered, on Sunday, July 8, to Mr. Herapath, analytical chemist, of Bristol. The excitement of the tale is now suddenly at an ignominious end. Mr. Herapath submitted nearly all the parts sent to him to analysis, "but could not detect the presence of antimony or any other metallic or mineral irritant."

If at this stage it had been freely acknowledged that death could be fully accounted for by natural causes, and that the assumption of poisoning had not a leg to stand upon, the credit of all parties concerned in the prosecution might have been saved. Mr. Herapath's analysis might have passed for what it is worth, might have remained unimpugned, and the obscurity of the case with which Messrs. Garland and Thorpe had to labour, might have been sanctioned without inquiry whether the obscurity was not all on their side, and not on that of the case. But, unfortunately for themselves, their zeal carried them on to an indiscretion in the Coroner's court, which is much to be regretted. Mr. Herapath especially, ignoring the vast amount of natural disease, based upon two discoloured patches of the stomach, which he characterises as subsiding inflammation, describes them (the natural and necessary companions of the abscess and liver disease) as products of irritant poison. On the other hand, he declines believing this poison to have been antimony, after having in answer to the Deputy-Coroner insinuated that antimony, although administered during life, could only not be found because it had already entirely left the body. Was ever argument more shifting and contradictory, and more devoid of any foundation of fact! The mesenteric glands, tuberculous and suppurated as they were, confounded his antimonial and irritant hypothesis, and he therefore would rather the Foreman of the Jury should ask some Medical gentleman the question, whether the mesenteric glands were diseased in consequence of an irritant. He is an authority on poisons, not on Medical questions; and if we refuse altogether to accept what he has found or not found, we do not so from a consideration that Mr. Herapath might have mistaken a little sulphide of lead, precipitated as it is from almost all commercial caustic potassa by sulphuretted hydrogen, with an orange colour, when present in small quantity, for sulphide of antimony; nor do we so from the consideration that the old bottle supplied from a private house, though washed by Mr. Thorpe, was not a vessel fit to receive the object of a delicate toxicological inquiry, inasmuch as matters might have adhered to its wall, not removable by momentary washing; but we do so as the result of the contemplation of Mr. Herapath's entire evidence in this case.

The antimony being found by their adopted authority, Messrs. Garland and Thorpe had, no doubt, a difficult and delicate duty to perform. The greatest difficulty for them must have been to subordinate their negative analyses of the urine and vomit to Mr. Herapath's supposed antimonial discovery; that overcome, we must congratulate them upon the delicacy with which they hinted at the irritant. Let Mr. Moore relinquish for ever his "guesses to explain the appearance," and the idea that inflammation has no home in a thin person, particularly when that person has been attenuated by an inflammation of long standing. Let him join Messrs. Garland and Thorpe in emulation of the common sense and the sound Medical knowledge which Messrs. Aldridge, Walter, and Warry have brought to bear upon this question, and we have no doubt that they will be preserved from similar mistakes for all time to come.

The examination by the Coroner was most inefficient and one-sided; and it was sorely felt in this instance how absolutely necessary a complete Medical knowledge is to a person occupying the position of Coroner. Impartial as the summing up was, so far as it went, it failed to point out the utter incongruity of the symptoms and post-mortem appearances with those of poisoning by antimony, a subject which the Jury, as is evident from the questions of some of their number, were quite unable to manage for themselves. Their verdict,—"Sarah Peters died from a complication of diseases, accelerated by some irritant," is contrary to the evidence, which shows that the deceased died the slowest possible death, due to a variety of sufficient natural causes, of causes which are well calculated to satisfy the most scrupulous defender of public safety. The conclusion of the verdict, leaving it an open question how and by whom the irritant might have been administered, casts a monstrous and most unjust reflection upon the relatives and attendants of the deceased, from which they can only be freed by a reversal of the verdict effected in the most direct and unquestionable manner. The only verdict which any person or number of persons inquiring into the cause of death of Sarah Peters can arrive at is, "*That she died from natural causes.*"

THE WEEK.

The style of literature which is laid before the public for their instruction by the leading *literati* of the day, exemplifies very remarkably the statement once made by Faraday in a well-known lecture at the Royal Institution. He then stated that the education of this day must be in some particular very defective—he meant in the "particular" of Natural Philosophy and Physics. Not to be outdone, we find Mr. Thackeray serving up an outrageous dish of mesmeric agency, and detailing the most authentic tale on record of table-turning and spirit-rapping. There is something very sad in all this. Either these high intelligences, who pretend it is their business to enlighten the age and instruct the people, are themselves mastered by these weaknesses of the imagination, and, therefore, the slaves of a disordered fancy; or, what is

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hardly to be believed, they conceive that they have a right to pander to the weaknesses of the masses, and lower their standard of instruction or amusement, in order to meet the requirements of a mentally-excited audience. Of the mischief which these men do they themselves are, probably, scarcely aware; but some of our readers must have met, in actual practice, with disorders the actual results of these fictions.

They do not always "manage these things better in France." We some weeks ago referred to the work of M. Topinard on English Surgery. M. Topinard's countrymen—some of them at least—do not admit the much greater mortality after amputations in Paris than in London. M. Topinard answers by saying that in England he had not the slightest difficulty in collecting the history of 3000 cases of amputation. "All the Hospitals of London," he says, "have registers, which are kept by one of the students, or by the *Director*, who is generally a Medical man. Many of them print annually a summary of patients treated, etc. The *Medical Times and Gazette* gives a trimestrial *resumé* of all the operations practised in London and in the country. The benefits of this custom and labour are immense. But what opposition I have met with here! The Administration of Public Charity has refused to allow me to consult its registers, although I was furnished with the best recommendations. All I have met with is one single statistical account of any importance, by M. Malgaigne, eighteen years old."

We have on several previous occasions alluded to the Northampton Provident Dispensary, to show what may be done by the working classes themselves towards providing for their hour of sickness. To the energetic Honorary Secretary, Mr. Becke, doubtless much of the success of this institution is due. During the eight past years the artisans of Northampton have subscribed, in round numbers, £5000 for their Medical attendance; nearly £4000 of this has been paid to the Medical officers of the Hospital, and the number of free members of the Dispensary is yearly on the increase; in fact, in 1859, upwards of £800 were paid by the free members to the Dispensary. Let our readers remember that these £800 were paid in a town whose population amounts to about 33,000 inhabitants; and then let them calculate what would be the sum which might be equally well paid by the same class in this huge metropolis. Does not this simple fact demonstrate the monstrous evils which our Hospital System is inflicting on the benevolent, and on the recipients of their charity—the robbery of the one, and the degradation and pauperising of the other.

The following paragraph is extracted from the *Gazette Médicale de Lyon*:—

"A protest signed by seventeen of the principal Medical Officers of the London Hospitals has been directed against the tendency to create small Hospitals for the treatment of special diseases. In spite of the names attached to the document, and none could there be more respectable, we maintain more firmly than ever the contrary opinion; and in the hopes of seeing it return victoriously in France by this circuitous route, we have expedited to each of the honourable signers of the Protest a copy of our 'Defence of Special Hospitals.'"

So much interest has been excited lately on the subject of iridectomy and glaucoma by the operation on Sir Benjamin Brodie, and by a very pungent article entitled "Medical Epidemics," which has been reprinted in pamphlet form from the last number of the *Dublin Quarterly*, that the article of Mr. Bowman, and the letter from Dr. Bader which we publish to-day will be read with unusual attention. We may add, in reference to what we said last week as to Sir Benjamin Brodie, that his sight has been deteriorating for a longer time than we had supposed, and that at the time the operation was performed he was evidently rapidly becoming blind. The glaucomatous state in both eyes has since decidedly improved; and, although the complication of cataract in one eye is a serious one, good hopes may be entertained even of that.

Dr. Maunsell, the Registrar for Ireland, has objected to the dismissal of his clerk, and has submitted to the Branch Council that this

"Diminution of the expenditure of the Council cannot, with due regard to the requirements of the law, be effected by any reduction of the office expenses, which the funds at the disposal of the Council are amply sufficient to defray. The total amount of salaries and rent annually payable, is £430; while the sum appropriated to the six members of this Branch Council for the year 1859 amounted to £926 2s."

Adding that

"The change that has been made is a breach of the conditions under which I accepted the office of Registrar, and undertook the very laborious task of organising the system of Registration."

Upon this the Branch Council came to the following resolutions:—

"That having fully considered the proceedings of the last meeting of Council, in reference to Dr. Maunsell's absence, also his letters of June 2 and July 20, inserted in Minutes of August 6; and further, his refusal at the meeting this day to remain in attendance, the Council are reluctantly obliged to conclude that they cannot continue Dr. Maunsell in the office of Registrar, and they therefore resolve that Dr. Maunsell be and is hereby removed from the office of Registrar to this Council.

"That the salary of the Registrar and Secretary shall be and is hereby fixed at £200 per annum.

"That an advertisement be inserted in the *Saunders, Freemans' Journal, Daily Express*, and *Irish Times*, for the appointment of a Registrar and Secretary at the salary of £200 per annum, the election to take place on Friday, the 24th inst."

Dr. Maunsell has published an angry reply, and a very pretty quarrel is displayed to those who delight in the differences of Doctors.

EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

UNIVERSITY OF OXFORD, JUNE, 1860.

ANATOMY AND PHYSIOLOGY.

1. Make such a dissection of the contents of the orbit in the subject laid before you as will show you the lenticular ganglion in situ. Write a description with a sketch of your dissection.

2. Describe the different vessels and nerves in connexion with the kidneys and supra-renal capsules.

3. Give the origin and distribution of the auriculo-temporal, the musculo-spiral and the genito-crural nerves.

4. Give the chemical, physical, and homological relations of the different objects made visible by the microscope in human blood.

5. What is known of the action of different kinds of food upon respiration?

6. What are the several processes, anatomical and chemical, which you would go through in examining blood from the hepatic and portal systems of veins for the presence of sugar?

7. Explain and illustrate the doctrine of reflex changes of nutrition.

8. What are the functions and connexions of the corpora olivaria?

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9. Give an account of the development of the heart and great vessels in immediate connexion with it.

10. What are the different views entertained as to the minute structure of involuntary muscular fibre?

CHEMISTRY AND BOTANY.

1. What is meant by the terms "Law of Substitutions," "Binary Theory of Salts," "Catalytic Action?" and illustrate by examples taken as well from the organic as the inorganic kingdoms.

2. What is the definition of an "acid?" How does the theory regarding the nature of acids suggested by Humphrey Davy differ from that previously introduced by Lavoisier?

3. What various purposes may water fulfil in the constitution of many chemical compounds?

4. What is the probable state of the iron which enters into the composition of the hæmatine of the blood? and what reasons can you offer for the supposition?

5. Give the chemical properties of the component parts of human milk. How does the milk of the cow and of the ass differ from human milk? In what way are they liable to be adulterated?

6. What are the chief compounds of phosphorus; and what salts of phosphorus exist in the blood and the secretions of the human body? How do you separate the alkalis from the alkaline earths in analysis of the urine?

7. Describe briefly the best method for testing the presence of the following substances amongst the contents of the stomach; (*a*) bichloride of mercury; (*b*) acetate of lead; (*c*) hydrocyanic acid. What are the chief antidotes of these poisons?

8. Describe, symbolically, the progressive chemical changes upon which depends the determination of the presence of sugar in the urine by "Trommer's Test."

9. Give the method best adapted for clinical purposes, of detecting an excess of uric acid in the blood and in the urine.

10. What changes take place during the germination of plants? By what substance are these changes immediately effected; and how may it be chemically separated?

11. What changes in the sap of plants are brought about in the leaves?

12. What plants mentioned in the London Pharmacopœia belong to the natural orders "Umbelliferæ, Cruciferæ, and Convolvulaceæ?" What are the natural orders of the following plants, and what officinal preparations of them do we possess: viz. atropa belladonna, opium, and digitalis purpurea?

PATHOLOGY.

1. Describe succinctly the views lately put forth by Virchow, as regards the so-called "Cellular Pathology."

2. Under what conditions are the fibrin, albumen, and red and white corpuscles of the blood increased in quantity?

3. Give the symptoms and the predisposing and proximate causes of gout. What are the peculiarities of the blood during an acute attack; and of the urine in the chronic form of this disease?

4. What are the various pathological conditions under which a want of equilibrium between the muscles of opposite sides of the face may occur?

5. What are the symptoms and supposed pathology of the disease termed "progressive muscular atrophy?" What other names have been given to this disease?

6. What are the symptoms and supposed pathology of what has been styled "Addison's disease?" Do you consider that the existence of this affection, as ordinarily spoken of, has been established?

7. Upon what various pathological states may the following symptoms be attendant: (*a*) anasarca, (*b*) dyspnœa, (*c*) vomiting, (*d*) hæmoptysis, and (*e*) an albuminous condition of the urine?

8. What diseases may possibly be mistaken for (*a*) typhoid fever, (*b*) croup, (*c*) scarlet fever, (*d*) peritonitis, (*e*) hydrocephalus? and how may they be distinguished from these affections?

9. Describe the symptoms of poisoning by aconite, iodine, and chloroform.

10. What are the symptoms, physical signs, and the apparent proximate cause of vesicular emphysema of the lungs? How is this disease liable to affect the heart in a secondary way?

11. Give the microscopical appearances of the following substances: (*a*) portions of optic nerve in cases of long-standing blindness, (*b*) epithelial cancer, (*c*) the parts involved in red and white softening of the brain, (*d*) the sarcinæ ventriculi.

THERAPEUTICS.

1. In what several forms of disease is opium admissible or desirable during delirium? How may it be rendered more safe in its administration in the delirium of fever? Write a list of Pharmacopœia preparations for internal use which contain opium, with the proportions of opium in the preparations, and the doses.

2. What do you understand by the terms "Jerking Respiration," "Bruit de pot felé," "Amphoric Respiration," "Ægophony," "Metallic Tinkling?"

3. What are the probable chances of life in acute idiopathic pleurisy when you do not suspect tubercle? Treat briefly its several stages.

4. Distinguish between the eruptions of scarlatina, measles, roseola, urticaria.

5. What causes (excluding poisoning) may produce severe pain in the stomach?

6. Describe a severe epileptic paroxysm, enumerating pathologically the supposed causes and their apparent effects. Describe briefly the rational treatment which has been advocated in accordance with advanced knowledge of the nervous system.

7. Can excision of an ovarian tumour be recommended? If so, when?

8. How do you treat a person apparently drowned?

9. Describe the progress of the "vaccine vesicle."

10. At what age is intussusception of the bowel most frequent? What are the symptoms? If you have satisfied yourself of its presence what is to be done?

11. What medicines increase the flow of bile?

12. What are the effects of oleum morrhuæ in pulmonary phthisis? How do you administer it? At what hours of the day? In what stages of the disease?

13. Give examples of medicines whose effects in the system are cumulative: and state the precautions with which those, you select, are to be employed.

CLINICAL EXAMINATION AT THE RADCLIFFE INFIRMARY.

1. Write a commentary on the case of _____ whom you will find in _____ Ward.

2. Describe the specimens of urine marked *a* and *b*: examining them microscopically and chemically.

3. What is the nature of the tumour in the case of _____ in _____ Ward?

TRANSLATION FROM GREEK.

A passage from Hippocrates.

Do you know what was the fundamental principle of Medical observation concerning which the School of Hippocrates felt keenly against the School of Cnidus? And who are the representatives of the respective methods at the present day?

REVIEWS.

A Clinical Treatise on Diseases of the Liver. By Dr. Fred. Frerichs, Professor of Clinical Medicine in the University of Berlin. Translated by Dr. Murchison, Assistant-Physician to King's College Hospital, etc. 8vo. Pp. 402. Vol. I. London: 1860.

The Profession of our country has to thank the New Sydenham Society for another most useful addition—the above-named work—to its literary stores. The name of Dr. Frerichs is already well known among us as an authority on Diseases of the Kidney; and we have no doubt that this volume will give him a similar respectable position on Diseases of the Liver. The most important part of the subject, he tells us, is reserved for the second volume, which will contain Inflammation of the Liver and its Consequences, Cirrhosis, the Colloid or Lardaceous Degeneration, Morbid Growths, the Diseases of the bile-ducts, and of the portal veins.

Chapter 1 of the volume now before us contains an historical account of Liver Diseases; and is, we need hardly say, little more than a record of the erroneous notions held by our forefathers concerning the uses and functions of the liver.

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All the real facts which we have learned about the functions of the liver and the bile are quite modern discoveries.

Chapter 2 treats of the relative size and weight of the liver in health and in disease. To get at these facts is not easy. Accidental circumstances cause great variations in these respects:—Its degree of congestion; the ingestion of food; age, etc.; and therefore authors have given widely different accounts of the size and weight of the liver. According to Dr. Frerichs' experience, the relative weight of the liver may vary in healthy persons from $\frac{1}{17}$ to $\frac{1}{10}$ of that of the body; in adults it fluctuates between $\frac{1}{18}$ and $\frac{1}{40}$; the absolute weight at this period of life reaches from 1.8 to 4.6 lbs. He made his calculations in cases of persons who had died suddenly from accidents without loss of blood, and whose livers were healthy.

Chapter 3 gives a very full and interesting sketch of the relative sizes, forms, and positions of the liver in diseased conditions, and their diagnostic value. This, of course, involves an account of the normal situation and size of the liver. The author, however, well points out the fact, that the absence of all deviations of its external characters is no proof of the absence of disease: "Not only functional derangements, and the more minute alterations of tissue, but also the coarser anatomical lesions, such as cancer, echinocchi, etc., may not unfrequently attain a considerable development in the interior of the liver, without modifying in a marked degree its volume and form."—Page 28. Dr. Frerichs refers to a fact, which is not enough recognised, viz. that a portion of the colon sometimes overlaps the liver, lying between it and the abdominal walls, and so embarrasses diagnosis.

Chapter 4 treats of jaundice. Most, though not all, cases of jaundice are, in Frerichs' opinion, produced by the re-absorption of bile already excreted. He rejects the view held by Dr. Budd and others, that jaundice may result from an imperfection in the secreting functions of the liver; this view having no proof for its support, and being upset by experience of this kind, viz. that not a trace of the elements of bile could be detected in the blood of frogs, which had been kept alive for several weeks after their livers were removed. Besides, if the view were true, bile ought to accumulate in the blood in cases of granular liver, just as urea accumulates in the blood in granular kidneys. But it does not do so. The causes of jaundice, as Frerichs reads them, are threefold: 1st. Obstruction to the escape of bile; 2nd. Diminished circulation of blood in liver, and, consequently, its abnormal diffusion, causing an increased imbibition of bile; and, 3rd. Obstructed metamorphosis, or diminished consumption of bile in the blood. The reasonings, stated under these heads, are full of interest and instruction. Next come the symptoms, treatment, etc., of jaundice, and illustrative cases; all which is given in a way which bears the mark of accurate observation stamped upon them.

The author then goes on to the obscure subject of jaundice without detectable impediment to the excretion of bile; and fairly admits that he cannot throw much light on the causes immediately provoking this kind of jaudice. Under this head he includes, 1st. Jaundice from mental emotion; 2nd. From the effects of ether and chloroform; 3rd. From snake-bites; 4th. From pyæmia; 5th. From typhus and blood-poisonings; 6th. From bilious fever and epidemic forms of jaundice; 7th. Jaundice of new-born children and of pregnant women. For the theoretical reasonings of Dr. Frerichs on the causes of these kinds of jaundice we must refer the reader to the volume itself.

Acholia—suppression of the functions of the liver—is the subject of Chapter 5. Its chief cause is that rare disease—acute atrophy of the liver. Sometimes cirrhosis, fatty degeneration, and other structural diseases are its cause. It is a fatal affection. An historical account is given of this acute atrophy; its symptoms, and pathological anatomy. The liver is much reduced in size, and flattened out; the hepatic cells disappear, and in their place are found granular matter, oil-globules, a kind of cell-nuclei, colouring matter, and needles of tyrosine, and globules of leucine. Frerichs rejects the view of Rokitansky, that the morbid process is one of bilious liquefaction; he considers that there is at first an exudation into the liver, followed by fatty degeneration of the cells.

In Chapter 6 we have an account of chronic atrophy of the liver; and in Chapter 7, of the fatty liver. This difficult subject of fatty liver is well and fully treated. It is not easy to define what amount of fat in the liver-cells constitute the disease. In different animals in health, and at different periods, the quantity varies greatly. Fatty liver does not, in fact, constitute any disease; it is merely a transitory phenomenon, leading to other derangements of the organism. Fatty liver associated with pulmonary tubercle, Frerichs considers, is caused rather by the changes in the composition of the blood, which take place during wasting, than by the influence of defective respiration; "the accumulation of fat in the liver is usually more remarkable in pulmonary tubercle than in other wasting diseases, in which the respiration is unaffected, merely because the impaired absorption of carbonic acid entails a more tedious metamorphosis." Whatever causes fat to accumulate in the blood may be a cause of deposit of fat in the liver. In fatty liver the deposit of fat is always found within its secreting cells. Frerichs found, in one case, 78 per cent. of fat in the liver, when freed from water. The microscope alone gives us proof positive of this fatty state of the liver; the old and greasy knife-blade test is not to be relied upon. Frerichs regards the fatty liver, in most cases, as not the result of deranged nutrition of the secreting cells, but as a consequence of the heaping up of fat in the cells—the cells being in a state of functional activity. Its diagnosis during life is difficult enough.

The known history of that strange disease, pigment-liver, is given in Chapter 8, with several very interesting cases of the disease. The volume concludes with a chapter on Hyperæmia of the Liver and its Consequences.

We shall look forward with interest to the completion of this very valuable addition to the clinical history of liver diseases. In conclusion we have to congratulate Dr. Murchison on producing an excellent translation of the volume; while adhering (as he says he wished to do) closely to the text, he has managed to abstract the work fairly from its German clothing, and to clothe it, for the most part, in good honest English. This supposes, by the way, that we have no right to object to the use of such a fearfull term as *abnormality*.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON RETENTION OF URINE IN THE FŒTUS AS A CAUSE OF OBSTRUCTED LABOUR.

By M. DEPAUL.

The substance of this paper constituted a communication to the Academy of Medicine some years since, but has never been before published in full. Judging from the silence of writers on Midwifery upon this subject, M. Dépaul observes, this cause of difficult labour can be but little known. But although cases of retention of the urine in the fœtus carried to this extent may be rare, others are far more common, in which, owing to the secretion having continued during a less lengthened period, or having been less abundant, the tumour resulting from its accumulation has been much less considerable, or may have passed unperceived at the period of birth. At present, the author confines his attention to the obstetrical relations of these cases, proposing on a future occasion to demonstrate the fact now generally denied—viz. that the functions of the kidneys become established at an early period of fœtal life, the urine passing, by reason of the contractions of the bladder, through the canal of the urethra into the liquor amnii, of which it is indeed one of the principal sources. The following is an abstract of the particulars of the case which occurred in M. Dépaul's own practice, and related by him at great length:—

A lady, twenty-eight years of age, in her third pregnancy, found at the fifth month that she had attained the size usual at the end of gestation, this exaggerated size having begun to manifest itself after three months and a-half. The movements of the child, too, perceived first at about the fourth month and a-half, were very feeble, and kept getting more and more so. Soon after the sixth month labour pains appeared, and in the course of twenty-six hours dilatation had become complete. Notwithstanding, however, that the pains of late had become very active, no progress seemed to be made, and no liquor amnii was discharged. The midwife,

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wishing to expedite matters, used various violent tractions, the consequences of which were that the cervical spine became broken, and one arm and the head were detached from the body. A Practitioner who was called in detached the other arm and opened the thorax, but, notwithstanding the evacuation of the lungs and heart, the trunk could not be delivered. After eight hours' endeavour of this kind, the author's aid was sought, the pains having now become feeble, but the patient's condition being in no wise alarming. He was at once struck by the enormous size of her abdomen, the fundus of the uterus extending six fingers' breadth above the umbilicus, while the organ had assumed the size of an uterus at full time when distended with a large quantity of liquor amnii. On examination the abdomen of the infant was found to be enormously distended, and this was at first attributed to ascites, although such large effusions into the peritoneum during intra-uterine life are very unusual. An opening into the abdomen was forced by means of the finger, and about a quart of a sanguinolent serosity was discharged. Notwithstanding this, it still continued immensely distended, and a fluctuating tumour was still to be felt. Perforating this with the nail, a quantity of transparent, citron-coloured fluid gushed out, which was estimated at about five pints. After this discharge the delivery was easily completed, and the patient did as well as after a natural labour. On examining the fœtal abdomen, and restoring it by means of insufflation to the large size it had prior to the punctures, it was found to measure twenty-one *centimetres* in the transverse, nineteen in the vertical, and fourteen in the antero-posterior diameters—and this independently of the increase which had taken place from effusion of serosity into the peritoneum. The abdominal walls themselves had also undergone a considerable thickening from serous infiltration. The distended bladder, the muscular walls of which were much hypertrophied, occupied almost all the cavity of the abdomen, the organ being in its largest circumference thirty-five *centimetres*. Three canals opened at its surface, the two ureters and the large intestine. This last terminated on the anterior side (its normal calibre having become diminished after coming in contact with the bladder to that of a small quill), its aperture being scarcely detectable. Externally there was no indication of the orifice of the anus. The immediate cause of the urinary tumour was the obliteration of a portion of the canal of the urethra.

M. Dépaul quotes in detail cases more or less resembling this one related by Portal, in his *Pratique des Accouchements*; by Mr. Fearn, in vol. ii. of the *Lancet* for 1834-35; by M. Delbovier, in the *Archives de Médecine Belge;* by M. Gaudon, in the *Bulletins de la Société Anatomique* for 1846; and by M. Duparcque, in the *Annales d' Obstetrique* for 1842; and from the whole he draws the following conclusions:—1. The urinary secretion is established at an early period of fœtal life. 2. When, from vicious conformation or other obstacle, the urine cannot at this period of life be expelled into the cavity of the amnios, it accumulates in the bladder, and this organ may then attain dimensions which renders spontaneous delivery impossible, even when the pelvis is perfectly well-formed and the period of pregnancy is not complete. 3. So great have been the difficulties thus produced, that in several cases the head and limbs have become detached without the obstacle being overcome. 4. Whenever an examination of the parts has been made with exactitude, it has been plainly demonstrated that, together with this development of the size of the bladder, there has coexisted a hypertrophy of its walls, and especially of its muscular coat, showing that the organ does not play merely the part of a passive reservoir, but that it frequently endeavours, during pregnancy, to expel the fluid which it has received. 5. The cases on record would seem to show, that while it may be well nigh impossible to recognise the nature of such a case during pregnancy, a strong probability, if not certainty, may be arrived at respecting it during the progress of labour. 6. The rarity of simple ascites carried to this extreme degree, will at once lead to the presumption of a distension of the bladder; and retention of urine may be declared to be present when malformation of the genital organs can be made out by exploration. 7. Under any circumstance, the practice to be pursued is the same. When tractions, carried as far as prudence will permit, have failed, evacuation of the fluid must be resorted to. 8. As the vices of conformation of the urinary organs in question do not necessarily compromise the viability of the infant, it is absolutely necessary to practise the operation of puncture with all due precaution. The insertion of the funis will serve as a safe guide to the most favourable spot. 9. In proceeding in this way, it may not be impossible, by means of another operation, performed after delivery, to re-establish the natural passage of the urine, and thus save the life of the child.—*Gazette Hebdomadaire*, Nos. 20, 21, 23.

EXCERPTA MINORA.

Formulæ for Creosote.—M. Lebert employs a lotion consisting of 1 to 4 parts of creosote to 1000 of water, as an application in burns, and in putrid or cancerous ulcers; and in the treatment of wounds and ulcers M. Guibert applies charpie, soaked in a mixture composed of four ounces of glycerine, and twelve drops of creosote.—*Bull. de Thérap.*, July, p. 26.

Extract of Rhatany.—When prescribed in aqueous solution the extract of rhatany generally falls to the bottom. This may be prevented by adding to the pulverized extract a little water, and from twenty to twenty-five drops of alcohol—an addition, however, not required, when tinctures are prescribed with the extract.—*Ibid.*, June, p. 538.

Pepsine in the Vomiting of Pregnancy.—M. Corvisart, while communicating a case furnished him by M. Teissier, in which pepsine proved of most marked efficacy in very obstinate vomiting in pregnancy, furnishes additional testimony to the value of this drug in these serious cases. Several others, too, have recently been published in the French Medical Journals. M. Corvisart points out the value of pepsine in either proving useful at once, if, as is often the case, the vomiting is due to an altered condition of the gastric fluid, or in showing itself completely inefficacious when the vomiting is dependent upon sympathetic muscular irritability of the stomach. Either relief or an important diagnostical assurance is at once obtained. M. Corvisart repudiates many of the formulæ of pepsine, which have of late obtained currency, approving, however, of those of Boudault and Mialhe. Still, he exclusively employs the powder, or, when the stomach will bear alcoholic fluids, vinous elixirs of this substance.—*Union Méd.*, No. 44.

Bismuth and Glycerine in the Treatment of Burns and Scalds.—Professor Richardson, of the Charity Hospital, New Orleans, states that this combination constitutes the best application he has yet met with. The bismuth is to be rubbed up in a mortar with a sufficiency of glycerine to form a thick paste, which should be applied by means of a camel's-hair pencil, or a soft linen mop. Previously to employing it, the parts should, if possible, be thoroughly dried, to which end it is necessary to prick with a needle any blisters that may exist, and carefully wipe the surface by gently pressing it with a piece of dry lint. A thick coating having been applied, the parts should be protected from friction by a sheet of clean carded cotton. In very slight burns, in which there is erythematous redness without discharge, dry bismuth may be dusted on, the secretions of the skin forming with it a pasty, protective coating.—*North American Med.-Chir. Review*, July, p. 656.

Transfusion after Exhausting Suppuration.—Dr. Neudörfer, of Verona, gives here an account of some trials he has made of the efficacy of transfusion in some cases in which exhausting suppuration rendered death imminent. The subjects were soldiers, who had suffered from wounds in the late Italian war. He has tried the practice in six cases, and always found a remarkable temporary improvement result. The pulse regained some force, refreshing sleep (unprocurable heretofore by opiates) was obtained, the appetite increased, and the severity of the pain diminished. This improvement continued for from five to eight days, when the former unfavourable condition recurred, and death resulted within three weeks.—*Froriep's Notizen*, Band 1, No. 22.

Uselessness of Sarsaparilla.—Professor Sigmund, the Vienna syphiliographist, has been conducting a series of experiments with carefully-prepared sarsaparilla, and has come to the conclusion that the employment of this substance alone in gonorrhœa or in primary or secondary syphilis is of no essential service; while the efficacy of other decoctions which contain it, especially Zittmann's, is not due to the fact of their containing sarsaparilla. He refers to the enormous expenditure which is incurred for this drug throughout Europe, and which he evidently regards as so much money thrown away as far as syphilitic affections are concerned.—*Zeitschrift der Aerzte zu Wien*, 1860, No. 1.

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GENERAL CORRESPONDENCE.

GLAUCOMA AND IRIDECTOMY.

LETTER FROM DR. BADER.

To the Editor of the Medical Times and Gazette.]

SIR,—I have been much grieved by seeing an article on the value of iridectomy, in the August number of the *Quarterly Journal of Medical Science*. The reviewer has displayed so little acquaintance with the advance the subject of glaucoma has undergone in this country and abroad within the last six years, that I request him to avail himself of the opportunity of studying the subject at our Eye Infirmary, or to read and think over the numerous articles which have been published on the subject; he will excuse for these reasons my not answering his remarks, since they would have to consist in an anatomical and pathological course of lectures on glaucoma. I am happy to inform those of the Medical Profession who through the review may have been inspired by some doubt as to the value of iridectomy, that this operation is extensively practised by all the Medical men of this Hospital in glaucoma, as well as in other morbid changes of the eye accompanied by pain and increased hardness. I have also selected some sentences from pages 78 and 79 of the review, which more especially refer to my report on iridectomy, etc., to show that my report evidently has been reviewed without previously having been thought over or read.

1. "Dr. Bader presents us with a *resumé* of *55* cases, in which 84 (not 78) eyes were operated upon, and in a table attached to his report," etc.

The reader of my report will find on page 169 of No. 9 of the Ophthalmic Hospital Reports, that 106 eyes have been operated upon.

2. "The statistical table is peculiar, and differs from most documents of its kind, in not giving either the age or sex of the patients."

Nowhere in the report have the tables been considered to be statistical; *55* cases have been tabulated to show in a short manner the result of the operation in these *55* cases as to vision. It also says on page 168 of No. 9 of the Ophthalmic Hospital Reports:—"For the particular diagnosis of chronic, subacute, and acute glaucoma, Von Graefe's papers, etc., may be referred to."

3. "In 32 operations the eyes remained as before. So runs the report; but neither any of these suppurated, collapsed, etc."

See page 226 of No. 10 of the Ophthalmic Hospital Reports, where it states that those cases which were complicated with chronic iritis, or in which escape of vitreous, etc., followed the operation, and the after-treatment of the eyes operated on, are not included in the present report.

I have to add that no scale of types had been published in this country at the time the report was published, and that the different print-types on the tickets of our patients were used for testing the sight, dividing them into large, average, and small type. The following case of glaucoma may serve as a reply to what is said on page 81 and 82 of the review.

M. C. M., age 49 (residing in Hoxton), a patient of Mr. Dixon, presented herself at the Hospital on the 14th of November, 1859. The following is a copy of the notes written on the ticket of the patient during her attendance:—

November 14, 1859.—Chronic glaucoma of the left eye for one year; right eye good.

December 19.—Pain in the right eye since the 17th; vessels of sclerotic injected.

22nd.—Aqueous evacuated.

26th.—Pain gone; pupil acts slightly; sight improved; general slight injection of conjunctiva.

January 12, 1860.—Patient cannot see type on ticket; pupil dilated with atropine; aqueous evacuated.

19th.—Portion of iris removed above; hæmorrhage (venous) into the anterior chamber.

23rd.—A small quantity of blood at the bottom of the anterior chamber; fibrous appearance of iris natural.

The Medical treatment consisted in giving quinine, and hyoscyamus to relieve the pain.

Having been authorised by Mr. Dixon, I complete these notes from the Case-book which is kept at the Hospital:—

Mrs. M. is a healthy-looking, thin, small person; has never been ill, but was always very nervous; she has three healthy children. Her catamenia ceased three years ago; at that time she had a good deal of trouble in her family, which (as she thinks) brought on pain and mistiness of sight in the left eye. The attacks of pain and mistiness returned frequently. On presenting herself at the Hospital, she had fair perception of shadows with this left eye; the state of the eye was diagnosed as chronic glaucoma. The attacks of pain, etc., in the right eye, which was called "a good eye" at her first appearance, were treated by repeated evacuation of the aqueous humour, by hyoscyamus, and by iodide of potassium with opium, which latter particularly disagreed with the patient.

The state of the eye immediately before iridectomy was as follows:—The tension of the eye was increased; there was a good deal of ophthalmia, with slight œdema of the conjunctiva, and with enlargement of vessels which emerge from the ciliary region; the anterior chamber was small, the pupil of medium size, slightly irregular, and fixed; the aqueous was somewhat turbid, the pupillary area slightly greenish, turbid; there was a great deal of pain in the eye, and in the corresponding forehead and temple; the patient could with difficulty make out the shadow of a distant person, and could see, but not read, any type; she noticed a large rainbow round the candle the evening before this new attack occurred.

Iridectomy was performed by Mr. Dixon on this right eye on January 19. No chloroform was given; about one-sixth of the breadth of the iris was removed; the blood which filled the anterior chamber was left there for absorption.

State of the Eye August 18.—Normal tension, small anterior chamber, active clear pupil, slight ophthalmia (everted lachrymal puncta). No return of pain. The patient reads No. 19 at fourteen inches, and recognises persons across the street. She repeatedly desired to have the left eye operated upon. This eye has now lost perception of light.

The ophthalmoscopic examination proved equally satisfactory. As to the review of my report, I have again looked over those cases which were tabulated, and find that 9 eyes suffering from chronic, 19 from sub-acute, and 20 from acute glaucoma out of 83, were improved by the operation; 32 remained stationary, and 3 were worse after the operation.

In conclusion, I wish to remark that articles on surgical subjects, like the one on iridectomy, ought to be reviewed by men who have an experience of their own in the matter, and not by persons who display utter ignorance of the subject.

I am, &c.

C. BADER.

Curator to the Royal London Ophthalmic Hospital, Moorfields.

WOUND OF ABDOMEN WITH ESCAPE OF INTESTINE.

LETTER FROM DR. POTTER.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following case, being one of rare occurrence, it may not be uninteresting to some of your readers:—On Friday, July 13, I got a Dispensary visiting-ticket, to go out about a mile in the country to see a boy who, as the messenger expressed it, "was dying, and had his bowels hanging out." On my arriving at the farmer's house where the boy was, I was informed that he had been riding home from a neighbouring forge with the sock of a plough in his hand, and by some accident the animal threw him, and, falling on the sharp portion of the sock, the injury was inflicted. He lay for some time on the road-side until a car was procured to carry him home, a distance of half-a-mile or so. On stripping the boy, I found at least one portion of what the messenger told me to be the case—three large coils of the intestines protruded through a wound, about two inches in breadth, in the lower part of the abdomen. On examining more closely, lest any portion of the intestines should be torn or in any way injured, I observed the serous membrane of two of the coils abraded, and oozing blood. Having, after a good deal of patience, and gentle pressure with my hand well oiled, expelled the flatus and feculent matter from the protruded bowels, I replaced

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them bit by bit, and put a couple of sutures in the wound. By this time he had in a great measure recovered from the collapse in which I found him. I gave him a full dose of Battley's sedative liquor, and marked the abdomen where the Apothecary of the Dispensary was to apply eight leeches. I left directions that cold stupes were to be kept constantly applied during the night, and nothing save a half-pint of milk to be given to him at intervals.

Saturday.—His face was very flushed, his pulse 125, and the abdomen about the wound extremely tender on the least touch. Thinking it more advisable to have him removed into Hospital, where I could have him more immediately under my own care, I got him removed as quietly as possible, ordered him to get a little warmed milk before leaving. Two o'clock p.m. looks fagged and fatigued from coming in; pulse the same as in the morning, face still flushed, tongue coated; as the tenderness of the abdomen was still great, I ordered six leeches to be applied and cold lotions to be constantly kept up, at the same time I gave him six pills containing half-a-grain of calomel and quarter-of-a-grain of opium in each, one to be given every second hour still keeping him confined to the milk diet. Sunday.—There was a marked improvement; the pulse was reduced to 100, the tongue not so furred, and the tenderness of the abdomen not quite so great; ordered three leeches to be applied to the part he most complained of and the pills to be continued, but to be taken every third hour instead of every second; as he complained greatly of hunger allowed him some arrowroot with the milk. Monday.—Looked well; pain on pressure not so much; pulse 90; tongue cleansing; ordered three more pills, one every fourth hour, diet the same as yesterday with a little toast broken down in the milk. Tuesday.—His bowels were moved for the first time since Friday, and as he complained of great pain about the lower part of the abdomen, I ordered two leeches to be applied and a sedative draught (Battley's) and tincture of hyoscyamus to be given.

It is needless to go on further with the daily report; suffice it to say that he progressed most favourably from day to day, was allowed to get out of bed ten days after the accident, and in a few days afterwards was discharged well.

I am, &c.

John Potter, M.B., L.R.C.S.I.

Kilkenny, August 12.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 26, 1860.

F. C. Skey, Esq., President, in the Chair.

A paper, by Dr. J. W. Ogle, was read, relating a

CASE OF ANÆSTHESIA OF ALMOST THE ENTIRE SURFACE OF THE BODY, AS WELL AS OF PARTIAL LOSS OF POWER,

recurring several times, and traceable to the effects of effused products within the spinal canal upon the various spinal nerves. The case was that of a stonemason, aged thirty-two years, of intemperate habits, who rather suddenly lost the use of all his limbs to a certain degree, as well as sensation of the skin almost entirely. The affection began with feelings of "pins and needles" in the legs. There was no affection of the mental functions. Under treatment for eight or nine months, and the use of frequent blisters to the back, he became perfectly well; but since then, for five or six years, he has had a slight return of his illness every winter, which however did not prevent his working. He was admitted into St. George's Hospital with very diminished sensation of the skin of both legs as high as the thighs, as also of both arms up to the elbows, and of both cheeks and nose. There was no want of sensation in the skin of the forehead. The patient could walk, but in a very tottering manner; and the arms were much wanting in power. No pain complained of. Under the use of blistering the spine, and diuretics, chiefly the tincture of cantharides, he became in every way much improved, and was dismissed from the Hospital greatly relieved. He subsequently returned stating that he had lost power in the limbs, and had been affected by numbness of the skin of the upper extremities. He complained of occasional pain in the head. He was again treated with the tincture of cantharides, and also with strychnine and bark. He was a second time dismissed without any numbness, and was able to work. Six months later he was again brought into St. George's Hospital in a very heavy and stupefied condition, and with twitching of most of the muscles of the body. In this condition it was difficult to make out to what degree the sensation of the skin was affected, but it did not appear to be very much interfered with. The special senses were in a natural state; but the patient rambled when made to talk. He was cupped and purged. He became delirious, secreting objects under the bed-clothes. The pupils of both eyes were very contracted; and the trembling of the muscles became excessive. After a short time he became very irritable, and very angry if the skin of the limbs was at all pinched, as if their sensation was exalted. He was seized with or by a convulsive attack and dyspnœa, and died rather suddenly. *Post-mortem Examination.*—It was found that the spinal membranes had been the seat of extensive effusion of "lymph," or albumino-fibrinous material. This had in many places accumulated around the roots of the spinal nerves, and was evidently chiefly of old standing. In some places the roots of the nerves were thickly and firmly bound by this material, and this it was no doubt which had given rise to the interference with the motion and sensation of the limbs and face. Moreover, a good deal of soft, yellowish, fibrinous material was met with at the base of the brain, occupying the subarachnoidean tissues, and surrounding the vessels and nerves there met with. Dr. Ogle has had a coloured drawing made, showing the presence of the effused material in contact with the spinal nerves, and also showing the microscopical appearance both of the spinal nerves and of the adventitious surrounding material.

A paper, by Mr. Henry Lee, was read on

CASES OF TREPHINING IN SYPHILITIC DISEASE OF THE BONES OF THE SKULL, WITH OBSERVATIONS.

The author gives the particulars of three cases, in all of which the bones of the skull were very extensively diseased. In the first the outer and middle table of the frontal bone, principally on the left side, and part of the left parietal bone, had become necrosed, but the internal table retained its vitality when the trephine was applied. The inner surface of the portion of bone which was removed presented a very uneven surface, from whence numerous small, irregular spicula of bone projected. The dura mater which had been in contact with these was altered in structure, and did not bleed, as the dura mater usually does when a portion of bone is removed by the trephine. There was here general debility, loss of sensation on the right side of the face, and deafness in both ears. There had been also extensive and long-continued ulceration on the left side of the neck. The removal of the portion of bone, shown in an accompanying drawing, was followed by general restoration of the health, recovery of the sensation of the face (with the exception of a small portion of the right side of the upper lip, which still remains numb), and perfect hearing. This patient has no other treatment excepting a pint of the decoction of sarsaparilla daily. In the second case there was extensive disease of the outer and middle tables of the skull. The patient became, in consequence, subject to a peculiar kind of fit. This commenced with flushing of the face, followed by twitching of the muscles of that part. The fit would then sometimes terminate; at others, however, it would be followed by rigidity of the muscles of mastication and of the other muscles of the body. Some of these fits lasted as much as six hours, during which the patient retained his consciousness. This patient was affected with an ulceration which lasted over a period of between eight and nine years, and which had extended over the skin of the whole right arm, from the shoulder to the wrist. The application of the trephine in this case was made over the right temporal bone: the portion of the internal table removed was slightly roughened, but not nearly so much as in the preceding case. The fits recurred a few hours after the application of the trephine, but ultimately ceased. The ulceration of the right arm, which had existed between eight

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and nine years, healed, and the patient was restored to a comparative state of health. In the third case the bones of the skull had been extensively destroyed, but in one part the inner table had perished where the outer and middle table still maintained their vitality, as shown in an accompanying drawing. Opposite this point effusion of plastic matter had taken place, and the disease had spread by continuity of action to the brain, and produced red softening of that organ. There was no disease, either in the brain or its membranes, in those situations where the entire thickness of the skull had been removed. In this instance, again, there had been long-continued and most troublesome ulcerations principally of the right leg, and destruction by ulceration of the eye and nostril on one side. The trephine was here applied to the right parietal bone, in the immediate neighbourhood of the portion of the internal table which had perished. The exact spot was not hit upon; but as softening of the brain had already taken place, and the patient was comatose, any operation in this particular instance was too late. The author dwelt particularly upon the absence of disease in those parts where the entire thickness of the skull had been removed, and concluded from thence that the early removal of the diseased internal table afforded the best chance of success in such cases. It was evident in the last case that the continued contact of the diseased bone had produced the effusion, first, between the bone and dura mater, then between the membranes of the brain, and that the brain itself had ultimately become diseased by continuity of action. Had this diseased bone been earlier removed the results would not have occurred. The object of trephining in these cases was, then—1st. To remove the cause of irritation from the surface of the dura mater. 2dly. To allow the discharge of any matter there secreted. 3dly. To establish a healthy suppuration from one part of the membrane, whereby the irritation caused by the prolonged contact of diseased bone would be relieved. The author directed particular attention to the prolonged, persistent, and recurring ulceration of the skin, which formed one of the most troublesome symptoms in all the cases. In illustration of the cause of these ulcerations he referred to M. Brown-Séquard's experiments, in which it was shown that by cutting off the sympathetic nervous influence from a part the vessels of that part became dilated; and also to M. Majendie's experiments upon the fifth nerve, by which it was shown that ulceration might follow the abstraction of nervous influence. In the third case destruction of the eye had actually followed, as in Majendie's experiments, and as had also been observed by the author in a case of fracture of the base of the skull in which the fifth nerve had been completely paralysed. M. Brown-Séquard had also shown that, by irritating certain portions of the nervous system, an animal might be rendered liable to epileptic fits. In Case 2 the author attributed the occurrence of the fits to the irritation produced in the membranes of the brain by the continued contact of the diseased bone, and concluded that the removal of even a comparatively small portion of that bone, so diseased, was calculated to relieve the irritation, as it certainly appeared to have done in the cases recorded.

A paper, by Dr. G. Cursham, was read, giving

CASES OF OBSTRUCTION OF THE VEINS OF THE LOWER EXTREMITIES CAUSING ŒDEMA OF THE CORRESPONDNG LIMB, OCCURRING IN PHTHISICAL PATIENTS.

The author relates four cases of the above description, all of which occurred in patients in an advanced stage of phthisis. In three the œdema was confined to one limb, the corresponding veins being found closed with coagula. In one case both limbs were affected, and in this the lower part of the vena cava (as well as both femoral veins) was obstructed. He refers to similar facts published by different authors, and observes that the cases he has recorded correspond closely with those described under the name of phlegmasia dolens. The author, however, is disposed to think they had some other origin than the one to which that disease has been attributed, and states his reasons for considering them as coming under the class of cases in which coagulation in the veins is produced by the presence of pus or some foreign matter in the blood, and that the subsequent inflammation was owing to the stagnation of the vitiated blood in the vessels.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed the Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, August 16:—

Chalmers, John Erskine, Hull
Giles, William Foster, Cheltenham
Hill, T. Miles, Clifton, Bristol
Moult, Emuel Downes, Marple, near Stockport
Williams, Henry, Framlingham
Workman, Charles J., Reading

The following gentlemen also on the same day passed their First Examination:—

Cooke, John, University College
Soper, William, Guy's Hospital

Army Medical Service.—Names of successful candidates at the Competitive Examination for Commissions in the Army Medical Service, August 20:—

Order of Merit.	*Name.*	*Degree.*	*Place of Education.*
1.	Godwin, C. H. Y.		London: St. Bartholomew's Hospital
2.	Walters, John	M.B.	London: King's College
3.	Gillespie, F.	M.D.	Cork
4.	Gore, A. A.	M.D.	Dublin
5.	Maunsell, T.		Dublin
6.	White, G. F.		London: University College
7.	Wilson, F. R.	M.B.	Dublin
8.	Jones, W. H.	M.D.	Cork
9.	Alcock, N.		Dublin
10.	Davidson, D. McG.	M.D.	Glasgow
11.	Heath, R. E.	M.D.	Dublin and Belfast
12.	Adams, Robert	M.D.	Glasgow and Dublin
13.	Lever, R. C.		London
14.	Jazdowski, B. I.	M.B.	Aberdeen
15.	Thompson, James		Dublin
16.	Wills, C. S.		Dublin
17.	Riordan, R. B.		Dublin
18.	Hope, Samuel		London: St. Mary's Hospital
19.	Baker, Thomas Y.		London: St. Bartholomew's Hospital
20.	Bracken, J. H. N.		Dublin
21.	Quinlan, P.		Dublin
22.	Pout, Frank		London: King's College
23.	Baxter, C. P.	M.B.	Dublin
24.	White, S. G.	M.D.	Edinburgh and Belfast
25.	Lamb, Henry		Dublin
26.	Harvey, H. O.		London: St. George's Hospital
27.	Grant, E.B.	M.B.	Aberdeen
28.	Wall, W. R.		Dublin
29.	Flynn, T. P.		Dublin

APPOINTMENTS.

Morel-Lavallée—Desormeaux.—M. Morel-Lavallée has been appointed to the Surgeonship made vacant at the Necker Hospital, Paris, by the death of M. Lenoir; and M. Desormeaux, of the Lourcine, is appointed to the Cochin Hospital, in place of M. Morel-Lavallée.

DEATHS.

Bush.—August 2, at his residence, 57, North Moore-street, New York, Dr. Ralph J. Bush, in his 80th year.

Clere.—July 30, at Brooklyn, New York, Dr. Edward Clere, aged 64.

Dumeril.—Professor Duméril, the eminent French naturalist, has just died at the advanced age of 86.

Fox.—August 10, at Wood-lane, Falmouth, Samuel Tregelles Fox, M.R.C.S. Eng., L.S.A. Lond., aged 30.

Guthrie.—August 11, at Dunblane, James Guthrie, Surgeon R.N., L.R.C.S. Edin.

Hawkesworth.—August 16, of fatty degeneration of the heart, Charles Adolphus Hawkesworth, of Burton-on-Trent, M.R.C.S. Eng., L.S.A. Lond., aged 48.

Hay.—August 18, at his residence, 2, Newgate-street, City, James Hay, M.R.C.S. Eng., aged 70.

Hegeman.—August 2, at Orange, New Jersey, U.S.A., Fred. Augustus Hegeman, Associate of the College of Pharmacy, New York, aged 39.

Molloy.—July 16, of paralysis, at Malone, New York, Dr. P. E. Molloy, aged 60.

Toone.—July 11, at Salisbury, John Toone, M.R.C.S.E., aged 70. He was for 46 years a resident in that city. He had formerly served as an Assistant-Surgeon in the Royal Navy.

Webb.—July 31, at Brooklyn, Long Island, Dr. Edwin Webb, jun., aged 21.

The Academy of Medicine of Madrid has two questions for its prizes for 1860. One is the following:—"What share have Spanish Authors had in the Discovery of the Circulation of the Blood?"

The St. George's Rifle Corps has lately received numerous presents, one of which is a handsome Medical and Instrument-chest, presented by Messrs. Savory and Moore. Several well-known members of our Profession belong to this Corps.

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THOMAS COTTERILL, Esq., a Birmingham *millionaire*, has left the following legacies to different local Medical, charities :—the General Hospital, £1000; Queen's Hospital, £1000; Dispensary, £1000; Deaf and Dumb Institution, £1000; the Blind Asylum, £500.

M. SCHIFF's experiments on the subject of Diabetes seem to settle the heretofore debated question—how the sugar comes to accumulate in the blood. The two theories held on this subject were :—1. That the actual quantity of sugar formed was abnormally great, in consequence of increased activity of the liver in its formation; and, 2. That the quantity formed in the liver was not actually greater than normal, but that the ferment (an hypothetical agent) which caused its transformation in the blood was defective, and therefore the sugar accumulated. M. Schiff apparently decides the question. According to him the excess of sugar in the blood, as found in artificially-produced diabetes, results from an excessive formation of sugar in the liver. M. Schiff found that diabetes could be produced by the induction of an hyperæmic condition of the liver—a simple mechanical hyperæmia! He found the same thing result on removal of the spleen, whereby the liver was congested.

UNIVERSITY OF LONDON.—FIRST M.B. EXAMINATION, 1860.—The following is a list of Candidates who passed the recent First M.B. Examination :—*First Division*—John Bayldon, University of Edinburgh; John William Bell, Hull School of Medicine; Palemon Best, University College; Thomas Wemyss Bogg, University College; Alexander Crum Brown, M.A. Edinb., University of Edinburgh; Arthur Wellesley Edis, Westminster Hospital; Henry Stanley Gale, King's College; Thomas Griffiths, University College; John Harward Hooper, St. Thomas's Hospital; John Talfourd Jones, University College; Edmund Cornish King, University College; Henry Thomas Lanchester, St. Bartholomew's Hospital; John Langton, St. Bartholomew's Hospital; Frederick Fawson Lee, St. George's Hospital; Henry Colley March, St. Thomas's Hospital; Frederic Marsdin, King's College; Frederic Meggy, Guy's Hospital; John Thomas Mercer, Guy's Hospital; Richard May Miller, B.A., University College: Thomas Morton, King's College; Richard Orton, Royal College of Surgeons, Ireland; Edward Parson, King's College; William Powell, London Hospital; Frederick Thomas Roberts, University College; Thomas Starkey Smith, University College; Edward Thomas Tibbits, University College; Joseph Todd, Queen's College, Birmingham; Forbes Watson, St. Thomas's Hospital; Thomas James Woodhouse, St. Thomas's Hospital. *Second Division*—John Penning Baker, University College; John Cooke, University College; Richard Dawson, University College; Athenodore de Negri, University College; Edward Mahony, University College; Wilmot Horton Trevor Power, B.A., University College.

THE ADULTERATION OF FOOD AND DRINK.—The new Act for preventing the adulteration of articles of food and drink has been printed, but, before it can be of public service, "Analysts" must be appointed. In the City of London the Commissioners of Sewers, and in all other parts of the metropolis the vestries and district boards acting in execution of the Local Government Act, and the court of sessions and borough councils in other parts, may appoint one or more persons possessing competent Medical, chemical, and microscopical knowledge, as analysts of all articles of food and drink purchased within such places. Any person selling articles of food and drink, knowing the same to be injurious to health, may be fined £5, with costs; and, on a second conviction, the justice may cause the offender's name to be published in a newspaper, or in such other manner, "at the expense of such offender," as to them seems desirable. There is a provision giving protection against articles being tampered with by the purchaser. A purchaser in a district "where there is an analyst appointed under this Act" may have an article of food or drink analysed for a sum not less than 2s. 6d. nor more than 10s. 6d., and to receive a certificate admissible in evidence. The justices, on complaint, may order an article to be analysed by a skilled person. An appeal is given to the quarter sessions. Persons convicted of selling adulterated patented articles may have a case stated for the opinion of the superior courts. The expenses of the Act are to be borne by the City of London, out of the Metropolis Local Management rate, and elsewhere by the county and borough rates.

A YEAR OF GRACE.—"According to the examination of their treasury, once in eight or ten years they proclaim a jubilee, setting open their doors to Physicians, barbers, apothecaries, and renegade priests, who, upon the payment of a certain sum of chequeens, are honored with a fop character, and received into the church porch of Æsculapius, being forbidden to enter any further during the time it is occupied by the whole Conclave, or Consiglio picolo, though at other seasons they have toleration to peep in, or take a turn or two." This satirical description of the year of grace in the olden time is interesting at the present date, when, after long desuetude, the old custom has been once more revived, though under judicious liberality, which would leave no sore even for the venom of Dr. Gideon to rankle in.—*Dr. Bucknill's "Shakespeare's Medical Knowledge."*

VITAL STATISTICS OF LONDON.

Week ending Saturday August 18, 1860.

BIRTHS.

Births of Boys, 829; Girls, 856; Total, 1685.
Average of 10 corresponding weeks, 1850–59, 1589·2.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	515	514	1029
Average of the ten years 1850–59	589·5	574·6	1164.1
Average corrected to increased population..	..	..	1091
Deaths of people above 90	1	1	2
Deaths in 15 General Hospitals	12	12	24

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	4	7	1	2	1	9
North ..	490,396	1	10	7	..	5	5	19
Central ..	393,256	..	7	10	2	2	4	17
East	485,522	2	14	6	2	5	5	24
South ..	616,635	2	10	7	1	7	6	18
Total.. ..	2,362,236	7	45	37	6	21	21	87

TO CORRESPONDENTS.

A Student will find all the information he requires in our Students' Number, which will be published on the 22nd of September.

F. M. E.—No Druggist can legally attend Midwifery without some Medical Qualification, or the special licence of the College of Surgeons.

M.D.—The advertisement of the stereoscopes was admitted by inadvertence. Directions have been given to prevent repetition.

Tyro.—There has been no edition of the "London Pharmacopœia" since 1851. The Spiritus Ammoniæ Aromaticus was formerly called Spiritus Ammoniæ Compositus.

FŒTAL AUSCULTATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I do not wish to enter upon a controversy on so firmly-established a fact as the audibility of the fœtal heart-sounds. I wrote one letter to you on the 28th ultimo, hoping to settle the dispute between Drs. Druitt and Adams. It is, however, hopeless, for the latter gentleman has again misquoted me. I merely call your readers' attention to the fact and let it pass.

I am, &c.

17, Victoria-square, S.W., August 22. GEO. BRITTON HALFORD.

MEMBERS BY EXAMINATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Having passed an examination as an Extra-Licentiate of the College of Physicians of London some twenty years ago, and having been admitted a Member under the late bye-law, should I be entitled to be noticed in the forthcoming Medical Directory as a Member by Examination?

August 16. I am, &c. M.D.

[The correct statement would be:—L.R.C.P. by Exam., 1840; M.R.C.P. 1860.—ED.]

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The Title Mania.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—It really is quite amusing to hear the noise that is made about "Medical Titles," as if a number of letters after a man's name would ensure him to be clever. We have heard before now of a gentleman who made overtures to a University for the degree of M.D. for his horse; and the noise that we hear now would indicate the braying of the ass. Who but a gentleman with long ears would care one straw whether he is called Dr. or plain Mr.? And I think the public have more discernment than to be led away with the notion that a great number of capital letters will make a clever man; so that I hope we shall see less of such nonsense. Let each be pleased with what he hath, and let us not make fools of ourselves by writing every week, "Who is a Doctor?"

I am, &c. Dr. F., Physician.

Stromeyer and Esmarch.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—My attention having been directed to the answers to correspondents in the *Medical Times and Gazette* of June 30, I beg to state that Messrs. Trübner have now copies of the late Mr. Statham's work, On the Fractures of Bones Occurring in Gunshot Injuries, by Dr. Louis Stromeyer. On Resection in Gunshot Injuries, by Dr. Frederick Esmarch (slightly abridged). Cases of Resection in Civil Practice, by S. F. Statham (the translator).

I am, &c. J. L. Statham.

6, Bedford-street, Bedford-square, August 15.

Dr. Gourley.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I think it is well that it should be known what is the actual position in the Profession of the person who was committed on Friday last at the Mansion House for misappropriation of trust money.

In the Register for 1859 is the following entry:—"Gourley, Daniel de la Cherois, Wilton House, Regent's-park, London, N.W.; in practice before August 1, 1815; Mem. R. Col. Surg. Eng., 1843." In the Register for 1860 is the following entry:—"Gourley, Daniel de la Cherois, Wilton House, Regent's-park, London, N.W.; in practice before August 1, 1815; Mem. R. Col. Surg., 1843; Lic. R. Col. Phys. Edin., 1859."

August 20. I am, &c. M.D.

Chlorodyne.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If any of your readers interested in the action of Chlorodyne will make a mixture as follows, they will find it exactly resemble in appearance and effects the article so well known as a secret remedy:—

℞ Chloroformyli, fl. 3iv.
Alcohol, fl. 3ij.
Morphiæ Hydrochlor., gr. viij.
Acidi Perchlorici, gtt. xx.
Olei Menthæ Piperitæ, gtt. ij.
Tr. Capsici, fl. 3ss.
— Cannabis Indicæ, fl. 3j.
Acidi Hydrocyanici, gtt. xij. (Scheele's).
Theriacæ, 3j. Misce.

The treacle is to be rubbed up in a mortar with the alcohol and tincture of capsicum, until intimately mixed, the other ingredients may then be added, and the whole well shaken in a bottle.

I am, &c. A Chemist.

Confidential Communications to Insurance Offices.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In filling up the usual paper for a Life Insurance, is a Medical man under an obligation to disclose the nature of every ailment his patient may have had? For example, he may have been the subject of secondary or tertiary syphilis, known only to himself and his Surgeon. A particular friend may hold property on his life, and wish to insure it; and another friend may happen to be the agent of the Insurance office. Is the Surgeon compelled to break confidence and make known the secret to the world through the medium of his patient's friends?

So, likewise, in many other instances, a patient may not like to have his complaints published to the neighbourhood, even when he insures himself.

I am, &c.

August 20. An Old Subscriber.

[The consent of the patient should certainly be obtained before divulging a secret of such a nature to an Insurance Office. If the Medical referee thought the fact ought to be known to the Directors, and the duration of the Insurer's life likely to be affected by it, the decision should rest with the patient. It is for him to say whether he is so anxious to insure his life that he consents to a confidential communication being made to the Office.—Ed.]

Midwifery Malpraxis.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I cannot refrain from offering a few observations upon the recent Birmingham case. The woman was not attended by a midwife. If she had been, the midwife would, no doubt, have sent for a Medical man in time, and if the circumstances of the poor woman were such as to require it, for the parochial Surgeon of the district. Further, it strikes me that the learned Judge was not justified in placing a self-constituted accoucheur in the position of a midwife. A midwife is not expected to be competent to meet any untoward emergency that may arise in the course of delivery, but an accoucheur is supposed to be *au fait* under all circumstances: hence the frequency of these frightful cases where the lives of females are sacrificed, because the ignorant Practitioner is at first unwilling, and probably at last afraid, to give up his case. On the other hand, a midwife almost always sends for a Doctor in good time, if anything begins to go wrong. I have been induced to send you these remarks because it might be supposed that you had fallen into the views of the judge, that it is as excusable for a chemist to practice Midwifery as for a woman, overlooking the fact that the chemist by doing so becomes at once a Medical Practitioner, which the humble midwife never thinks of for a moment.

I am, &c.

E. Whittle, M.D., M.R.I.A.,
Senior Surgeon to the South Dispensary, Liverpool.

August 18.

Infantile Eczema.

In reply to a correspondent of last week, *Dr. Mahony* recommends the local use of warm bran-water two or three times daily, and three grains of tartrate of iron, and ten of compound jalap powder every night. He says:—"I have used this for years and in no case has it failed." *Dr. Whittle*, of Liverpool, advises three or four minims of oil of turpentine daily, with mucilage, syrup, and peppermint-water. *Mr. Ballard* recommends the "removal of the cause, viz.—fruitless sucking," and advises an ointment composed of equal parts of zinc ointment and lead cerate. *Mr. Meade*, of Bradford, advises a nourishing diet, and adds, "The medicine that I find the most efficacious is the bichloride of mercury in very small doses. I do not give more than 1-50th or 1-60th of a grain three times a-day to a child six months old: and I combine it with a little fluid extract of sarsaparilla, and often also with glycerine. Should the bowels be relaxed, a few drops of tincture of opium may be added to the mixture; one-fourth of a drop to a dose will be enough. This gentle mercurial mixture may be continued for weeks, or even months together, without disagreeing in any way. I generally prescribe an ointment at the same time, containing a scruple or half-a-drachm of unguentum hydrargyri nitratis, and the same weight of oxide of zinc rubbed up with an ounce of lard; to which may be added a drachm of rectified spirit. This should be applied to the head and face, or other parts affected, once a-day, after the skin has been bathed with a little thin gruel or arrow-root."

Medical Titles.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Pray permit me to suggest to your numerous correspondents that the "Edinburgh Licentiates" and "Who is a Doctor?" are growing very stale and unprofitable subjects for discussion, and, as no amount of correspondence thereon will alter the matter one jot, it would be quite as well if we had something new to agitate about. And pray allow me to allay the fears of an "Old Subscriber," and other virtuously-indignant writers of letters and to assure them that the Licentiates of Edinburgh have not the least intention of calling themselves "M.D 's," nor have they the slightest desire to do so. They do intend calling themselves "Doctors," however, because from time immemorial that prefix has always been allowed and identified with Colleges of Physicians; and a man who holds a diploma from a College of Physicians is in any case a Physician, whether he practises as a "pure" or (what is infinitely more useful to the public) as a General Practitioner. A vast deal has been written, too (most unnecessarily and injudiciously, in my humble opinion), by those who understand very little of the matter about the sale of licences, leading their readers to infer that anyone might have such a licence for the asking. Those gentlemen who were admitted without examination had to procure the strictest evidence of their eligibility to join the College, and would have undergone an examination had the authorities thought fit to require them to do so: while those who became candidates after the ordeal was instituted and actually underwent it, will testify that it was by no means such a trifle as your correspondents would make out. Again, it seems to me to be very questionable taste to endeavour to hold up to ridicule and to contempt a proceeding which no less than a thousand General Practitioners (and some of the number of the highest standing in the Profession) have thought fit to adopt. Let your correspondents be assured that the Edinburgh men know quite well what they are about and that they will do nothing to disgrace either themselves or the Profession, and if, as it has been hinted, there are those amongst them who, notwithstanding their promise to the contrary, still traffic in drugs for profit, a note to the Secretary of the College, certifying the fact, will, I venture to say, meet with every attention.

I am, &c. Not an M.D.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. Carpenter; Dr. Goodfellow; Mr. Bowman; Dr. Mapleton; Dr. Lankester; Mr. Raymond; Dr. Moore; Registrar-General; Mr. Ballard; Mr. Meade; Dr. Halford; Dr. Lewis, Philadelphia; Mr. Statham; Dr. Bader; Mr. Atkinson; Dr. Cummins; Registrar-General for Scotland; Dr. Swerting; Dr. Forbes; Dr. R. Richardson; Dr. Tucker; Dr. Mackenna, Melbourne; Mr. Meeson; Mr. Adshead; and Dr. Potter.

APPOINTMENTS FOR THE WEEK.

August 25. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

27. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

28. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

29. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

30. *Thursday.*

Operations at St. George's, 1 p.m; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

31. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

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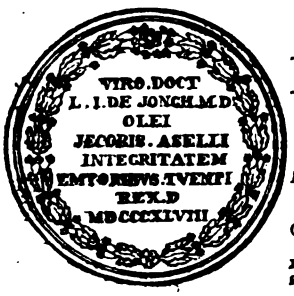

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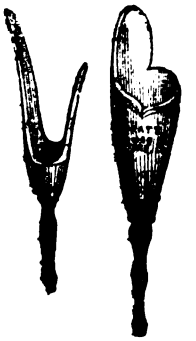

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MEDICAL COLLEGE.—The WINTER SESSION will COMMENCE on OCTOBER 1st, with an INTRODUCTORY ADDRESS by Mr. SAVORY, at Eight o'clock, p.m.

LECTURES.

Medicine—Dr. Baly and Dr. Kirkes.
Surgery—Mr. Lawrence.
Descriptive Anatomy—Mr. Skey and Mr. Holden.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Frankland.
Superintendence of Dissections—Mr. Callender and Mr. Smith.

SUMMER SESSION, 1861, commencing May 1st.

Materia Medica—Dr. F. Farre.
Botany*—
Forensic Medicine—Dr. Black.
Midwifery, &c.—Dr. West.
Comparative Anatomy*—
Practical Chemistry—Dr. Frankland and Mr. Atfield.

* The Lectureships on Botany and Comparative Anatomy have been recently vacated, but the names of the Lecturers will be shortly announced.

HOSPITAL PRACTICE.—The Hospital contains 650 beds, and relief is afforded to more than 90,000 patients annually. The in-patients are visited daily by the Physicians and Surgeons, and Clinical Lectures are delivered—On the Medical Cases, by Dr. Burrows, Dr. Farre, and Dr. Black; on the Surgical Cases, by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skey. The out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

COLLEGIATE ESTABLISHMENT.—Students can reside within the Hospital walls, subject to the rules of the Collegiate system, established under the direction of the Treasurer and a Committee of Governors of the Hospital. Some of the teachers and other gentlemen connected with the Hospital also receive students to reside with them.

SCHOLARSHIPS, PRIZES, &c.—At the end of the Winter Session, examination will be held for two Scholarships of the value of £45, for the year. The examination for Prizes and Certificates of Merit will take place at the end of the Winter and Summer Sessions.

Further information may be obtained from Mr. Paget, Dr. Kirkes, Mr. Holden, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, OCTOBER 1st, at Eight o'Clock, p.m., with an INTRODUCTORY ADDRESS by Dr. TYLER SMITH, after which a Conversazione will be held in the Museum.

It is a distinctive characteristic of St. Mary's Hospital that its Medical Appointments are conferred upon the Pupils without additional fee. Three Resident Medical Officers are appointed for Twelve Months, and one, the Obstetric Officer, for Six Months, all of whom board free of every expense in the Hospital. The money-value of these Five Appointments far exceeds as many Scholarships of £50 each. Four non-Resident Medical Officers are also selected from the best-qualified Students.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. James Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee. Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Clinical Medicine—Dr. Alderson, Dr. Chambers, and Dr. Sibson. Clinical Surgery—Mr. Coulson, Mr. Lane, and Mr. Ure. Medicine—Dr. Chambers and Dr. Sibson. Surgery—Mr. Coulson and Mr. Spencer Smith. Physiology and Morbid Anatomy—Dr. Markham and Mr. James Lane. Anatomy—Mr. James Lane and Mr. Gascoyen. Operations upon the Dead Body—Mr. Walton. Dissections—Mr. Gascoyen and Mr. Davy. Chemistry and Practical Chemistry—Mr. Field. Midwifery—Dr. Tyler Smith and Dr. Grailly Hewitt. Materia Medica—Dr. Sieveking. Botany—Dr. Dresser. Medical Jurisprudence—Dr. Sanderson. Ophthalmic Surgery—Mr. White Cooper. Aural Surgery—Mr. Toynbee. Dental Surgery—Mr. Sercombe. Comparative Anatomy—Dr. Grailly Hewitt. Natural Philosophy—Mr. Smalley.

The In-Patients are visited daily by the Medical Officers and the Out-Patients are also attended daily by the Physicians and Surgeons in charge of them. During the past year relief was afforded to 1549 In-Patients and to 18,727 Out-Patients. A Maternity Department is also attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers, in each session, during the last two years of their curriculum.

SCHOLARSHIP, PRIZES, ETC.—In addition to the Medical Appointments mentioned above, a Scholarship in Anatomy of the annual value of £25, is offered to the Students. Examinations for Prizes will take place at the end of each Session.

The Fee for the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, is £89 5s., which may be paid by instalments.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in Practice near the Hospital willing to receive Pupils to reside with them.

GEO. G. GASCOYEN, Dean of the School.

St. Mary's Hospital, August, 1860.

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Brown & Polson's Patent Corn Flour,

The Lancet states—"This is superior to anything of the kind known"

The most wholesome part of the best Indian Corn, prepared by a process Patented for the three Kingdoms, and France, and wherever it becomes known obtains great favour for Puddings, Custards, Blancmange, all the uses of the finest Arrowroot, and especially suited to the delicacy of Children and Invalids. BROWN and POLSON, Manufacturers to Her Majesty the Queen, Paisley, Dublin, Manchester, and Ironmonger-lane, London.

Westminster Hospital School of

MEDICINE.—The INTRODUCTORY ADDRESS of the Session 1860-61, will be delivered by Mr. POWER, on MONDAY, OCTOBER 1, at Eight p.m., and after the Address a CONVERSAZIONE will be held in the Board-Room.

The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 175 Beds, and affords relief to about 20,000 Out-Patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Marcet, Dr. Reynolds.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr Hillman, Mr. Power.
Surgeon-Dentist—Mr. Clendon.

LECTURES.

Descriptive and Surgical Anatomy—Mr. Holthouse.
Practical Anatomy—Mr. Heath and Mr. Gray.
Dental Surgery—Mr. Clendon.
Chemistry—Dr. Marcet, F.R.S.
Surgery—Mr. Barnard Holt and Mr. Brooke, M.A., F.R.S.
Physiology and Physiological Anatomy—Mr. Power.
Medicine—Dr. Basham.
Botany—Mr. Syme, F.L.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.
Materia Medica and Therapeutics—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Practical Chemistry—Dr. Marcet, F.R.S.
Midwifery—Dr. Frederic Bird.

Clinical Lectures.—In addition to the instruction given by all the Medical Officers during their Visits, Courses of Lectures on Clinical Medicine and Surgery, in accordance with the New Regulations of the Examining Boards, will be delivered during the Winter and Summer Terms by the Physicians and Surgeons.

Clinical Appointments.—The offices of House-Physician and House-Surgeon, are open to competition solely amongst Gentlemen who have been educated at the Hospital, and who are qualified to practise. They are appointed without the payment of any fee, and are provided with Board and Lodging in the Hospital free of expense. They hold office for one year.

Clinical Clerks and Dressers are selected from the most qualified Students, without additional fee.

The entire Course of Study (including Hospital Practice and Lectures) required by the College of Surgeons and the Society of Apothecaries, may be attended on payment of 75 guineas. Perpetual, 80 guineas.

Further information may be obtained on application to

F. J. WILSON, Secretary to the Westminster Hospital.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

New Remedies by Savory and Moore.

HYPOPHOSPHITE OF QUININE,
HYPOPHOSPHITE OF IRON,
HYPOPHOSPHITE OF IRON AND QUININE,
IN SCALES, PERFECTLY SOLUBLE,
SYRUP OF HYPOPHOSPHITE OF QUININE AND IRON,

which have been employed with highly satisfactory results in debility and low vitality.

LIQUOR NASTURTII (Fluid Extract of Watercress) of great therapeutic value in the various forms of scorbutic affections.

CARBONATE of LITHIA; Hypophosphite of Lime, Soda, and Ammonia; Syrups of Phosphate of Iron, Lime, Manganese, &c.

GENUINE MEDICATED COD LIVER OILS (introduced by Messrs. Savory and Moore), are also prepared in the Laboratory, 143, New Bond-street, London.

NEW EYE DOUCHE,
INVENTED BY

Savory and Moore,

Chemists to the Queen, 143, NEW BOND-STREET; 29, CHAPEL-STREET, BELGRAVE-SQUARE; and 220, REGENT-STREET, LONDON.

"Eye Douches are eminently useful in many affections of the Eyes, but their utility has been much restricted in consequence of the defective and inconvenient kind of Instrument hitherto made for the purpose.

"The New Douche effectually provides against these drawbacks, &c."—Lancet, March 31, 1860.

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Middlesex Hospital Medical College.

—WINTER SESSION.—A Course of CLINICAL LECTURES on the DISEASES of WOMEN and CHILDREN will be delivered, by Dr. PRIESTLEY, to the Students in this College.

The Middlesex Hospital Medical

COLLEGE.—The INTRODUCTORY LECTURE will be delivered by Dr. CHARLES COOTE, late Fellow of Pembroke College, Oxford, at Eight o'Clock on Monday Evening, October 1.

The Middlesex Hospital contains 305 beds, and has Special Wards for Cancer, for Venereal, and Uterine Diseases.

STAFF:—Dr. A. P. Stewart, Dr. Goodfellow, Dr. H. Thompson, *Physicians;* Dr. R. T. Frere, *Physician-Accoucheur;* Dr. F. Weber, Dr. C. Coote, *Assistant-Physicians;* Mr. Shaw, Mr. De Morgan, Mr. Moore, Mr. Henry, *Surgeons;* Mr. Nunn, Mr. Flower, *Assistant-Surgeons;* Mr. Tomes, *Dental Surgeon.*

LECTURERS IN THE MEDICAL COLLEGE:—Dr. A. P. Stewart and Dr. Goodfellow, on Medicine; Mr. Shaw, on Surgery; Mr. De Morgan, on Physiology; Mr. Moore, on Anatomy; Mr. Nunn and Mr. Flower, on Practical Anatomy; Mr. Taylor and Mr. Heisch, on Chemistry; Mr. Sibley and Dr. Murchison, on Pathological Anatomy; Dr. Priestley, on Midwifery; Dr. H. Thompson, on Materia Medica; Dr. Woodham Webb, on Minute Anatomy; Mr. Henry and Dr. C. Coote, on Forensic Medicine; Dr. Lawrence, on Botany; Mr. Taylor and Mr. Heisch, on Practical Chemistry; Dr. T. Spencer Cobbold, on Comparative Anatomy. Instruction in Modern Languages by Dr. Buchheim, Ph.D. Vienna.

The opportunities for gaining practical knowledge have been recently increased. There are now FIVE APPOINTMENTS, with residence within the Hospital, and free commons, for which Students who have completed their education in the College are, under certain conditions, eligible.

In addition to Prizes for General Proficiency, the Governors' Prize of Twenty Guineas is given for excellence in Clinical Reports.

For the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, the fee is £88 4s., payable by yearly instalments, of which the two first are £25 each. A full prospectus forwarded on application.

T. W. NUNN, Dean.
C. DE MORGAN, Treasurer.

Grosvenor-place School of Medicine,

No. 1, GROSVENOR-PLACE (Adjoining St. George's Hospital).

The WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st.

General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Dr. Halford.
Practical Anatomy—Dr. Arlidge.
Chemistry—Dr. Thudichum.
The Principles and Practice of Medicine—Dr. Cockle and Dr. Leared.
The Principles and Practice of Surgery—Mr. Spencer Wells and Mr. William Adams.
Military Surgery—Mr. Blenkins.

Prizes and Honorary Certificates are awarded for general proficiency at the termination of the Session.

The Dissecting Room and Museum of Anatomy are open to the Students during daylight, where their studies are superintended by the Lecturers on Anatomy.

Instruction in Pathological Anatomy is given by the Lecturer on Physiology.

Midwifery cases are provided for the Pupils of the Midwifery Class.

FEES.—General Fee to all the Lectures required by the Universities of London and St. Andrews, the Royal College of Surgeons of England, and the Society of Apothecaries, Thirty-five Guineas.

Further information may be obtained at the Theatre, 1, Grosvenor-place; of Dr. Richardson, 12, Hinde-street, Manchester-square, W.; or at the Residences of the different Lecturers.

Apothecaries' Hall, London.—

NOTICE TO STUDENTS.

The next Preliminary EXAMINATION in CLASSICS and MATHEMATICS will be held at the Hall on TUESDAY, the 20th of November, at Eleven o'clock, and on Wednesday, the 21st.

Medical Students cannot be admitted to this Examination before the commencement of their Apprenticeship, a certificate of which will be required, but at any period from that date to the commencement of the Second Winter Session of their curriculum.

This Examination is compulsory to all gentlemen who commenced their Apprenticeship after August 1st, 1858.

The subjects will be—

In GREEK: The Gospel of St. Mark.
Fourth Book of Homer's Iliad.
In LATIN: Sallust, Bellum Catilinarium.
Sixth Book of Virgil's Æneid.
MATHEMATICAL: The First Book of Euclid's Elements, Arithmetic, and Algebra, to Simple Equations, involving two unknown quantities.

Students wishing to attend are requested to send their names and address, with the Certificate of Apprenticeship, to Mr. Rivers, Beadle's Office, at this Hall, at the latest, one calendar month previous to the day of Examination.

ALFRED M. RANDALL,
August, 1860. Secretary to the Court of Examiners.

Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph.D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION will commence on MONDAY, October 1, with an INTRODUCTORY LECTURE by Dr. JOHNSON, at Eight p.m.

Anatomy—Professor Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—Professor Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson.

KING'S COLLEGE HOSPITAL.

Physicians { George Budd, M.D., F.R.S. / George Johnson, M.D. / Lionel S. Beale, M.B., F.R.S. } With case of In-Patients.
W. A. Guy, M.B., F.R.S. ..... With care of Out-Patients.

Assistant-Physicians—C. Murchison, M.D.; Conway Evans, M.D.; A. B. Duffin, M.D.; E. S. Thompson, M.B.

Physician—A. Farre, M.D. .. .. } For Diseases
Assistant-Physicians—T. H. Tanner, M.D.; A. Meadows, M.D. .. .. } of Women and Children.

Surgeons { W. Fergusson, F.R.S. / Richard Partridge, F.R.S. / William Bowman, F.R.S. } With care of In-Patients.
Henry Lee, F.R.C.S. ..... With care of Out-Patients.

Assistant-Surgeons—J. Wood, F.R.C.S.; J. W. Hulke, F.R.C.S.

The Hospital is visited daily. Clinical Lectures are given every week by the Physicians and by the Surgeons. The Physicians' Assistants, Clinical Clerks, the House-Surgeons, and Dressers, are selected by examination from the Students of the Hospital.

WARNEFORD SCHOLARSHIPS.—Students who enter the Medical Department of King's College in October, 1860, will have the exclusive privilege of contending for the Scholarships founded by the late Dr. Warneford, for the encouragement of the previous education of Medical Students. There will be five, of £25 each, given this year—two to be held for three years, and three for two years.

The subjects of examination are the usual branches of school education—viz. Divinity, Classics, Mathematics, Modern History, and Foreign Languages; but any subject, except Divinity, may be omitted. The classical subjects are the same as those fixed for the Matriculation Examination at the University of London in July, 1860.

For full particulars, apply to J. W. Cunningham, Esq., King's College, London, W. C.

R. W. JELF, D.D., Principal.

Guy's Hospital.—The Medical Session

commences in October. The INTRODUCTORY ADDRESSES will be given by Dr. WILKS, on Monday, the 1st of October, at Two o'clock.

MEDICAL OFFICERS.

Physicians—G. H. Barlow, M.D.; Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F. W. Pavy, M.D.
Surgeons—Edward Cock, Esq.; John Hilton, Esq., F.R.S.; John Birkett, Esq.
Assistant Surgeons—Alfred Poland, Esq.; Cooper Foster, Esq.; T. Bryant, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—Braxton Hicks, M.D.
Surgeon Dentists—T. Bell, Esq., F.R.S.; J. Salter, Esq.
Surgeon of the Eye Infirmary—John F. France, Esq.

LECTURERS.—WINTER SESSION.

Medicine—Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Surgery—John Hilton, Esq., F.R.S.; John Birkett, Esq.
Anatomy—Alfred Poland, Esq.; Cooper Foster, Esq.
Physiology—F. W. Pavy, M.D.
Chemistry—Alfred Taylor, M.D., F.R.S.
Experimental Philosophy—Arthur Durham, Esq.
Demonstrations on Anatomy—Arthur Durham, Esq.; and Walter Moxon, Esq.
Demonstrations on Morbid Anatomy—S. Wilks, M.D.

Gentlemen desirous of becoming Students, must give satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance, or £100 in one payment entitles a Student to a Perpetual Ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year. A Resident House-Surgeon is appointed every six months from those Students who have obtained the College Diploma.

Six Scholarships, varying in value from £25 to £40 each, will be awarded at the close of each Summer Session, for general proficiency.

Two Gold Medals will be given by the Treasurer—One for Medicine, and One for Surgery.

A Voluntary Examination will take place at entrance, in Elementary Classics, and Mathematics. The three first Candidates will receive respectively, £25, £20, £15.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

Guy's Hospital, July, 1860.

Reduction of the Duty.—Wines and

SPIRITS of all SHIPPERS.—Her Majesty's Wine Merchant—(Established 1811)—JAMES MARKWELL.—Cellars, 35 to 40, and 45, Albemarle-and 4 and 5, Stafford-streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s.; Madeiras, 42s.; Moselles and Hocks, 40s.; Sparkling Hocks and Moselles, 48s.; ditto St. Péray, 54s.; ditto Burgundy, 60s.; Clarets, 23s.; Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; ditto Yquem, 80s.; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liquors. Particulars and direct shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xeres-Viejo, and Manzanilla.—J. M. is Agent for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schappes; Peach Brandy; Gin Slings; Brandy Cocktails; &c. &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount.—Stock, 16,000 dozen. Cash or reference. Bankers, Sir Claude Scott, Bart.

Price-lists on application.

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St. George's Hospital Medical School.

—The WINTER SESSION will commence on MONDAY, the 1st of OCTOBER, with an INTRODUCTORY ADDRESS by Dr. PITMAN, at Two p.m.

LECTURERS.

Practice of Physic—Dr. Pitman.
Practice of Surgery—Mr. Tatum.
Descriptive and Surgical Anatomy—Mr. Pollock and Mr. Gray.
Physiology, General and Comparative Anatomy—Mr. A. Johnson.
Chymistry—Dr. H. M. Noad.

The Hospital contains 350 beds. Clinical Lectures will be delivered every week by one of the Physicians and Surgeons.

A Ward is devoted to Diseases peculiar to Women. Pupils have ample opportunity to attend Midwifery cases.

Fees for Hospital Practice and Lectures to qualify for

The College of Physicians....£81 18s.
The College of Surgeons ....£87 3s.
The Society of Apothecaries..£67 4s.
The College of Surgeons and Society of Apothecaries.. } £96 12s.

Pupils who prefer to spread the payment of the fees for the College and Hall over a period of three years, may do so, by payment of £42 the first year, £42 the second year, and £12 12s. the third year. Perpetual Pupils of the Surgeons, have to pay an additional sum of 30 guineas the first year; or of the Physicians, 8 guineas. Separate Entries may be made to any one Course of Lectures, or to the Medical or Surgical Practice.

Perpetual Pupils of the Surgeons are alone eligible to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months, without additional fee. Students of this Hospital are eligible to the office of Obstetric Assistant, who resides and boards in the Hospital, with a salary of £100 a-year. The Obstetric Assistant gives instruction in Vaccination.

EXHIBITIONS AND PRIZES.

The William Brown Exhibition of £40 per annum, tenable for three years, will be open to Students entering to the Hospital as Perpetual Pupils during the Winter Session 1860.

The following Prizes will be offered at the termination of the Session, viz.—

The Thompson Silver Medal, for Clinical Reports.
Sir Charles Clarke's Prize for Good Conduct.
Sir Benjamin Brodie's Prize for Surgical Reports of Cases.
Mr. Lewis Powell's Prize for Medical Reports of Cases.

A Prize of Twenty Guineas, for general proficiency in Medical Studies, for Students who enter to the Hospital Medical School for the Session 1860.

And for the encouragement of Clinical Study—

A Prize of Twenty Guineas, for Surgeons' Pupils in their second year.
A Prize of Twenty Guineas, for Physicians' Pupils in their second year.

*** Further information may be obtained from Mr. Pollock, the Treasurer of the School; or from Mr. Hammerton, the Resident Medical Officer of the Hospital.

Sydenham College Medical School,

SUMMER-LANE, BIRMINGHAM, (opposite the General Hospital.)

The SESSION of 1860-61 will COMMENCE on TUESDAY, the 2nd of October next.

Anatomy and Physiology—John White Keyworth, M.D., and Robert C. R. Jordan, M.D.
Practical Anatomy and Demonstration—Messrs. George Elkington, Frowd Jones, and D. Johnson.
Principles and Practice of Medicine—Bell Fletcher, M.D., F.R.C.P.L., and James Russell, M.D., L.R.C.P.L., Physicians to the General Hospital.
Principles and Practice of Surgery—Alfred Baker, F.R.C.S., and David Bolton, F.R.C.S., Surgeons to the General Hospital.
Surgical Pathology—Oliver Pemberton, M.R.C.S., Surgeon to the General Hospital.
Dental Physiology and Surgery—Thomas Howkins, M.R.C.S.E.
Chemistry—Francis Wrightson, Ph. D.

SUMMER SESSION.

Midwifery and the Diseases of Women and Children—Francis Elkington, M.D., Consulting Accoucheur to the Lying-in Hospital; and V. W. Blake, F.R.C.S., Medical Officer to the Lying-in Hospital.
Materia Medica and Therapeutics—J. Bassett, M.R.C.S.E.
Practical Chemistry and Toxicology—Alfred Hill, M.D., F.C.S.
Botany—Frederick Westcott, Assoc. L. S.
Forensic Medicine—W. C. Orford, Medical Officer to the Lying-in Hospital.
Medical Tutor—C. J. Bracey, M.R.C.S.E.
Classics and Mathematics—The Rev. George Voigt, B.A.
French—F. Irlande.

This College was established for the purposes of affording a complete Medical Education. It is presided over by a Council composed of more than sixty of the most eminent Medical Practitioners of the midland counties. It is situated opposite to the General Hospital, and the hours of Lectures are so arranged as not to interfere with the attendance upon Hospital Practice. Attendance upon the Lectures will qualify for examination at all the Royal Colleges, the Army, Navy, and India Boards. Clinical Courses will be given by those Lectures who are attached to Public Institutions in the town. The Laboratory is fitted up with every convenience, so as to enable Students to obtain a practical knowledge of Chemistry. Care will be taken to instruct Students in Practical Midwifery, and under suitable regulations, they will be allowed to avail themselves of the Museum of the Lying-in-Hospital. Prizes will be awarded in each class, and one will be given by the Council for general proficiency.

Further particulars may be obtained on application to the Principal, Dr. Bell Fletcher, Waterloo-street; to the Treasurer, Dr. Russell, Newhall-street, who is authorised to receive Students; or to the Secretaries, Mr. F. Jones, 42, Newhall-street; and Mr. Bassett, 1, St. Paul's-square, Birmingham.

Manchester Royal School of Medicine

AND SURGERY, GROSVENOR-STREET, PICCADILLY.

SESSION 1860-61.

The WINTER TERM will COMMENCE on MONDAY, OCTOBER 1st, when the INTRODUCTORY ADDRESS will be delivered by Mr. LUND, at Twelve o'clock.

WINTER LECTURES.

Physiology, by Mr. Turner and Mr. Smith.
Descriptive Anatomy and Dissections, by Mr. Lund, and Mr. F. A. Heath.
Chemistry, by Mr. Stone.
Principles and Practice of Medicine, by Dr. Browne.
Principles and Practice of Surgery, by Mr. Dumville and Mr. Southam.
Anatomy, Physiology, and Pathology of the Eye, by Mr. Hunt and Mr. Lund

SUMMER LECTURES.

Obstetric Medicine, by Mr. Heath.
Pathology, by Dr. Roberts.
Materia Medica, by Mr. Somers.
Forensic Medicine, by Mr. Greaves and Mr. Morley Harrison.
Botany, by Mr. Grindon.
Practical Chemistry, by Mr. Stone.

Hospital Practice at the Royal Infirmary, where Clinical Lectures on Medicine and Surgery are regularly delivered by the Physicians and Surgeons of the Institution.

SCHOLARSHIPS.—In addition to Prizes for General Proficiency and Certificates of Honour, three Scholarships for Perpetual Students will be offered for competition: one of £20, for third year's Students; one of £15, for second year's Students: one of £10, for first year's Students.

Further particulars may be obtained from Mr. Southam, 21, Lever-street.

August, 1860.

University College, London.—Faculty

OF MEDICINE.—SESSION 1860-61.—The SESSION will open on MONDAY, the 1st OCTOBER, at Three p.m.

The Courses of Lectures, &c., will commence on Tuesday, October 2.

Classes in the order in which Lectures are delivered during the day:—

WINTER TERM.

Anatomy—Professor Ellis.
Anatomy and Physiology—Professor Sharpey, M.D., F.R.S.
Chymistry—Professor Williamson, F.R.S.
Comparative Anatomy—Professor Grant, M.D., F.R.S.
Surgery—Professor Erichsen.
Practical Physiology and Histology—Professor Harley, M.D.
Medicine—Professor Walshe, M.D.
Dental Surgery—Mr. G. A. Ibbetson.
Practical Anatomy—The pupils will be directed in their studies during several hours daily by Professor Ellis, and Mr. I. B. Lyon, Demonstrator.

SUMMER TERM.

Materia Medica—Professor Garrod, M.D., F.R.S.
Pathological Anatomy—Professor Jenner, M.D.
Medical Jurisprudence—Professor Harley, M.D.
Practical Chymistry—Professor Williamson, F.R.S.
Midwifery—Professor Murphy, M.D.
Palæozoology—Professor Grant, M.D., F.R.S.
Ophthalmic Medicine and Surgery—Prof. T. Wharton Jones, F.R.S.
Botany—Professorship Vacant.
Practical Instruction in Operative Surgery—John Marshall, F.R.S.
Analytical Chymistry—Professor Williamson, throughout the Session.

Logic, French, and German Languages, Natural Philosophy, Geology and Mineralogy, according to announcement for the Faculty of Arts.

CLINICAL INSTRUCTION.

Hospital Practice daily throughout the year.
Physicians—Dr. Walshe, Dr. Garrod, Dr. Jenner, Dr. Hare.
Obstetric Physician—Dr. Murphy.
Assistant Physician—Dr. Reynolds.
Surgeons—Mr. Quain, F.R.S., Mr. Erichsen, Mr. Marshall, F.R.S.
Consulting Surgeon to the Eye Infirmary—Mr. Quain, F.R.S.
Ophthalmic Surgeon—Mr. Wharton Jones.
Assistant-Surgeon—Mr. Henry Thompson.
Dental Surgeon—Mr. G. A. Ibbetson.

Medical Clinical Lectures by Dr. Walshe, Dr. Garrod, and Dr. Murphy, also by Dr. Jenner, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease, and who gives a series of Lessons and Examinations on the Physical Phenomena and Diagnosis of Disease to classes consisting of a limited number, and meeting at separate hours.

Surgical Clinical Lectures, especially by Mr. Quain, and by Mr. Erichsen.
Lectures on Ophthalmic Cases by Mr. Wharton Jones.
Practical Instructions in the Application of Bandages and other Surgical Apparatus, by Mr. Marshall.
Practical Pharmacy.—Pupils are instructed in the Hospital Dispensary.
Prospectuses may be obtained at the Office of the College.
Prizes.—Gold and Silver Medals for excellence in the Examinations at the close of the Courses in most of the Classes.
Liston Gold Medal for Clinical Surgery.
Dr. Fellowes' Medals for Clinical Medicine, two Gold and two Silver.
Filliter Exhibition for Proficiency in Pathological Anatomy, £30.
Longridge Exhibition for general Proficiency in Medicine and Surgery, £40.
An Atkinson Morley Scholarship for the Promotion of the Study of Surgery, £45; tenable for three years.

Residence of Students.—Several of the Professors receive Students to reside with them, and in the Office of the College there is kept a Register of parties, unconnected with the College, who receive boarders into their families. Among these are several Medical gentlemen. The register will afford information as to terms and other particulars.

JOHN E. ERICHSEN, Dean of the Faculty.
CHAS. C. ATKINSON, Secretary to the Council.

August, 1860.

The Lectures to the Classes of the Faculty of Arts will commence on Tuesday, 16th October.

The Junior School will open on Tuesday, the 25th September.

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ESTABLISHED A.D. 1828.

MESSRS. LARA AND WALTERS

(Late LANE and LARA),

MEDICAL AGENTS, ARBITRATORS, AND ACCOUNTANTS,

6, Pump-court, Temple, E.C.

Partnerships and Practices valued, and negotiated on Commission chargeable only to vendors; Permanent Assistants provided, without expense to Principals; Professional differences arbitrated; Books investigated and Accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the Medical Advisers and friends of Patients.

Attendance from 11 till 4.

To Licentiates of the Apothecaries' HALL of DUBLIN.—NOTICE.—That by the Authority of the Director-General of the Medical Department of the Navy, the LICENCE of the Apothecaries' Hall of Dublin will be received as an additional proof of the Candidate's qualification.

By Order of the Court of Examiners of the Apothecaries' Hall.

August 14, 1860. CHARLES HENRY LEET, M.D., Secretary.

To Licentiates of the Apothecaries' HALL of DUBLIN.—NOTICE.—That by the Authority of the Right Honourable the Secretary of State for War, Licentiates of the Apothecaries Hall of Dublin, who possess a Surgical Diploma and are enrolled in the "Medical Register," are entitled to present themselves at the COMPETITIVE EXAMINATION for the Appointment of Assistant-Surgeon in the Army.

By Order of the Court of Examiners of the Apothecaries' Hall.

August 14, 1860. CHARLES HENRY LEET, M.D., Secretary.

South Staffordshire General Hospital, WOLVERHAMPTON.—ELECTION of PHYSICIAN.—Dr. Topham, one of the Physicians of this Institution, having resigned his appointment, Candidates for the office are requested to send in their Diplomas and Testimonials under cover to the Secretary, on or before MONDAY, the 3rd of SEPTEMBER next. The Election will take place at the General Board of Governors, to be held on the 11th September, 1860.

BENJAMIN SMITH, Secretary.

Wolverhampton, August 7, 1860.

Stockport Infirmary. — Wanted, as Assistant to the House-Surgeon, a YOUNG MAN who has been engaged two years at least in the study of the Profession. His duties will be to assist the House-Surgeon generally, and to take part in the Dispensary. Salary £30 a-year, with board and lodging. Applications with testimonials must be sent to the Honorary Secretary at the Infirmary, before the 12th of September next.

Board Room, August 20, 1860. S. W. WILKINSON, Hon. Sec.

North Staffordshire Infirmary, Etruria, near STOKE-UPON-TRENT.—The situation of DISPENSER to the above Institution being vacant, owing to the resignation of Mr. W. Coker, persons intending to offer themselves as Candidates for the appointment must send in their applications, with testimonials, to the Secretary, on or before THURSDAY, the 30th of August. The Election, which is in the hands of the General Committee will take place on Tuesday, September 4, and due notice will be given to those Candidates whose personal attendance will be required on that day. Salary, £40 for the first year, £50 for the second (if he prove efficient and satisfactory), with board, washing, and lodging. RALPH HORDLEY, Secretary.

Etruria, August 16, 1860.

Middlesex County Lunatic Asylum, COLNEY HATCH.—WANTED, TWO ASSISTANT MEDICAL OFFICERS, for the Female Department of this Asylum. They must be Single Men, not exceeding Thirty-five Years of Age, and Fellows or Members of the Royal College of Surgeons, and Licentiates of the Apothecaries' Company. The Salaries will be £100 per Annum each, with Furnished Apartments, Board, Attendance, and Washing. Information as to the duties, &c., may be obtained of the Medical Superintendent of the Female Department, on application to him at the Asylum. Candidates are requested to forward to me at the Asylum, Letters of Application, stating Age, and present or late engagement, together with Testimonials, on or before SATURDAY, the 1st of September next, and they will be required to attend before the Committee of Visitors, at the Asylum, on TUESDAY, the 4th of September, at Two o'clock, when the Election will take place. The Gentlemen elected will be required to enter upon their duties immediately after their Appointment.

August 21, 1860. J. S. SKAIFE, Clerk.

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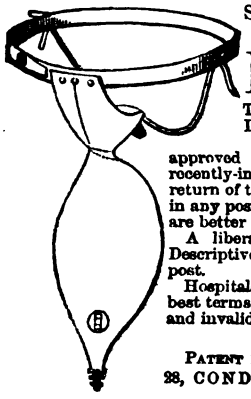

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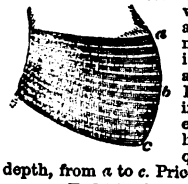

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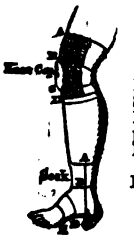

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By J. Y. SIMPSON, M.D. F.R.S.E.

Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXXII.

ON PUERPERAL MANIA.

Gentlemen,—We had, a short time ago, in the Hospital, a recent case of vesico-vaginal fistula. The patient died, but not in consequence of any operation attempted for the relief of that disorder, but of an acute attack of puerperal mania. In taking advantage of this unfortunate case to make some observations on the nature, the causes, and the treatment of this disease, let me first of all briefly acquaint you with the patient's sad history.

Case.—Christina S., admitted into the Hospital on March 20, 1860, was a factory-girl of 25 years of age, and of feeble mental constitution. Eight weeks before admission she was confined, in the country, for the first time, of an illegitimate child; and was in labour for three days. The pains, according to her own account, were so severe that she was constrained to keep her bed throughout the entire period. The child was still-born; although she stated that she was sensible of its movements not long before its delivery. There was no Medical man in attendance, and no instrumental or other artificial aid was afforded her, the whole process having been conducted by a midwife. From the date of her confinement she made no water through the urethra, but it kept escaping continually through the vagina. On examination per vaginam a large fistula was found opening into the bladder, of an oval form, and reaching from below the os uteri more than half way down the anterior vaginal wall. When she entered the Hospital, the edges of this fistulous aperture were already thickened and indurated, and there was a strong cicatricial band stretching across the back wall of the vagina, and greatly narrowing its diameter. The patient was slovenly and dirty in her habits—as is so frequently the case with partially idiotic individuals,—and in consequence the pudenda and inner surfaces of the thighs and hips were in a very filthy, irritable, and inflamed condition. For the first day or two after her admission Carron-oil and zinc-ointment were applied externally, while bismuth pessaries were introduced into the vagina. On the 24th the excoriation having been greatly relieved, and the patient's general health somewhat improved, the band across the back wall of the vagina was divided by a slight incision, in order to gain sufficient subsequent space for the operation of the closure of the large fistula. This simple division of the vaginal constricting band was attended with almost no hæmorrhage and but little pain; and for two days the patient seemed to be quite well, although she still showed herself, as she had from the first been, singularly stubborn and very averse to talk or answer any questions that were addressed to her. On the morning of the 27th the other patients in the ward complained of her having been very noisy and troublesome during the preceding night, and of having been deprived of their rest in consequence. But there was no great indication yet of any mental or bodily excitement: the pulse was quiet and rather weak. On the following night, however, she became so noisy and violent that she had to be removed to the ward appropriated to the insane, where she lay for three days with the mental faculties completely in abeyance, being sometimes slightly excited, but usually quiet and unimpressionable, speaking incoherently when addressed and immediately relapsing into stupor. The pulse was very weak, irregular, and rapid; and on April 1 she sank and died. On making a post-mortem examination, the large vesico-vaginal fistula was found stretching from the lower half of the vagina close up to the os uteri. The slight wound in the band crossing the posterior wall was granulating and healthy, and presented no trace of over-action. The kidneys were slightly fatty: the other abdominal and pelvic organs normal. No lesion could be discovered in the brain itself; but the meninges were thickened and vascular, and the skull was deformed, and very irregular in shape.

The disease, which you have had an opportunity of seeing and following to its rapid termination in this unfortunate patient, is by no means very frequent among puerperal patients. Yet the statistics of insanity appear to show that about ten per cent. of all the females found in lunatic asylums have become the inmates of these institutions in consequence of puerperal mania. Insanity may supervene at various periods in connexion with the process of reproduction. (1.) It occasionally occurs during the progress of pregnancy. In such cases it has been observed, that although the disease may be prolonged to the puerperal period, and even on to a more distant date, yet that most frequently it disappears on the termination of labour. Let me remark, in contrast with this fact, that some curious cases have been recorded where women, previously of unsound mind, have become sane, and remained so, during the whole term of their pregnancy. (2.) Again, while labour is progressing, a patient may be the subject of an attack of mania. Usually this form of mania or delirium is brief and evanescent. It was specially described and illustrated by my late friend Dr. Montgomery. This temporary variety of insanity during labour seems to be excited by the mere intensity of the pains, and is most marked, or most frequently seen, towards the close of the second stage. Usually it manifests itself in wild, incoherent, or improper utterances on the part of the patient, and passes off as the labour is brought to its termination. I have known it, in one instance, assume the form of impulsive suicide; the patient, in the case I advert to, having sprung out of bed and seized a razor in the agony of her sufferings when the os uteri was on the full stretch at the end of the first stage of labour. After the head passed down into the vagina this state of delirium vanished, and the patient was then as horrified as her attendants had previously been at the maddening impulse which had previously seized her. But puerperal mania—properly so called—rarely occurs till after delivery. Its most general date of appearance is (3) during the first two months after delivery, but especially during the first two weeks of that period; and (4) in some patients it only comes on during lactation, and occasionally, indeed, it does not appear till the very end of that process. It is of puerperal mania—as seen after delivery—that I intend to speak to you at present. The special date at which it may come on after parturition can be seen from this table constructed by Esquirol:—

Date of the Attack of Puerperal Mania in Ninety-Two Cases.

16 were attacked from the	1st	to the	4th	day after delivery.
21	„	5th	„	15th
17	„	16th	„	60th
19	„	60th	„	12th month of lactation.

19 were attacked after forced or voluntary weaning.

Ætiology and Pathology of the Disease.

The causes and pathological nature of puerperal mania have not yet been clearly elucidated; and of the various theories that have been advanced regarding this always distressing malady, there is none that can be held as applicable to more than a certain group of cases. It is, however, a subject of great interest, and one in regard to which renewed investigations and original observation may yet yield important results. One well-established fact in connexion with it is, that in a large number of persons puerperal mania is found associated with a

1. *Hereditary Predisposition to Insanity.*—I know, for instance, of one case where a lady was attacked five times with puerperal mania after as many successive confinements, and in whom the proclivity to the disease seemed dependent on some hereditary and constitutional condition, for several of the other members of the family to which she belonged were at different times under treatment for some form of mental disorder. In none of her first five confinements had the lady I speak of used chloroform; but on the occasion of her sixth delivery she insisted on being anæsthetised, and for the first time after so many labours she recovered without once manifesting any tendency to insanity. Dr. Montgomery has related the history of a case where a lady belonging to a family hereditarily predisposed to insanity became the mother of eight children; and on the occasion of the birth of each of her infants she passed

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through an attack of puerperal mania. Cases such as these come under observation from time to time; and although assuredly it does not often happen that a person who is hereditarily predisposed to mental disorders becomes the subject of puerperal mania when she gives birth to a child, yet when a person so predisposed has once had an attack of the disease, her future labours must ever be looked forward to with much anxiety by her Medical attendant, and her progress marked with the greatest care. It is calculated that in about forty or fifty per cent. of all cases of puerperal mania, some hereditary predisposition to insanity can be traced. In nearly one-half, therefore, of all the instances of the disease which may appear in practice you will fail in establishing any such hereditary tendency. But whether traceable or not in the history of the patient or her relatives, mere hereditary predisposition affords in itself no adequate explanation of the actual occurrence of an attack of puerperal, or indeed of any other form of insanity. Can we trace in the puerperal female any special exciting causes or conditions capable of exciting this special disease? Pathologists and obstetricians have attempted to refer the excitement of puerperal mania to different morbid states more or less frequently found in connexion with delivery and lactation; as,

2. *Anæmia and Exhaustion.* — Puerperal mania has been known to come on in females in regard to whom no other cause was discovered for its appearance than the fact that they have lost a large quantity of blood during some stage of labour; and the anæmia which is sometimes seen to such a marked degree in patients who are the subjects of puerperal mania, has been recognised by some authors as a characteristic cause and feature of the disease, more particularly in its chronic forms. Dr. Marshall Hall, indeed, has, as a general principle, attributed the occurrence of mania in puerperal females principally to the exhaustion so common to their condition, combined with some degree of intestinal irritation. But mere, simple anæmia and exhaustion, either by hæmorrhage or even lactation, is not of itself sufficient to produce mania. At all events, the alleged cause is very, very often present in practice without the alleged effect following. The theory at best, if applicable at all, is applicable only to a very limited number of cases; and affords no more satisfactory explanation of the origin of the disease than does the more general statement that puerperal mania results from

3. *The Peculiar State of the Sexual System which occurs after Delivery.*—This theory was that propounded by Dr. Gooch in his original essay on puerperal insanity. He explained and illustrated his hypothesis by calling to mind the intimate sympathy that exists between all parts of the body and the sexual system in its periodic actions, and by insisting on the high degree of nervous susceptibility induced in lying-in women as a result of the organic changes that succeed delivery. But even when thus explained, the theory hardly helps us to a clearer comprehension of the real origin of the disease. Bearing in mind the peculiar nervous excitability of a puerperal patient, we can understand why she should be more readily acted on by any agent capable of producing a morbid action of the brain or mind at such a time, rather than under other circumstances; but the nature of the morbific agent still remains to be determined. Nervous susceptibility, in a greater or less degree, is confessedly common, to a greater or less extent, to all puerperal women; and yet only a limited number of them are attacked with puerperal mania. Perhaps this fact can only be explained, as it seems to me, by supposing that in those so attacked there is present some specific morbid alteration which acts on the enfeebled and excitable nervous system so as to call forth the peculiar phenomena that characterise the disease. The scalpel and microscope have hitherto so entirely failed in establishing, in the brain itself or its envelopes, any determinate pathological changes in connexion with puerperal insanity, in its more acute forms at least, and earlier stages, that we are perhaps so far justified in laying it down as a high probability, that "the specific morbid alteration" in the economy which constitutes the pathological cause and essence of puerperal insanity, does not exist in the solids of the body, or rather, let me say, of the encephalon. Various circumstances, on the other hand, appear to show that the specific morbid alteration in question exists, in the first instance at least, in the presence of a morbid change or morbid agent in the blood; or, in other words, that the disease originates in a state of blood-poisoning, or

4. *Toxæmia.* — The absolute want of any determinate pathological changes in the brain or its membranes in recent fatal cases of puerperal mania,—the rapidity with which the disease sometimes comes on, as well as the rapidity also with which it occasionally disappears, and the phenomena themselves of the malady, so similar as they are in character at their first supervention, to the toxicological phenomena of blood-poisoning by alcoholic and narcotic poisons,—are all circumstances pointing to the probable toxæmic origin of puerperal insanity. But if you ask further, What is the special morbid change, or what is the special morbid agent in the blood which, when accumulated there in sufficient quantity, produces puerperal mania? then I can only answer, We know not yet, and will not know till pathological chemistry—which is still in its first infancy—has grown and advanced to an extent and certainty infinitely beyond its present very limited bounds. Some men have already ventured to name the probable poison which produces puerperal mania. Thus I have seen it referred to the use of various narcotic vegetable poisons, of alcohol, and latterly of chloroform. The gentleman who has taken up this last notion,—forgetting that puerperal mania was as well known and as prevalent before the discovery of chloroform as it is now,—reasons exactly as that Medical logician did, who, when denouncing the introduction of vaccination, ascribed to it all the evils which had occurred in the world from the decline and fall of the Roman Empire down to the breaking out of the French Revolution. Let me here merely state that I have seen puerperal insanity occur after the use of chloroform in labour, but certainly not more frequently than I have seen it occur *without* the use of chloroform during parturition. Some years ago, when this objection to chloroform was first brought out, I went out to the Morningside Lunatic Asylum, and there found, with Dr. Skae, that eleven cases of puerperal mania had been admitted from Edinburgh into that Institution during the preceding year; but by an extraordinary series of chances none of these eleven patients happened to take chloroform during their labours. And I have no doubt that the obstetric use of anæsthetics sometimes prevents, rather than produces, the supervention of puerperal insanity. I have already alluded to an illustrative case. After her first five labours a patient, as I stated to you, was each time attacked with puerperal insanity, and was each time sent to a lunatic asylum for recovery. During her sixth labour she insisted on getting chloroform, avering that her mind had always previously become upset, in consequence of the extreme intensity of the sufferings which she endured. After this, her sixth labour, and the first in which she used chloroform, no symptoms of insanity appeared. She attributed, and perhaps quite correctly, her escape on this occasion from her dreaded malady, and from the horrors of a lunatic asylum, to the use of chloroform during her labour.

But, recurring again to the question of the toxæmic origin of puerperal insanity, I would beg further to observe that we have an additional argument in favour of this view, in the fact that in a large proportion of cases of the disease we have present at its commencement a marked state of *Albuminuria*.

(To be continued.)

"MEDICINE," says Lord Bacon, "is a science which hath been more professed than laboured, and yet more laboured than advanced: the labour having been, in my judgment, rather in circle than in progression. For I find much iteration, but small addition."

HOMICIDAL MONOMANIA.—Consciousness or unconsciousness of the act is the true test of criminality, not the degree or intensity of the homicidal impulse. The old course is the proper one, which is simply to ask the jury if a prisoner has—or rather had at the time when the crime was committed—a sufficient degree of reason to know right from wrong. We might well tremble at the consequences if it was once established that a man's mind might be right in all points, save a tendency to commit murder. It is idle in cases of insanity—as far as the administration of criminal law is concerned—to lose ourselves in fine-drawn distinctions. If a man knows what he is about when he commits a crime, he is amenable to justice, no matter how strong his inclination may be to violate the law.—*Once a Week.*

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ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

PART I.—THE HANWELL ASYLUM.

No. IX.

By JOHN CONOLLY, M.D.

Among the discouraging prognostications which prevailed when mechanical restraints were proposed to be abolished in the treatment of the insane, the more frequent occurrence of suicides was one of the most alarming. No conceivable accident in an asylum produces so painful a feeling in the mind of the superintending Physician as the accomplishment of self-destruction by one of his patients. All the previous care and watching of which the unhappy man or woman was the subject, and by which even several previous attempts may have been baffled, seems, on such an event happening, to have been incomplete; and no satisfactory reflection can for a time be indulged in. There are few asylums in which some of the patients are not disposed to end their lives by some violent or desperate method, and the greater number of these patients are in the chronic state of suicidal mania, and can never be trusted. In the old times of restraint, the fastening of the limbs was regarded as the only sure protection, and by degrees other precautions became neglected. When this kind of protection was removed, the necessity of many other precautions became evident; but as they were numerous and troublesome they were still frequently disregarded, and the suicides in asylums, as well as other accidents, were at length seen to arise, in almost every case, from some inattention that ought not to have existed. It was also observed that cases of suicide occurred in those old asylums, scarcely checked by restraints, in which the abolition of mechanical restraint continued to be looked upon as a pretentious and dangerous delusion; and that the very instruments of restraint were sometimes ingeniously converted into the means of self-destruction. Some instances of this kind occurred at the time when this matter, as well as many others likely to be influenced by the disuse of strait-waistcoats, was daily and nightly reflected upon at Hanwell with great anxiety; and the circumstances occasionally reported in the public papers seemed in a very instructive manner to illustrate the ordinary reasons for recurring to restraints, the inattention shown to the better effects of general management, and the various negligences resulting from placing reliance on restraint alone. A single example, dated 1840, may now suffice to show this:—

"Suicide of a Female Lunatic.—Last evening, at seven o'clock, an inquest was held before Mr. Payne, in the boardroom of —— Hospital, on the body of Jane W——, aged 45, a lunatic, who committed suicide by hanging. One of the female keepers said deceased came first under her notice on Monday evening, when, on account of her uncleanly habits, she was removed from her regular ward to a cell on the basement story. Witness put her in a strait-waistcoat, and she appeared very restless and melancholy. Witness had no difficulty in putting on the strait-waistcoat, and shortly afterwards she was placed in her bed. Witness saw no more of her until between six and seven o'clock yesterday morning, when, on unlocking her cell-door, she discovered her suspended by means of the strings of her strait-waistcoat from a piece of iron that fastened a pipe for carrying off the rain, a part of which pipe ran through the corner of the cell within-side of it The House-Apothecary was instantly called, who cut down deceased, and pronounced her dead. By the coroner: The waistcoat was put on properly and secured in the usual manner, yet deceased contrived to get out of it. Deceased was also fastened down to her bed by a species of web-strapping, which she snapped asunder. By a juror: It is usual to lock up refractory lunatics for ten or twelve hours together, and not to visit them during that period for fear of exciting still more their passions. Another keeper said deceased had been under her care since February last, when she was first admitted. She was always in a low desponding mood, and was esteemed the most inoffensive patient in all the Hospital. Another nurse said the waistcoat was put on at her suggestion, after having reported the case to the matron. She was positive that the waistcoat was properly secured. The governor said that there had happened in the Hospital only eight cases of suicide in the last twenty-five years, which was enirely owing to the extreme vigilance of the keepers, whom the patients were continually watching, to try and find an opportunity of destroying themselves. Verdict—Insanity."

It would not be difficult to accumulate evidence of this kind, and much was, indeed, then collected; but, however important twenty years ago, it is happily not required now, when no fear can be entertained of the repetition of such things, unless mechanical restraints should gradually be reintroduced into asylums, enlarged beyond all reasonable measure, and against all Medical advice, to meet the ever-increasing demand for the admission of the insane poor, without proper consideration for the constant inspection and care required by the insane of every class. However fruitless the attempt may be to persuade the magistrates of so populous a county as Middlesex, that enormous asylums are not inevitably productive of danger to the insane, they must gradually yield their conviction to facts that will assuredly present themselves to their notice, in addition to the facts already and recently brought before the public. If there is one principle of treatment in relation to insanity more indubitable than all the rest, it is that the prevention of accidents can only be surely effected by vigilant superintendence, combined with humane general management. These are the only sure methods of preventing all the most distressing consequences incidental to insanity. This vigilant superintendence is not merely difficult in large asylums: it is impossible. In such preposterous institutions, where even every sanitary consideration appears to be despised, and where the small proportion of cases in which perfect mental recovery can be confidently reckoned upon seems to be regarded as the measure of needful Medical care, all idea of moral supervision and habitual influence over disordered minds being looked upon as a common task, which may be confided to housekeepers and attendants, the treatment of mental disorders must be retrograde; and in such establishments, if anywhere, mechanical restraints may be expected to be revived.

Within three years from the time of the discontinuance of restraints at Hanwell, between twenty and thirty suicidal cases were admitted; and of these patients only one succeeded in destroying himself; hanging himself in a bedroom in which the frames of the window were not properly protected by a shutter. Numerous other attempts at self-destruction were made, but all were detected in time to save life. When the facility of extinguishing life is considered, it is indeed a matter of surprise that suicide so seldom occurs in asylums: for the thoughts of some patients are almost continually bent upon effecting it; and their ingenuity in discovering methods of doing so is inexhaustible. In many cases, all the care that can be extended to them, in the hope of making life endurable, is ineffectual. With the poorer class of patients such efforts sometimes appear to succeed; but in the greater number of cases, in all ranks, the destructive impulse is not diminished by persuasion, nor reasoning, nor by the presence of all the advantages that would seem to make life desirable. In such unhappy cases, the patient is conscious of the dreadful tendency that afflicts him, and dreads self-murder, although its idea haunts him constantly; avowing his distrust of himself by a dislike to being left alone, and even by urgent directions not to have dangerous weapons left in his way. The disposition seems fixed in the constitution of the brain, and, like other maladies, may be transmitted from one generation to another. It may also arise from a sympathy of the brain with obscure disease of other organs. Children have committed suicide; and it has been recorded as a symptom of some epidemics. The propensity, like other morbid propensities, may become at times less intense; but full trust can seldom be reposed in such cases, and their end is generally disastrous. The medical management of suicidal cases more properly belongs to the Second (or Clinical) portion of these Recollections; but I may here observe, that it appeared to me, in some at least of the suicidal cases admitted at Hanwell, that the causes were in such a great measure physical as to support the hope of relief from Medical appliances; and in some of these instances such indications seemed to me to be acted upon with striking and even with permanent success. Cases of this kind, dependent on obviously disordered circu-

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lation in the brain, or on intense forms of indigestion, and, in women, occurring at the periods of puberty and of the cessation of the uterine functions, are of course known to, and noticed by, all Physicians in general practice, and in private asylums; but they do not perhaps always excite due attention in asylums of greater size, into which many patients are sometimes received together, and where the mental form of a patient's malady attracts more direct consideration than the precise state of the bodily health. Such indications, however, are nearly the only foundations of Medical treatment in this as in other forms of disorder of the mental functions, and where none such are manifest, the physician is almost without direct means of acting on the malady.

Other means for the prevention of suicide, save incessant watching, there seem to be none; and against even what seems incessant care, the cunning of the patient may at length prevail. A gentleman watched for months notices an open door or window; he appears to be coming down to dinner cheerfully, and in a moment he has thrown himself out of the window, or rushed out of the door, and plunged into the river. A lady, who seemed on the preceding evening quite cheerful, and even to awake in the morning reconciled to life, and restored to hope, is left alone for what seemed to have only been five minutes, and is found suspended by the bed curtains. An active man, intelligent, and agreeable in conversation, walks and talks as if convalescent, and contrives to swallow pebbles, or coins, or a key, and endangers his life. A female patient, who has occupied the evening in embroidery, or in music, and seemed quite happy, takes a long fine needle to bed with her, and silently and resolutely introduces into the heart, without the possibility of its being prevented even by an attendant, who has not left her at all. The records of insanity abound in various examples, and they appear to constitute some of the unavoidable evils of this greatest of afflictions. To rely on restraints for security it was clearly seen would lead to their perpetual imposition; and the older records sufficiently proved that, even thus used, restraints not only added greatly to a patient's wretchedness, but were unavailing. It is scarcely necessary to say that since the abolition of mechanical restraints suicides have not been of more frequent occurrence than before. In twenty years, during which mechanical restraints have been unknown at Hanwell, the instances of suicide have not exceeded seven; the average number of patients in the asylum being about one thousand. I believe it may safely be said that they have even become less frequent in proportion to the increased vigilance necessarily substituted for restraints, and to the greatly increased attention given to the general comfort of the insane in all our great institutions. The amelioration in the general state of the melancholic patients at Hanwell at the period of the change so often alluded to was remarkable, and in not a few even of the suicidal cases the published Reports show that complete recovery took place. In one case where the patient, a married woman, had been a subject of anxiety for more than two years, being depressed, suicidal, and obstinately silent during all that time, it appeared as if the influence of the altered circumstances around her, the more cheerful character of the wards, the better diet, the greater freedom, the occasional entertainments, and encouraging words daily heard, overcame all this long apathy or long despair; and, to her husband's great surprise, she began again to converse with him when he came to visit her. I still preserve a memorandum of the fact penned by the astonished man himself, in which he states that he had not heard her voice for seventeen years.

So large a proportion of the cases of suicidal melancholia are characterised by desponding views of religion, and what we may presume to be perverted and unreasonable ideas concerning the attributes of the Creator in whom all live and move and have their being, that attempts are generally made to imbue the minds of such patients with more hopeful sentiments, attempts too often painfully unsuccessful. The melancholy patient, not denying the mercy and goodness of the Deity, persists in saying and believing that these attributes cannot be extended to his particular case. Reasoning has no influence upon a patient the essence of whose malady is that he cannot reason, or even admit reasonable belief. No criminality of others, he asserts, is like his; no depravity so deep, no hypocrisy so unpardonable. These dreadful convictions are often accompanied with delusions as to hearing voices uttering words commanding him to die; or as to his death being necessary to forward some imaginary good; to secure eternal advantages either to himself or others, to be obtained only by his destroying his own mortal life. In such cases, the minister of religion is as powerless as the Physician; and the rooted sorrow cannot be plucked away, nor any oblivious antidote found in physic or in faith. Unfortunately, although no reasonable consolation can, in the worst of these cases, be derived from the best intentioned efforts of the chaplain, his less judicious exhortations have the power of increasing the patient's affliction, and of aggravating heavy despondency into frantic desperation. Among the earliest of my aspirations at Hanwell was the desire to increase the opportunities of affording spiritual comfort to the patients; and measures were conceived and adopted by which the morning and evening prayers were likely to be more useful, and Sunday, especially, a day of quiet enjoyment, instead of being, as it was under the old plan, a day in which unprofitable leisure led only to disturbance and anxiety. But for a time I almost despaired of success; and each Sunday brought new and unexpected afflictions, dictated by some strange misconceptions, in the shape of discourses in which the melancholic and despairing found all their worst anticipations confirmed; and even the then departing chains and cords were denounced to them as being reserved for the next world, and chains especially, because than common cords the stronger. On one occasion they were told that all their sins were written in ink, and not in common ink, but in marking-ink, which could never be washed out. Those inclined, with much humility, to partake of the Communion were reminded that they ran the risk of partaking of the cup of devils. I can now scarcely believe that such words, words exclusive of all hope of mercy and forgiveness, were addressed to my poor despairing people; but the impression reflected in their countenances, their agitation, their tears, and the hopeless abandonment with which they left the chapel, and the minister's morbid exultation thereat, will live in my memory for ever. Better days were at hand, and the offices of more judicious ministers soon became a blessing to the place.

The influence of calm and affectionate religious exhortation is seldom, perhaps never, unfavourable to insane persons. To many it is the strongest source of comfort; and in some cases when there are fewer marks of its being acceptable, it is found after a time that the kind advice given has not been forgotten. That there are cases in which for a time any allusion to religion, and even the sight of a Bible or Prayer-book, suggests dangerous thoughts, is well known to all Medical men conversant with insanity; and a chaplain who cannot understand this, and exercise a wise forbearance, becomes the Physician's antagonist. Of the mischief of enthusiastic appeals to a disordered mind, and of addresses composed with a conviction that madness is a spiritual disease, and the direct work of the devil, it is unnecessary to express any opinion. Excepting for a very short period, it was my good fortune to be associated at the Hanwell Asylum with clergymen who combined good sense with piety, and tempered all with Christian kindness. Those who now attend the quiet services of the chapels of asylums can scarcely imagine the different spectacle presented by them when the violences prevalent in the wards could scarcely be shut out from the portion of the building appropriated to the worship of God. Before tranquillity could be ensured on Sunday, it was necessary, as a preliminary, to enlarge the comforts of the six other days of the week, and to substitute various decent observances for slovenliness, and to show that the not extinguished feelings common to human hearts in every station were respected even in a madhouse. The older patients seemed surprised and pleased on being kindly invited to attend the prayers and hear a sermon; the younger among them had received no such friendly invitation to religious duties before, and perfectly new ideas and impressions were imparted to them; for they had grown up as little cared for in these respects as the animals in the Zoological Gardens. Care was also taken to convert Sunday from a day of sure disturbance to a day of security and order. The attendants, who had been accustomed to consider it a day of indolence and licence, were required to be alert, and to be dressed as became the day, and to encourage and help the patients to appear becomingly, as in their old days some of them, at least, had been used to do, when the sound of the church-bell summoned them. Inattentive habits in the attendants, indicative of complete indifference to the chapel-services, were gradually

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overcome, and they were expected to bring their prayer-books, and to supply all the patients who could read with prayer-books and hymn-books. The duration of each service was judiciously limited to one hour; and the assembly and dispersion of the patients were so ordered as to confirm the general seriousness befitting the occasion of their being assembled in such number, and the male and female patients at the same time. In all these efforts the success of the different officers was found to be encouraging, and the appearance of the patients when assembled in the chapel,—300 being present at one time—and the Sunday calmness and general repose of the wards, touched every heart not deadened to ordinary sensibilities. The same spirit was carried into and mingled with the daily life of the wards; no meal was partaken of without a short expression of thanks to the Giver of all things; the Chaplain was soon met daily in every ward, and in every ward was treated with respect; many of the patients rejoicing to see him, and not the rudest offering him any insult. Those whom sickness or infirmity disqualified from going to the chapel were often comforted by short services in the infirmaries; and it was found practicable, with the full approbation of the minister of religion, to admit several to communion; at which solemn and affecting service, as many as fifty patients, together with several of the officers, might be seen congregated. When a death took place, all the last offices were solemnly performed; the coffin was no longer carried to the burial-ground like a common box, but covered with a modest pall, and followed by those who had attended the sick-bed, and not unfrequently by some officers of the asylum; so that now and then, among the latest wishes expressed by the dying, was that of being buried where, almost for the first time in their hapless lives, they had become acquainted with comfort and had felt all the blessed influences of pure charity. And thus, among the substitutes for mechanical restraint, religious attentions, prudently exercised, constituted a substitute of great importance; contributing to calm disturbed minds, to soothe some of the heart's afflictions, to restore order to the habits of those driven out of the world's ranks by distraction, and in all, to some extent, to revive the sense of all the decencies of civilised life.

REMARKS ON SUN-STROKE.

By EDWARD SMITH, M.D., F.R.S.

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In the *Medical Times and Gazette* for July 28, 1860, p. 76, there is an interesting report by Assistant-Surgeon R. Chapple on several cases of sun-stroke, and in a former number similar reports of equal value appeared from the pen of Deputy-Inspector of Hospitals Mr. Longmore. Sir Ranald Martin has also, at various times, published observations upon the same subject. In each of those there is mentioned a characteristic of the disease to which I desire to draw attention, viz. the heat and dryness of skin which is observed both in the early and in the later hours of the attack. Mr. Chapple is so impressed with this fact that on three occasions in a paragraph he makes use of the expression "the skin was intensely hot and dry," and in showing his estimate of the connexion of this phenomenon he also remarks, "I have wrapped patients in wet sheets, by which means I thought I might get the skin to act, but without benefit." Hence all agree in the fact that the skin has ceased to act as the great refrigerator of the body.

The temperature of the air in the shade, as mentioned by Mr. Chapple, was 106° and 110° at 4 a.m., and 97° at 10 p.m., that is to say a temperature at least equal to that which is the almost unvarying standard of the internal parts of the body in a state of health. Hence if the body had been mere dead matter it would have obtained, by radiation throughout the whole day, a temperature equal to that of the living organism in its normal state, but being a living body in which conversion of nutriment must take place and heat be generated, it is evident that at all times of the day and night there would be an excess of heat. This excess, already shown, could not be removed by radiation, and as the function of the skin had ceased, and the respiratory function was lessened in activity, it could not be lessened by absorption, as occurs when a large amount of sensible heat is rendered latent by the act of converting the fluids of the body into vapour in the process of perspiration.

I do not purpose to discuss the physical effects upon the system of this excess of heat, since we have not much precise knowledge upon the subject, but it is evident that in the absence of this refrigeration at the surface, the volume of the blood will be increased on the law of expansion of fluids by heat. There will also be oppression of the heart, from the resistance offered to the current of the blood in the capillaries and with the lessening respiration, there must be accumulation of blood in the lungs. The general symptoms at the period of attack show a state of oppression of all vital actions, and near the termination they are those of exhaustion, or, as Mr. Chapple states, "the patients die worn out." It is also clear that with the suppression of the great outlet for water, it will be impossible to give food and fluids internally, unless, indeed, as in some favourable cases, the kidneys double their activity, for otherwise the fluid either would not gain admission into the circulatory system, or the vessels would become yet further congested.

The point upon which I wish to fix the attention of those who have charge of men exposed to these dangers, is the paramount importance of maintaining or of restoring a free amount of action of the skin, and of pointing out some methods of effecting that. It will be borne in mind, that such a condition is as essential when the external temperature is just under that of the standard temperature of the body in health, as when it is above the standard; for in either case the effects of the excess of heat must be present.

When the skin is acting freely, the fluid converted into vapour carries off from the body 1000 times as much heat as it held when in the state of a fluid, and hence there is a most potent refrigerating power ever acting and needing regulation, and so perfect is it that it is sufficient to carry off any amount of heat which can be generated in natural conditions, provided the supply of fluid to the blood and the activity of the skin, be both free, as is shown by the endurance of dry, hot baths, at 150° to 200° of temperature, for considerable periods. The freedom with which the perspiration occurs, reduces the volume of the blood, and thereby necessitates a call for a further supply of fluid from without; and the heart and lungs being kept free from any undue oppression, duly perform their functions. The heart, however, must act rapidly, so as to convey sufficient fluid to the skin, and the more so that, as I have shown in the *Philosophical Transactions*, for 1859, and elsewhere, the rate of respiration is disproportionably lessened with increase of temperature, and thereby there is a constant tendency to accumulation of blood in the lungs.

As, therefore, it is of the first moment to maintain a due activity of the skin, under the conditions of exposure to great heat, I am desirous to mention the various kinds of foods which in my experiments have evinced the power to aid or retard the activity of that organ, for they must have a daily influence in modifying the liability to the effects of excess of heat.

Nearly all ordinary foods lessen the activity of the skin in the primary processes of their digestion, as is shown by the heat and dryness of the skin at that time: such are animal foods, including flesh, fat, and milk; all kinds of beverages classed under the denomination of alcohols, and also coffee. The substances used in food which increase the action of the skin are tea and sugar.

Of the former, or those which lessen the action of the skin, no doubt alcohols should occupy the first place. In this respect strong spirits have a more powerful action than wines or beers, and it is highly probable that raw and inferior kinds of spirits are also more powerful than finer and purer spirits. I have not found any exception whatever to this statement, for even rum, which acts in a different manner upon the respiration, agrees with all its congeners in this—all alike make, or tend to make, the skin hot and dry. But next to these substances coffee must certainly be placed, and particularly if it be drunk without sugar, or with the addition of milk or brandy. Meat and fats have, perhaps, less influence in this direction, but they nevertheless are powerful agents. Hence it is manifest that although some of these must be ranked among the necessaries of life, and cannot be altogether dispensed with in any dietary, the use of them should be strictly limited when the body is exposed to the evils of

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excess of heat. In accordance with this statement it is well known that spirits are most destructive, and that the natives of hot climates eschew them, and do not indulge largely in milk or animal food. If they take fat, moreover, it is, perhaps, not very largely, and it is always associated with starchy food, which exerts very little influence over the activity of the skin. It is a very doubtful point as to the propriety of the Government introducing into India the strong ales of this country under conditions so diverse from those in which we drink them, and although they are less powerful in the direction now referred to than stronger alcohols, they must usually be injurious.

With very moderate living it is clear that tea should be regarded as an indispensable adjunct, and that coffee should be excluded at the hot season and during exposure to intense heat, except by the comparative few in whom the skin is usually too active. It should, for the purpose of increasing the action of the skin, be taken without milk or cream in very moderate doses, and very frequently. Indeed, under such conditions it should be the constant beverage throughout the day, but not drunk in large quantities at a time. It appears to me that the importance of this agent is not by any means so well understood as it ought to be, and that it would be to the great advantage of our soldiers if the Government were duly informed as to its value and even its necessity.

I would just add a word in reference to the treatment of cases of sun stroke. It is clear that these cases must be regarded as due essentially to excess of heat in the body, and that independent of exposure to the direct rays of the sun or even to very exceptionably high degrees of temperature. The first remedy usually applied is that of water, which although of lower temperature than that of the body, cannot be called cold, but its free use has been of the utmost service in warding off threatened attacks. In the attacks, however, neither the cold douche, nor the wet sheet have commonly been efficacious, as Mr. Chapple has well shown.

As the greatest of all desiderata is the return of the action of the skin, I venture to hint that beyond a certain duration the direct application of the cool water is likely to be injurious by interfering with any attempts to increase the action; for if remedies be given which increase, or tend to increase, perspiration, their action will certainly be hindered by the application of anything to the skin which has a lower temperature than that of the body.

In this condition I very earnestly commend the use of good tea, in doses of twenty-five grains every quarter of an hour, given in a weak infusion of about three to six ounces and of a temperature but little below that of the body. The action of tea beyond that on the skin already referred to, is directly to increase the vital action through the medium of the nervous system; and it has a powerful and sustained effect in increasing the respiratory functions. Hence it meets so far as it can three of the most urgent wants, viz. cooling of the body, removal of the listlessness and oppression, and increase of the respiratory action—it being clearly understood that respiration has in itself a great tendency to lessen the temperature of the body. Diffusible stimulants, as ammonia, have been found somewhat useful, and that no doubt from their tendency to act through the skin. I have also shown that the addition of alkalies to tea increases the action of the latter substance upon the skin, and hence it would be well to add neutral acetate of ammonia or acetate of potass to each dose of the tea.

Mr. Chapple and others refer to the vomiting which takes place late in the attack, and I venture to ask if it would not be of great value to induce this by ipecacuanha early; for in addition to the good effect of removing matters which may tend to restrain the action of the skin, the act of vomiting tends most powerfully, as we know, to induce perspiration. I do not think the use of an emetic is contra-indicated because there is lessened vital action at the commencement of the attack, for that early condition is, as already mentioned, one of oppression, and not of exhaustion.

I further venture, but with great deference, to recommend the use of warm water (if during the attack the cold *douche* has failed) of a degree about that of the normal temperature of the body, for its efficacy in tending to induce perspiration is well established. I do not think that the addition of warm water to the body suffering from excess of heat is contra-indicated, provided the degree of warmth be not greater than the natural heat of the body, and the drinking of tepid water largely in the early stage must have a right tendency, on the principles already laid down.

In this communication I have not entered into any question but that which I desire very earnestly to commend to the consideration of those who have charge of these very anxious and too often fatal cases.

16, Queen Anne-street, W.

GLAUCOMA AND IRIDECTOMY.

By J. W. HULKE, F.R.C.S.

Assistant-Surgeon to the Royal London Ophthalmic Hospital, and to King's College Hospital.

The treatment of glaucoma by iridectomy, so vehemently attacked by the writer of the article on "Medical Epidemics—Glaucoma and Iridectomy," in the *Dublin Quarterly Journal of Medical Science*, must stand or fall by its results; its success or its failure can be established by experiment only. The experience of the last three years has so completely demonstrated the immense value of Von Graefe's brilliant discovery, that I cannot help regretting the Reviewer's attempts to damage, in the eyes of the Profession, what I have already, in your pages and elsewhere, maintained to be the only known successful treatment of this previously incurable disease. Having, on a former occasion, discussed its relative value in the different forms of glaucoma, and in cognate diseases, I shall not now reopen this part of the subject, but simply state that I have seen no reason to alter the opinions I then expressed. I deny that there has been any suppression of facts, which the Reviewer insinuates; the practice of the Royal London Ophthalmic Hospital is, and has been, before the Profession; and I have reason to believe that the Reviewer, whose style betrays him, was invited, when in London a few months ago, to visit our Hospital, that he might see and judge for himself. The desire to thoroughly test the permanency of cures by a considerable period of time, has hitherto prevented me from publishing cases; but, under the present circumstances, I have selected from my case-book a couple, which are good types of acute, and subacute glaucoma, and capital examples of what iridectomy can accomplish. The previous loss of one eye by each patient gives these cases an additional interest. I shall abstain from further comments and let them speak for themselves.

Case 1.—*Subacute Glaucoma in the Right Eye—Great Contraction of the Visual Field—Dim Perception of large Objects only—inability to read No.* 20 (*8-line Roman*) *Test-type—Iridectomy—Complete Relief, Patient Reading No.* 1 (*Brilliant*), *and working with her Needle.*

Esther S., aged 30, was admitted into the Royal London Ophthalmic Hospital, Jan. 17, 1860, with great dimness of the right (her only) eye; this began as an occasional obscuration two years before, but soon became constant. I found she could not read No. 20 test-type, and that there was great contraction of the field of vision, chiefly of its lower part. The pupil was dilated, and nearly motionless. The globe was very hard, much congested, and painful. A haziness of the humours prevented an accurate exploration of the fundus. I could only see that the retinal veins were turgid, and I thought that the optic nerve-entrance was very slightly excavated.

20th.—I excised the upper and outer one-seventh of the whole iris in its complete breadth.

24th.—The congestion was much less; the tension of the globe was natural, and she could read the smallest type on her ticket (nearly equal to No. 10 test-type).

31st.—She was made an out-patient. The redness of the globe had disappeared. Vision continued to improve.

February 10.—The tension of the globe continued natural. She reads No. 2 test-type.

17th.—Read No. 1.

May 11.—Ditto.

August 25.—When I last saw her was about a month ago, she read No. 1 with ease, and did needlework. Her left eyeball was sunken. She said it had been pricked in an

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operation for squint fourteen years ago; and this statement was borne out by a puckered in-drawn scar in the sclerotic, at the nasal side of the globe, and a great retraction of the caruncle.

This patient's mother has lost both eyes from glaucoma.

Case 2.—Sub-acute Glaucoma in the Left Eye—Complete Blindness—Iridectomy on account of Intolerable Pain—Great Relief—Acute Glaucoma in the Right Eye—No Perception of Objects and a minimum quantitative Perception of Light—Iridectomy—Complete Relief of the Pain, and the Patient able to read average Type and do Needlework.

Mary B., aged 64, sought relief at the Royal London Ophthalmic Hospital on account of intolerable pain in her left eye, which had been quite blind for several months. She was a pale, feeble, nervous woman, mother of ten children, supported herself by her needle, and often stitched from nine o'clock in the morning till ten o'clock at night. Early in 1859 she was an inmate of St. Thomas's Hospital with erysipelas in the leg, and while there had fever. At this time what seems to have been sub-acute glaucoma commenced in the left eye; it became exceedingly painful; its sight failed, and in four months was quite lost. When she came under my care in 1859 the cornea of this eye was dull and vesicated; the pupil widely dilated and fixed; there was great ciliary congestion, and the subconjunctival veins were particularly swollen and varicose. The eyeball was very hard, and excessively painful. The right eye was occasionally painful and dim, and the flame of a candle appeared to it as if surrounded by a halo. I made an iridectomy in the left eye with the object of relieving the extreme pain, but without any idea of regaining vision, because the ocular tissues were too spoiled to hope for this.

The operation was successful, and when I saw her on Tuesday, July 26, the congestion had subsided; she had none of the former severe pain, but occasionally a slight ache only, and expressed herself greatly relieved. She was now anxious about her right eye, which was painful and soon tired; its pupil was sluggish; its anterior chamber small; and the subconjunctival veins varicose. The field of vision at 1′ distance had an area scarcely as large as the palm of my hand, and she could with difficulty pick out the letters of No. 16 test-type (Jaëger). The globe was a little hard; there was commencing excavation of the optic nerve-entrance; and very slight pressure caused pulsation of the vena and arteria centralis retinæ. Foreseeing that acute symptoms were impending, I strongly urged her to come into the Hospital on the Friday following, and to let me make an iridectomy in this (her only) eye. When the time came, she got frightened and stayed away. On the Saturday night an outbreak of acute glaucoma took place. She was seized with violent pain in the eyeball, severe headache, rapid and complete blindness, vomiting, and great prostration. On Sunday there was a slight remission, she could just distinguish light and shade. On Tuesday (August 2), when she was brought to the Hospital, the great hardness of the globe indicated excessive intra-ocular tension. The cornea was dull, the pupil dilated and motionless; the ciliary region had a dull red colour; the radicles of the efferent ciliary veins encircled the cornea with arches, and their trunks were greatly swollen and highly tortuous. She was suffering agonizing pain, and had not the faintest perception of objects, and quantitative perception of light was reduced to a minimum. I at once put her under the influence of chloroform, and made an iridectomy upwards. In consequence of her moving, owing to anæsthesia being incomplete, the conjunctiva, which was very friable, tore away from the forceps with which I fixed the globe, and the incision into the anterior chamber was smaller than I intended. I enlarged it to the necessary extent with scissors, and then drew out and excised, up to its extreme periphery, a large segment of the iris, in its whole breadth.

August 5.—Greatly relieved; had a little pain last night, but has none now; she can see my fingers, but cannot count them. From this time she made steady progress. On the 23rd she could count my fingers at three feet distance, and could tell the back from the palm of my hand.

September 23.—She found her way to the Hospital alone.

November 1.—With a + 16″ lens she easily read No. 10 test-type (Pica), and was again at needlework.

CASE OF RHEUMATIC FEVER WITH ENDOCARDITIS, TREATED WITHOUT DEPLETION OR MERCURY.

By H. H. RAYMOND.

While the discussion relative to acute diseases continues, individual cases, simply and honestly reported, have a special value, and I venture to submit the following case to the Profession. It is taken almost verbatim from my note-book:

E. M., aged 22, parlour-maid in a private family, was seen by me on June 23 last. She had been feeling ill for three or four days, and could then hardly move for pain. Had got wet five days previously. Was very pallid, and looked exceedingly ill; pulse very rapid, breathing hurried. When seen a few hours afterwards she was much worse. Great pain and tenderness in ankles and foot, but no swelling. Pain in cardiac region, but no distinct bruit. Ordered an opiate; linseed poultice and poppy fomentation to left breast.

24th.—Had no sleep; distinct and loud systolic bruit, with a good deal of pain and some dulness on percussion. Pulse 120, soft. Tongue furred, brownish, and dry; pain in ankles still; vomiting bilious matter, with distressing flatulence; bowels moderately open; skin hot, but not perspiring; urine loaded with lithates. Emp. lytt. to breast, and to take salines. Beef-tea regularly, with brandy-and-water occasionally. In the evening the bruit was much diminished; second sound indistinct. In other respects the same. To take opium gr. ¼ every four hours.

25th.—Little or no sleep; wrists acutely affected; pulse 126, soft; skin rather cool; occasional sickness; tongue as before; bowels open. Seven p.m.—Not so well. She is exceedingly ill, with a pinched anxious expression. Takes beef-tea, with brandy-and-water and wine in moderation. Bruit of heart as bad as ever. To take tinct. hyosc. ʒj. in camphor mixture.

26th.—Had a better night; pulse 116, and small; bowels freely relaxed; pain in chest and wrists very severe. Ordered a small blister over heart, two to the left wrist, and one to the other. Henbane draught at night.

The next day there was obvious improvement. Pulse 108, and more quiescent. Had a threatening of syncope. Pain in wrists much diminished. Ext. hyosc. gr. iij. 6tis horis. A draught of ether and ammonia with digitalis every three hours. Bowels continue relaxed.

On the evening of the 28th the pulse was 84, steady. She was free from pain everywhere. Diarrhœa had ceased; urine paler and more free. The nourishment and stimulants have been regularly given.

29th.—Improving. Heart systole vigorous, and rather ringing. Next day this changed into a rather indistinct bruit, and some roughness in second sound. There was some tenderness over cardiac region, but no great dulness; pulse only 54 in the minute. To take an acid, tonic mixture.

July 5.—Since last note she has been progressing well. Heart's action is not so slow, varying from 80 to 72. The pulse is decidedly "convalescent." A distinct, and rather rasping bruit audible at apex, followed by slight regurgitant murmur, with some indistinctness of second sound. Cataplasm lini et sinapis over the heart each night, with ext. hyosc. gr. iij. at bed-time.

6th.—Improving generally. Heart-sounds much the same. Pulse 64. To have a blister over heart, and take a mixture of potass and digitalis.

8th.—Heart-sounds much improved. Pulse 52. Expresses herself as being much stronger. Omit digitalis.

14th.—Has continued to mend. Pulse 70 to 80. The systolic murmur still continues, and the heart's action is occasionally irregular and intermittent. After this she went to Brighton, and I have heard that she has been getting steadily better.

Remarks.—In this case I could get from the patient no history of previous disease; but the sudden and violent onset of the heart affection made me suspect it; and the suspicion in a great degree directed the treatment. It subsequently turned out that when a child she had had an acute attack of rheumatic fever. The treatment, consisting in the total absence of depleting agents, and in the use of sedatives and nourishment, was pursued solely on the merits of the case as

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it stood. Although the rheumatic affection was most acute, there was that about the patient which gave plain warning against bleeding and mercury, and indicated an opposite course. If the heart mischief could be checked and life supported, she would probably get well. The blisters, both over the heart and the joints were followed by marked relief; and in each case I adopted the plan of using a number of small ones, instead of a large one, for they are just as efficacious, and less irritating. Opium produced no effect whatever, while the herbane was of great service from the very first dose. I was careful not to check the diarrhœa that came on on the 26th, for, taken in conjunction with the absence of perspiration throughout the case, it looked much more like a benefit than an injury. It was coincident with the improvement of the patient, and stopped in forty-eight hours of its own accord.

My object is publishing this case is not to point to it as one treated on any system, for I cannot but believe that systematic treatment of diseases is the ruin of Medicine. The stimulants were by no means urgently given, but solely with the view of keeping up the action of a heart that was labouring under the difficulties of disease, which, as I rightly conjectured, were partly recent, and partly of old standing. The only sound inference from this, and similar cases, is, not that the stimulating plan is always the right one for rheumatic fever, but that there are instances in which it is the only method of saving life.

Wimbledon.

REMARKS ON THE LEPROSY OF THE WEST INDIES.

By R. SWEETING, M.D., M.R.C.S.L.

We have had many articles on Leprosy recently in the *Medical Times and Gazette*, containing discussions bearing on its resemblance to, or identity with, the leprosy of the ancients. We want a number of cases of leprosy carefully described, or a generalization of symptoms, presented by actual cases of the disease.

We frequently meet with leprosy all over the West Indies. In the Bahama group, extending north from lat. 18° to 26°, almost every district will furnish illustrations of the disease. I have had several cases, and have, with a view to this description, recently examined six cases, under the care of Dr. Chipman, as Physician of the Civil Hospital of this town. The following is a fair analysis of symptoms:—It begins with a general cachexy of the system, existing for months, sometimes for years, before the appearance of the skin disease. During this condition the features gradually assume a sickly and repulsive aspect, the face becomes slightly mottled, the hands appear congested and swollen, especially on the dorsum. There is almost always flattening of the nose and the alæ expand. These preliminaries, together with a feeble gait and great exhaustion, are an essential part of the formative stage of the disease, and prove it to be of constitutional origin. Then comes the disease of the skin. It begins about the lower lobe of the ear, with a pendulous enlargement of this structure. Frequently the first thing felt is a hardening of the skin in front of the masseter muscle. The skin over the lateral cartilages of the nose enlarges and gives a tubercular sensation to the touch, and the face becomes covered with innumerable elevations of the skin, consisting of hypertrophy and induration of the true tissue of the dermis, throwing out a watery and semi-purulent secretion, which, encrusting, sometimes gives a dirty-white look to the surface, and the face becomes a mass of irregular elevations, not painful, but gradually ending in ulcerations, which, in forming, are cotemporary with the maturation of other similar forms and enlargements around them. The same sort of appearance presents itself, in bad cases, on the back of the hands. The rest of the surface has been, in all cases that I have seen, comparatively sound, so that the disease, as far as the skin is concerned, is almost limited to the hands and face. The locale of the disease is chiefly the face, next the hands, then the feet; rarely the rest of the body.

The pulmonary mucous membrane participates, symptomatically at least, in the course of the disease, the respiration along the nasal passages being impeded, and the voice being never natural in sound or strength. The majority of leprous patients die of phthisis. As far as I know it is not contagious, men having had it for years, and lived with their wives, become the fathers of families, different members of the household having meanwhile taken in the washing and sewing of the neighbourhood, and not having transmitted it. The lepers of our Hospital here have never been suspected of infecting others, as no case has ever begun there, although there is considerable communication between them and the rest of the patients.

The general opinion of our Physicians here is, that leprosy arises from the want of sufficient change in the food of the poor, flour and fish being their staple diet. We surmise that, like the Bronchocele of Alpine valleys, it is in some way due to an imperfect dietary continued through generations under certain climatic conditions. We have, however, no data from which to dogmatise respecting the cause of this singular disease. If we had a Claude Bernard here with his leisure and resources, he would find a riddle for experimental solution, and he would probably solve it.

When leprosy is fully developed one treatment is about as good as another, and about as useless. Solutions of chlorate of potash sometimes do good. In the incipient stage relief is often obtained from a varied and generous diet, warm clothing, and from the remedies which experience has proved to be so useful in common lepra and psoriasis.

Nassau, New Providence, Bahamas.

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

THE LONDON HOSPITAL.

SUDDEN DEATH FROM RUPTURE OF A DILATED AORTA INTO THE PERICARDIAL SAC.

(Communicated by Mr. THOMAS MICHELL, Resident Medical Officer.)

Abstract of Case:—Insensibility coming on suddenly during extra Exertion—Convulsive Struggling without Stertor or Paralysis—Death within a quarter of an hour—Autopsy: Rupture of an Aneurismal Dilation of the Aorta into the Pericardial Sac; extensive Atheromatous Disease of the Aorta.

William S., aged 45, a shipping agent, was admitted July 3, 1860, in a state of insensibility. He was a very stout and short-necked man. The account given was, that while driving a spring cart, he rose from his seat to whip the horse, and suddenly fell back. He was almost immediately brought to the Hospital. When I saw him he was insensible; was kept on the sofa with great difficulty, as his body was constantly writhing about. He frequently cried out in a sharp, anxious manner, then gasped and struggled. His respiration was irregular, face livid and perspiring, pupils dilated, the jugular veins and veins of face turgid. From his livid face, short neck, insensibility, and the dilated pupils, some concluded he was suffering from apoplexy; but as there was no paralysis nor puffy or stertorous breathing, from the anxiety of face and constant convulsive struggling, I diagnosed direct cardiac syncope, and on feeling for pulse at radial, was unable to detect any, nor was impulse of heart to be felt. His skin was covered with profuse cold sweat, his struggles became fewer and weaker, respiration more and more interrupted; he never recovered consciousness, his mouth became fixed in a sardonic grin, and he died a few minutes after admission.

Autopsy.—The scalp was found to be full of blood; veins of arachnoid congested; puncta vasculosa numerous; the lateral ventricles contained about three ounces of limpid serum; no clot was found in brain. Right lung healthy; left adherent, but substance healthy. The pericardial sac contained about six ounces of bloody serum, and a clot ten ounces in weight, forming a thick layer moulded to the surface of the heart and great vessels. This clot could be traced

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backwards between the appendix of the left ventricle and pulmonary artery to the posterior surface of the aorta, where the blood forming it seemed to have issued from an oval valvular rent in the walls of that vessel. The aorta, from its origin to the commencement of the arch, was greatly dilated and spindle-shaped, its greatest circumference at the middle being about 6½ inches. The coats of the artery at this part were extremely thin and brittle; the lining membrane was either rugous, frayed, opaque, tubercular, or studded with small thin calcareous plates. On the posterior wall of the aorta, in its ascending portion, was a narrow, ragged, and elongated rent in the two inner coats of the vessel; from this opening the blood had escaped, partly between the middle and external coats, but chiefly into the pericardial sac, through the small, irregular, valvular opening already mentioned.

CASE OF DISEASED AORTIC VALVES—BRUIT HEARD ONLY AT APEX.

(Under the care of Dr. LITTLE.)

Abstract of Case:—Disease of the Heart—Aortic Regurgitant Pulse, but Bruit heard only at Apex—Sudden Death—Autopsy—Partial Detachment of one Flap of the Aortic Semilunars—Hypertrophy of the Muscular Walls.

William G., aged 21, a labourer, was admitted on July 3, 1860. He had been a soldier, and, when in Barbadoes, had drank very freely. He had had slight rheumatism, but was never disabled by it. At a general Medical inspection of his corps, though he had been doing his duty, and did not feel unwell, the Surgeon, on auscultation, sent him to the Hospital; and, after some treatment, he was discharged the service. At this time he suffered from palpitation and dyspnœa on exertion.

When admitted under Dr. Little he had been ill eight months. He looked sallow, and his lips and gums were pale. He complained chiefly of pain over the cardiac region, and great dyspnœa; no anasarca; felt very weak. He had latterly got very thin. Tongue clean; bowels regular; marks of cross-cupping below right clavicle; lungs healthy; action of heart quick, and very violent; a loud systolic murmur was heard at apex. The pulse was quick and jerking, and the brachial and carotid arteries were seen strongly pulsating, but there was no bruit to be heard over aortic valves, or along the course of aorta, though carefully sought after from the condition of the pulse and arteries.

He was under treatment only a few days before his death occurred, and during that time he suffered a good deal from sickness, for which different remedies were prescribed. His fatal attack came on very suddenly on the 8th inst. He had been more comfortable on the evening before. At about four in the morning, however, he was trying to get out of bed, when he fell back, and was dead before Mr. Michell could reach the ward.

Autopsy, Thirty-three Hours after Death.—On opening the pericardial sac about two ounces of reddish serum were found. Near the left apex of heart was seen a rough patch of old whitish-yellow, tough lymph, the size of a shilling. Three or four smaller patches were on other parts. Heart one and a-quarter pounds in weight, all its cavities full of coagula, and excentrically dilated, more especially the left ventricle. Hanging into the upper part of the left ventricle was a very hard substance of irregular shape. This was found to be a flap of aortic valve detached at one margin, with large deposit of old lymph, some of which, especially at its extremity, had calcified. This flap was about an inch long, triangular in shape, and about half-an-inch broad at its base or depending portion. The other flaps of this valve were puckered up, and not at all available. The mitral valves were healthy in structure; the orifice larger than usual. Lungs perfectly healthy. The mucous membrane of stomach purplish-red, thickened, rugous, and a few patches of extravasation at depending parts between rugæ. Intestines highly congested; great veins of abdomen full of blood.

The above notes are from those taken by Mr. James Jackson, Dr. Little's Clinical Clerk. They are communicated by Mr. T. Michell, the Resident Medical Officer, who appends to the case the following remarks:—

"This man died of syncope; the chief peculiarity is that the bruit was heard at apex (the best site for hearing mitral murmur); and though the semilunar valves were incompetent, two being shrivelled up, and the third detached at one side, and from elongation by lymph, etc., hanging into left ventricle; yet no bruit was audible over aortic valves, or along the course of the great arteries; the characteristic regurgitant pulse being, however, very well marked."

PROFUSE HÆMATURIA AFTER A BLOW ON THE FRONT OF THE ABDOMEN.

A lad, aged about 17, was admitted the other day into the London Hospital on account of retention of urine, and escape of blood by the urethra, which had followed a blow in the lower part of the abdomen on the left side. He was pale, and almost faint. Mr. Payne, the House-Surgeon, succeeded in introducing a catheter, and drew off about twelve ounces of fluid which apparently consisted chiefly of blood. On being allowed to stand about half of this fluid formed itself into clot. The lad's history of the case was that he had been quite well until about two hours before admission, when, in a "lark" with a comrade, he received a blow in the abdomen. At the time of the blow his bladder must have been moderately full, for he had not passed urine for five hours. Soon afterwards he attempted to empty the bladder, but only passed "about a gill" of what appeared to be pure blood, and that with considerable pain. On being closely questioned he was quite certain that he had not received any injury to the perinæum or loins; and he would not admit that the blow on the abdomen had been a very violent one. An important question as to diagnosis and prognosis presented itself in this case. We are accustomed to associate severe hæmorrhage from internal viscera following concussions with actual lacerations. If any organ were, in this instance, lacerated it was difficult to suppose, considering the direction of the violence, that it could be any other than the bladder itself. The fact that so large a quantity of fluid had been drawn off was to a certain extent opposed to such a supposition that the bladder had been ruptured, but could by no means be held definitely to exclude it. The sequel of the case has proved that the injury was not of so severe a nature as the very formidable hæmorrhage might have inclined me to fear. The lad was at once admitted, and an opiate with stimulants was given. The escape of blood by the urethra continued in small quantities for about an hour, and then wholly ceased. Warm fomentations were applied, and he soon became able to pass urine voluntarily. On the following day he was comfortable with scarcely any abdominal tenderness. The only conjecture which can now be given as to the source of the hæmorrhage is that it proceeded from laceration of the mucous membrane of the bladder, and that the outer coats of that viscus were not involved.

KING'S COLLEGE HOSPITAL.

TWO CASES OF RESECTION OF THE HIP-JOINT.

(Under the care of Mr. FERGUSSON and Mr. BOWMAN.)

For the Notes of the two following cases we are indebted to Mr. William Wickham, the present House-Surgeon of King's College Hospital:—

Case 1.—Abstract of Case:—Disease of the Hip-Joint in a Young Girl—Profuse Discharge, Emaciation, and Hectic—Resection—Head of Bone found Necrosed and Loose—Recovery.—Mary A. K., aged 6, was admitted into King's College Hospital, under the care of Mr. Bowman, on February 4, 1860. with disease of the hip-joint. From the history of the case, it appears that fourteen months previous to this date, she had slipped down an area, and injured the left hip, so that she could not stand, and suffered a great deal of pain. She was admitted into the Hospital for children in Great Ormond-street, where she remained four months, during this time two abscesses formed in connexion with the joint, one pointing behind, and the other below the great trochanter. These were opened and have continued to discharge ever since. On admission the patient presented a pale, and very emaciated appearance. The diseased hip presented an appearance as if dislocated, the left leg being considerably shorter than the right, and much drawn over towards the right side, the trochanter major very prominent and near to the crest of the ilium. There was some motion in the joint, which gave very little pain. There were two wounds, discharging freely, one behind, and the other below the great trochanter (the same as previously noticed) these did not communicate with one

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another, but a probe passed through either of them to the joint. By measurement the limb was three quarters of an inch shorter than the right. The pelvis was very much tilted. The liver was found to be very large, and the abdomen full and tense, the surface being much marked by veins. Ordered ol. morrhuæ and syr. ferri iodidi, āā, 3j. quotidie. This treatment was continued for five or six weeks, with rest in bed, and the child's general health improved, but the hip continued to discharge very freely, and excision of the joint was therefore decided upon.

May 19.—Chloroform having been administered, a vertical incision was made through the posterior opening, and another at right angles to this for an inch backwards. The outline of the trochanter major was then exposed, in the posterior part of which was a deficiency, through which the finger could enter the cavity of the joint. The head and neck of the bone were found to be necrosed and loose; in an excavation on the inner surface of the trochanter major, which was sawn off just above the trochanter minor. The acetabulum had partly disappeared, the outline of the socket not being recognisable; the disease did not extend beyond this, and from the surface of it some small loose fragments were removed. Scarcely any blood was lost during the operation. The limb was placed on a long interrupted splint.

20th.—The patient slept well, and complains of no pain; healthy discharge from the wound.

28th.—Has continued to progress most favourably. The discharge, which, before the operation, was so great, is now moderate and healthy. The limb in very good position, and the patient's health has much improved.

July 5.—The splint was removed to-day, and the limb placed between sand-bags. The wound has nearly healed, the discharge being very slight. She is quite free from pain, and able to move herself easily in bed. There is considerable freedom of motion in the joint. Her health is now very good, and she is very much fatter than on her admission, or previous to the operation.

She was discharged cured on August 2, 1860.

Case 2.—Abstract of Case:—Disease of the Hip-joint in a Little Boy—Profuse Discharge—Resection—Partial Dislocation and Absorption of the Head of the Bone—Recovery.—William K., a strumous-looking child, aged 4 years, was admitted into King's College Hospital, under the care of Mr. Fergusson, in February, 1860, with disease of the right hip. From his previous history it appeared that in May, 1859, he fell down some steps, and injured his right hip. This was followed by a great deal of pain, and he could not support the weight of the body on the leg; he underwent treatment, but without deriving any benefit. He was admitted into the Hospital on February 28, 1860. At this time there was some considerable fulness about the joint, and any attempt at moving the limb caused the child a great deal of pain. The limb was placed on the body, and drawn over to the opposite side. After he had been in the Hospital three weeks, some deep fluctuation was perceptible over the outer part of the joint, and an abscess finally pointed behind the great trochanter, which was opened. On passing the finger through this opening, extensive disorganisation of the joint was found to exist. After this, the child's health improved, and the pain in the joint much diminished. He was discharged on May 19, to go into the country, and return to the Hospital in six weeks' time.

On re-admission, July 4, the child's general health was pretty good, but the disease of the joint was more advanced. The opening behind the great trochanter still discharged freely, and there was more shortening and distortion of the limb than when discharged in May. There was great fulness of the tissues around the joint, and any motion in the joint was attended by much pain.

7th.—Chloroform having been administered, an incision, about three inches in length, was made over the great trochanter, and, on examination, the head of the bone, a great portion of which had disappeared, was found to be partially dislocated; this, with a few touches of the knife, was readily detached from the surrounding tissues, and made to project through the wound. It was then sawn off through at the base of the trochanter major, which latter was slightly diseased. The acetabulum was found to be perfectly healthy. Scarcely any blood was lost during the operation. On examination of the portion of bone which was removed, it was found that the cartilage was destroyed, and a large portion of the osseous structure beneath it absorbed. The patient was then removed to bed, and an interrupted side-splint applied.

9th.—Patient doing very well; has had very little pain; wound looking healthy, and discharging freely; appetite good; sleeps well

18th.—The splint was re-applied this morning, and the whole body placed between heavy sand-bags, extension being made by means of a weight hanging over the end of the bed. The wound is healing rapidly, and the discharge very slight. There is considerable motion in the joint, unaccompanied by pain.

August 7.—The splint was left off to-day. The wound is nearly healed, and there is no discharge.

16th.—The child is now quite well, and can move the limb of his own accord. Since the splint was left off the leg is somewhat shortened, on account of the tilting of the pelvis. Extension is therefore being continued for a short time by means of the weight over the end of the bed.

ST. BARTHOLOMEW'S HOSPITAL.

EXTRAVASATION OF URINE WITHIN THE PELVIS.

(Under the care of Mr. STANLEY.)

The following case is interesting as an example of extravasation occurring in conjunction with congenital contraction of the urethral orifice, also in respect to the unusual position of the extravasated fluid. It is certainly not common for fatal extravasation to occur without somewhat involving the perineum or scrotum, although the anatomical explanation of the fact is easily given. The difficulty of treatment is of course vastly increased; indeed, it is certainly rare for the symptoms of intra-pelvic extravasation to become sufficiently definite to warrant incision before the patient has passed into a hopeless condition.

The connexion of hypospadias with disease of the urethra is also of much practical importance. As a general rule it is probably a matter of experience that obstructions in the anterior tract are more liable to cause disease of the urethra behind them than those more deeply placed. In amputating the penis all Surgeons know how important it is to take precautions against the subsequent contraction of the urethra which is so liable to ensue. It is possible, however, that a certain number of the cases of hypospadias which come under our observation in infants are not submitted to any operative procedure which would be decidedly benefited thereby. In such cases it is often too hastily assumed that the deformity consists in an absence of the floor of the urethra in its anterior quarter of an inch, whereas minute examination would show that the urine really finds its exit through a mere pin-hole aperture. This aperture is placed behind the meatus, and does not in any way communicate with it.

W. B., aged 40, a sallow sickly-looking man, was admitted under Mr. Stanley's care on July 3, 1860. He was suffering from retention of urine. He stated that he had not passed water naturally since June 3, but that it was constantly dribbling from him. This was the first attack of actual retention, though he had been unable to pass water properly for some months. His countenance was expressive of great pain; his appetite gone, tongue furred, pulse feeble and frequent, and thirst very great. He complained of pain in the region of the bladder, which viscus was found to be distended. The perineum also was extremely tender. He was the subject of hypospadias, the opening into the urethra being about the size of a pin's head. A No. 1 catheter was introduced with comparative facility, and about four ounces of dark offensive fluid were drawn off, but without relief. Mr. Stanley examined him, and found a red blush on the surface of the abdominal walls close to the pubes. The bladder was much distended, and was hard and painful. In the left iliac region there was a greater prominence than on the other side, and there was here a sense of fluctuation. There was great tenderness in the perinæum, and on the left side of the anus the surface was reddened. Mr. Stanley considered that there was extravasation of urine into the cellular tissue of the anterior abdominal walls, as well as into the ischio-rectal fossa. He remarked that the case was one of unusual occur-

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rence, and that the ulceration into the urethra was probably behind the triangular ligament. The urine, therefore, had not been able to take the course usual in extravasations, viz. that of passing into the cellular tissue of the scrotum, and upwards to the abdominal wall. A No. 4 catheter was introduced, and about sixteen ounces of dark offensive fluid made its escape. Mr. Stanley made an incision two or three inches long in the position of that for lateral lithotomy. A grooved staff was then introduced into the bladder, and the incision was continued down to the membranous portion of the urethra, which was opened. The patient lost a great deal of blood, but much ammoniacal-smelling urine also came away, probably not less than a pint. Slight relief followed the operation, but in two hours the pain returned with great severity, and he gradually became weaker. Stimulants were given freely, but he did not improve, and died next morning.

Autopsy.—On cutting through the abdominal walls, the recti muscles were found to be much discoloured, dark, and soddened by infiltration with urine. There was extensive peritonitis, and in some parts puriform lymph was exuded, which matted together portions of the intestines. The cellular tissue of the pelvis had in many places sloughed, especially on the left side. The pelvis contained muddy-looking, offensive fluid. Excepting some congestions about its neck, the bladder was found quite healthy. The prostate was firm and healthy. The soft parts in the ischio-rectal fossa had sloughed. The penis was slit up, but no stricture or ulceration was found. On exposing the urethra beyond this point, there was found a small ulcerated opening just sufficient to admit the end of the director in front of the veru montanum. This was traced down to a dark mass of sloughy cellular tissue, and was doubtless the point at which the extravasation had commenced.

CYSTIC DISEASE OF THE LOWER JAW.

(Under the care of Mr. PAGET.)

A woman, aged 48, was admitted a few days ago under the care of Mr. Paget for cystic disease of the lower jaw. The disease commenced twelve years before, as a slight swelling of the ascending ramus near the angle. Nothing was done then, and the swelling slowly increased. Eight years from the commencement, however, the disease had increased to such an extent that she was sent to St. Bartholomew's Hospital. The swelling was then as large as the one for which she was last admitted, producing a general enlargement on the right side of the jaw and cheek. Mr. Paget on that occasion considered the propriety of removing the bone, but as he found that the disease then consisted of one large cyst only, he merely removed the anterior wall of the cyst, and filled it with lint and left it to suppurate. By this treatment the disease was so far for a time cured. She remained well for two years, when another smaller cyst was found a little higher than the first. This was treated in the same way, and she again got well, and remained well for twelve months. The disease, however, reappeared and continued increasing until her admission for the third time. It now involved the right lower jaw from the first molar tooth to the angle. Above the angle the bone could scarcely be said to exist, but there were one or two cysts. The zygoma was nearly destroyed, only a small part (two small stumps) being left. Mr. Paget made a vertical incision through the soft parts on the right side of the symphisis, carrying it along the lower edge of the horizontal ramus to the angle. He next cut through the bone, partly by the saw and partly by the bone-cutting forceps. He divided the parts at the angle, and removed the diseased horizontal ramus. He then cleared out the remains of the cysts which occupied the position of the ascending ramus, pursuing it as high as the zyoma. The vessels requiring ligature were rather numerous. Mr. Paget in his remarks after the operation, stated that the duration of the disease and the general features of the case clearly showed that the disease was not malignant, otherwise he should long ago have removed the bone.

GUY'S HOSPITAL.

AMPUTATION AT THE WRIST-JOINT—STATE OF THE STUMP SIXTEEN YEARS AFTERWARDS.

One of the advantages proposed in amputation at the wrist-joint is that the patient may retain power of pronation and supination. The distinct synovial sac between the ulna and radius not being opened in the operation, it is of course quite possible that no anchylosis may ensue. But few clinical facts have, however, been recorded as to this matter, and the following one, which came under my notice a few days ago, is worthy of note. The patient is a man, aged about 40, who was under Mr. Cock's care in Guy's Hospital on account of a crushed hand sixteen years ago. Primary amputation at the wrist-joint was performed. The styloid process of the ulna was not removed. At the present date the stump is a most excellent one, and the man states that his arm has been throughout exceedingly useful. There is, however, no movement whatever between the radius and ulna. There is no thickening about the parts, but the two bones are fixed as firmly as if by osseous anchylosis. There is certainly nothing to be wondered at when we remember how near the radio-ulnar articulation is to the surface, that inflammation should occur during the healing of the stump, and defeat the hopes of the Surgeon as to the retention of mobility. Of course the chance of retaining power of pronation is only one among several recommendations of amputation at the wrist-joint, and there can be no doubt that that part ought to be selected in all cases suitable for it and requiring it.

UNIVERSITY COLLEGE HOSPITAL.

HEMIPLEGIA—PLUGGING OF THE INTERNAL CAROTID ARTERY—SOFTENING OF THE BRAIN—DEATH—AUTOPSY.

(Under the care of Dr. JENNER.)

[Reported by Mr. F. W. GIBSON, Physician's-Assistant.]

W. J. M., an unmarried man, aged 36, was admitted April 24, 1860. The history then obtained was, that three weeks before he began to have pain in the supra-orbital region, on the right side. His mind also he now found to have failed, and to have become confused. On the morning of the day of his admission, on awaking from sleep, he found that he had lost the use of his left arm and leg. On his admission it was noted that he was drowsy, but not insensible, and that he answered questions pertinently. There was paralysis, with highly-marked rigidity of the left extremities. On this side, too, there was a paralysis of the fifth, seventh, and ninth nerves. On the left side, generally, there was hyperæsthesia. The only further symptoms which claim special note, are that he had great twitching of the affected limbs, and great pain on flexion. He became insensible on May 4, at ten minutes past one, p.m. His breathing was laborious; he had no convulsions. He died at twenty minutes past two, a.m., the next day.

At the autopsy softening was found in the right cerebral hemisphere, just above the corpus callosum. The softened part measured from before backwards about two and a-half inches, and from side to side three quarters of an inch. There was no redness or red spots in the softened tissue. About two ounces of fluid were found in the lateral ventricles. The cavity of the third ventricle was completely obliterated by the bulging into it of the right optic thalamus, which was the seat of red softening. The corpus striatum on this side also was more vascular than natural. The right internal carotid artery, just anterior to its division into middle and anterior cerebral, was filled by a clot, evidently not recent, so as to be rendered impervious. The artery was dilated at this spot, and its inner coat was thoroughly disorganised. There was no disease of the lining membrane of the heart, nor of the aorta, from which any clot would have been carried to the brain. Microscopic examination of the diseased inner coat of the internal carotid, at the spot occupied by the clot, showed the appearances presented by the early stages of atheroma, which disease was present also in some parts of the coats of the aorta.

ACUTE INFLAMMATORY ŒDEMA OF THE SCROTUM ENDING IN GANGRENE.

(Under the care of Mr. ERICHSEN.)

The following case is an example of a very rare affection. It will be observed that without any extravasation of urine or other detectible cause, the whole of the scrotum became involved, as the result of acute cellular inflammation, in one mass of gangrene. Idiopathic gangrene of the scrotum does

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occasionally happen in delicate children after attacks of fever or during convalescence, from one of the exanthemata. Even in such instances, however, the sloughing is rarely so extensive as it has been in Mr. Erichsen's case. The patient, it will be seen, is an adult, and fairly healthy man.

John T., aged 28, was first seen by Mr. Erichsen on August 16. He was then suffering from acute inflammatory œdema of the scrotum and penis. It had commenced two days previously, and had progressed very rapidly, and when seen by Mr. Erichsen the scrotum was the size of an adult head, and the penis enormously swollen. The swelling also extended a little in each groin. Underneath, at the base of the scrotum, there was a small phagadenic spot. Mr. Erichsen remarked that in this case, as in acute cellular inflammation elsewhere, free incisions ought to be made. He had, therefore, made three incisions, each about six inches long and an inch deep into the swollen tissues. A large quantity of brownish serous fluid ran out, and relieved the man very much. He was then admitted into the Hospital. A chlorinated poultice was applied to the part, and the egg-and-brandy mixture given. A draught containing ten grains of the carbonate of ammonia and a drachm and a-half of tincture of cinchona was given every four hours. He had a slight attack of erysipelas of the lower part of the abdomen. The whole of the scrotum sloughed, leaving bare the testes, and on the left side a hernial sac.

On August 22, the man was very much improved; appetite good; tongue clean. He was still continuing the bark and ammonia and the egg-and-brandy mixture. The slough, which was loose, was detached.

Mr. Erichsen, in some clinical remarks, stated that there was no cause traceable. It was at first sight somewhat like extravasation of urine, but there was no history of any symptom of urinary affection; no stricture; and the urine all along passed easily. He considered that it was a true idiopathic attack of deep cellular erysipelas, such as occurs elsewhere. It required the same treatment—viz. free incision and good support to the general health. Mr. Erichsen added, that the man might now be considered progressing very favourably, and that the parts would probably become covered by new tissues, constituting, as it were, a new scrotum. Mr. Erichsen also drew attention to the fact that although the sloughing had laid bare the testes and the hernial sac, still there was no implication of the testes, and no tendency to peritonitis, showing that the disease tended to spread more by continuity than by contiguity.

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Medical Times and Gazette.

SATURDAY, SEPTEMBER 1.

POACHING UNDER THE MEDICAL ACT.

We lately had the pleasure of attending the annual meeting of one of our provincial Medical Societies; and of dining with the members afterwards. When these things are done at all *extra urbem* they are done well. If the subscribers do not rush gregariously with scientific enthusiasm to hear papers read, see the specimens, or join in the discussions, those who are the point of development, the plastic agents, the nuclei of the whole thing, attracting, conglomerating, and organising the dispersed atoms of the county fraternity, work with a will, and, as centres of their respective systems, throw out in their communications a steady blaze of illumination over the district, and periodically discharge in their assemblies showers of the most vivifying coruscations. The suns of these distant nebulæ are no less potent because we of the metropolis only hear occasionally the music of their spheres; and the style of adoration of the shepherds on these remote plains might well excite the envy of the *illuminati* of our own over-crowded orbit. But pathology in the provinces is preprandial. There the spoon and fork come not inconsistently after the scalpel and forceps. Post pathological tea and gossip may be all very well in Berners-street, among beings who look like rival candidates for the curious examination of the surviving Fellows of their Society. Rather commend us to the mid-day gatherings and timely conviviality of men whose normal state is one of ruddy health and a blissful insentiency of visceral anatomy. Give us, too, the *cuisine* of a cathedral city, the wine-choice of experts accustomed to sip the contents of deanery cellars, and the easy chat of companions satisfied with themselves if they can untrippingly interchange the standard local jokes, and more than satisfied with you for the moderate exertion of letting flow over them a gentle trickle of the most recent town table-talk. There are Hospital Physicians who take no physic, Surgeons who have no dread of the knife, and outlying men of double Qualifications who can hunt, shoot, and fish out generation after generation of patients. As may be supposed such meetings as these are loyal, patriotic, cordial. Toast-masters are superfluous where every one overflows with the sentiments of a model citizen and neighbour. The sight of such a group of muscular and omnivorous science is a perfect luxury, and a chance spectator joins in the festivity with unwonted obliviousness of his own familiar spectres, and is a long while before he finds out the skeleton at the board. But there is one even here, as odious as these visions usually are, and none the less so because it is looked at through a purely professional haze. This year the guests glance with disappointment and disgust at the Medical Act. It seems to sit among them a mocking shadow,—impotent, defeated, useless.

Quackery in the provinces is not an abstract evil. We in the crowd of a population of more than two millions of deteriorating humanity, and with a steady flow, from all points of the compass, of disease into our consulting-rooms, and fees into our coffers, of course know of its existence, can examine its manœuvres, and speculate almost indifferently about its ever-varying phases; but it seldom becomes a personal annoyance, or is felt sensibly to affect our interests. Not so, however, is it in the country. There, the enemy assumes a definite shape, and, under the very eyes, eats into the core of practices which have natural limits of acreage, population, and tax-bearing income. Every marauder carries off some substantial necessary from the fold or the store, without giving even the opportunity of a revengeful foray. He crosses your path generally in the shape of an ill-conditioned, illiterate, impudent fellow, with such a pachydermatous hide over his moral sense, and so truly vermin-like in his whole nature, that one instinctively feels there is no other mode of dealing with him but trapping and extermination. A neighbourhood infested with one of these creatures is said to be almost intolerable. Rural human nature is essentially weak, and shows a fatal aptitude to sink under the fascinations of steady assumption and unscrupulous lying, and so to become an easy prey if not rigorously protected. Those who lived and suffered under this state of things clamoured for legislation, and they have got their Medical game-laws and Registration. As usual with the provincial prosopopœial tendency, the law was expected to do everything. It was to clear the fields at once of stoats and poachers, and leave a clean and full stubble for the certificated shot. It has not done this; nor could it by any

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possibility do it; and so accordingly it is for the time being the *bête noire* of our country friends.

We are not going prosily to argue this question; homely illustration will answer our purpose better. Happily for themselves, and for the point we aim at, most of our readers are sportsmen. Ground, game, game-laws, and poachers—country, patients, Medical Acts, and quacks—the parallelism is tolerably complete. There were poachers before the game-laws, and there are poachers now; there were quacks before the Medical Acts, and there are the same creatures now, only we are foolish enough to give them the advantage of the silly euphemisms of "unqualified man" and "illegal practitioner," instead of keeping them under the brand of the good old English name "Quack." Now, every one who has had experience of the matter,—and we ourselves speak from trial of some length,—knows perfectly well that land may be kept well-stocked with game, and free from vermin of all kinds, both four-footed and human, quite irrespective of all game-laws, by the simple device of giving the occupiers a personal interest in the game, and forming, by common courtesy, a bond of mutual respect and confidence. Some two thousand acres of land, looked after by the tenants alone, who knew they could have all the game they ever wanted for the asking or sending, furnished us with unfailing sport, season after season, at a merely nominal cost, and no personal trouble,—while a lordly neighbour, with his keepers and preserves, was always in trouble with depredators, and always bemoaning the scarcity of his birds and the uselessness of his coverts. Need we spin out the moral? A man that hath friends must show himself friendly, and he who would keep his practice together and his patients from straying, must take some pains to establish himself in the ancient, respected, and unassailable position of the "family doctor." "There are more ways to kill a dog than to hang him."

ALLEGED MURDER BY ANTIMONY AT LIVERPOOL.

THERE is a peculiarity in this year's poisoning cases. They have been so intimately mixed up with indubitable natural disease as to defy the shrewdest attempts at unravelling their close-woven mystery. The disciples of Æsculapius and the votaries of Themis are alike puzzled when called upon to distinguish the natural value of a life threatened by perforating ulcer of the bowel, due to malignant or fatal disease, from its actual duration under conditions alleged to be principally due to the action of irritant poison. Last week we discussed one such case, and endeavoured to explain the conflict of facts by the most natural assumption, namely, that the alleged victim of poison died a natural death. It is now our duty to advert to a case which in many respects is analogous to the Yeovil case, and which was explained by a jury as a case of death from natural causes. But it differs remarkably from the former, inasmuch as the probable cause of the symptoms of poisoning was indubitably found in the excretions and in most of the organs of the deceased person. There is, at least, a case made out, although it has yet to be connected either with accident or guilt. The death of Ann James, which occurred on the 24th of June last, at the Southern Hospital at Liverpool, was certainly not caused by antimony, and probably was not accelerated by that agent. Ann James was not murdered. But antimony in some form or other entered her body during life, and if this was the result of criminal administration, then a crime was committed which is punishable under the new Act, passed this session, and not under an indictment for wilful murder. We are thus led to the conclusion at which most witnesses of the late trial at Liverpool had arrived at the end of the second day, namely, that the prosecution committed a blunder by accusing a person of murder before murder had been proved to have been committed, while on the other side, a felonious administration of poison by some one might, perhaps, have been substantiated.

The case was drawn from obscurity by the vigilance of Dr. Cameron, who in February last was requested by Thomas Winslow (the person accused of having murdered Mrs. James by antimony) to attend upon Mrs. James, an eating and lodging-house keeper, for whom the prisoner had during several years been in the habit of managing the principal part of the business. The Doctor, on seeing his prostrated patient, discovered a tumour in her abdomen, which he believed to be cancerous. He saw her again on the 29th of March, and found her complaining of vomiting and purging, as on the last occasion. Similar attacks he observed on the 8th and 29th of May, respectively; and suspecting the last to be due to antimony, he administered tannic acid as an antidote. On the 6th of June he was informed by the deceased that she had been again seized with the usual symptoms. Consequently he obtained some of her urine, and left it at the laboratory of Dr. Edwards, to be analysed. Dr. Edwards having informed him of the discovery of antimony in the urine, Dr. Cameron on the 9th took vomit and fæces of the deceased, which, on analysis, also yielded antimony. Accordingly he obtained the assistance of two policemen, and went to the house of the deceased, where he saw the policeman take possession of two cups, in one of which was something like sago. He then informed his patient that she was suffering from poison, and took her to the Hospital. If we add to this that the sago in the cup contained antimony, and that this sago was, according to Winslow's own statement, prepared and carried to the room of the deceased Mrs. James by himself, we have exhausted the direct evidence against him. All the rest is circumstantial, not a little is conflicting, and some items strongly savour of the incredible.

Mrs. James, when in the Hospital, continued very ill for a few days, then she began to improve till June 22, when she was seized with symptoms of perforation of the bowels, and died on June 24. She never got entirely free from the vomiting. During the whole of this time her excretions were subjected to analysis, and found to contain antimony in a decreasing ratio. The metal first disappeared from the vomit, but continued to be discharged in the fæces and urine.

On a post-mortem examination of the body of Mrs. James being instituted in the Hospital, the lining membrane of the œsophagus was found tinged deeply yellow, and covered in two places with false membrane. The stomach was distended, and contained sixteen ounces of fluid. There were two small ulcers in the stomach [communicating with a tumour]. On the cœcum there was a cancerous tumour involving the coats of the bowel. [The tumour was between four and five inches one way, by an inch to an inch and a-half in thickness] (a). Upon that tumour the coats of the bowel had been perforated, and its contents discharged into the abdominal cavity, whereby inflammation and death had been produced.

The two small ulcers in the stomach, Dr. Cameron thought, might have been caused by antimony, but they might also have been caused by disease. He was of opinion that antimony had recently been administered to deceased in small but repeated doses, and that it must have accelerated her death. There is only one point on which Dr. Cameron ventured an opinion, which it will be difficult for him to substantiate,—viz. that the ulcers in the stomach might have produced vomiting, but not of the character from which the deceased suffered. If the vomiting could be exclusively referred to antimony, and if it could be shown that the two circular ulcers in the stomach were unable to produce

(a) The two sentences within brackets are taken from the Magistrate's depositions.

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such vomiting as Mrs. James suffered of, or were themselves the consequences of the administration of antimony, then it could perhaps not be doubted that the death of Mrs. James was hastened by the poison. But this is just the difficulty we have to meet with insufficient data; and however rational it may be to assume that even small quantities of antimony must necessarily depress the pulse and lower the strength of a person suffering from cancer of the intestine, yet there is another step from that supposition, reasonable as it is, to final and conclusive proof that life has really been shortened to a sensible degree by the poison; that Mrs. James died, say a day earlier, through the agency of cancer and antimony combined than she would have died through the instrumentality of the cancer alone. That all the symptoms which the deceased exhibited in the Hospital might be referred to natural disease was the unbiassed opinion of Mr. Clarence Pemberton, the House-Surgeon to the Southern Hospital. To an acute question of Mr. Baron Martin, this witness further replied, that in the post-mortem examination he could find no trace or symptoms which he exclusively attributed to the administration of antimony. It is true that Dr. Francis Ayrton, who examined the viscera after they had been for forty hours in spirits, endeavoured to make out that some redness at the commencement of the small intestines, and some spots on the large intestines were produced by an irritant, which might have been antimony. But he also admitted that it might be attributable to other causes, and thus proved the complete irrelevancy of his supposed observation.

The presence of antimony in the tissues of the stomach, intestines, liver, and one of the kidneys, was ascertained by Dr. Edwards. The blood also yielded some of the metal, but the brain not a trace. On July 26 this chemist took a portion of the spleen and lungs of Mrs. James to London, and examined them there in conjunction with Drs. Miller and Taylor, and also the deposits he had obtained from the viscera. By the most approved tests it was found that they all contained antimony.

The process by which the antimony was extracted was that known as Reinsch's. When a deposit on copper had been obtained, it was subjected to sublimation, when a white sublimate of oxyde of antimony was obtained and recognised under the microscope. This recognition, so far as we learn from the evidence, only amounted to a diagnosis from arsenic. The white sublimate was subsequently dissolved in tartaric acid, and the solution treated with sulphuretted hydrogen which precipitated orange-coloured sulphide of antimony.

We must congratulate the scientific witnesses upon the spirit of fairness and prudence with which they delivered their evidence and answered the most searching cross-questions of the defence. It is a maxim of the law, that where there is a doubt in criminal cases to let the prisoner have the benefit of it. It was very doubtful whether the days of Mrs. James had been shortened by irritant poison, and of that doubt the prisoner, Thomas Winslow, has had the benefit. The Medical witnesses have done their duty fully, and not overstepped it, and have thus shown that in their hands the public is protected, and the innocently-accused not endangered.

The trial lasted three days, and terminated with a verdict of "Not Guilty" on August 22. It was rumoured that the discharged man had again been taken into custody upon another indictment, charging him with the murder of one or other of the three former inmates of Mrs. James's house, in the exhumed remains of whom antimony has been discovered. But this rumour did not prove correct, and it appears that the prosecution has been abandoned. As the Magistrate already, in July, declined receiving any evidence relative to these cases, they must remain subjects of individual speculation.

THE WEEK.

One cannot help suggesting that Medical Practice in France would gain much if learned and eloquent Academicians would discuss the merits of the treatment of disease as pursued by so many of their countrymen. Night after night these gentlemen twist about the differences between tweedle-dum and tweedle-dee with most surprising agility and ability. Vitalism, animalism, and organism—all these impossible questions, and many others of a like nature—receive ventilation, and of course are left just where they were found. We would venture to propose for the consideration of the Academy the treatment as pursued by one of their countrymen in the following case:—Did the disease, or the treatment, or both together, take the life out of the patient? The Physician who attended the case appears not to have had the remotest idea in the world that his "activity" had any influence of a bad sort. The case is reported in the *Gazette des Hôpitaux*. A strong and vigorous young man is seized with shiverings, etc., on January 1. The Doctor sees him on the 5th; "his voice was like that of a patient in the third stage of typhoid fever;" all the joints painful; cerebral symptoms. The patient is bled to 500 grammes, and tartar-emetic administered. On the 7th, tartar-emetic continued. Voice feeble; the patient thirsty, but drinks forbidden. On the 8th, pulse feeble and irregular, 86 in number; tartar-emetic continued; blisters on elbow and knee; weak *bouillon maigre*. On the 9th, patient agitated, eyes brilliant, difficulty of swallowing; pulse 88, small. Two purgative lavements; blisters to back of neck, to arm, and to right thigh; tartar-emetic continued. The patient becomes delirious during the day, and the voice feeble and more hesitating; no heart affection whatever. At six in the evening more tartar-emetic; sinapisms to the non-blistered joints. At nine o'clock he is more delirious. Fifteen leeches behind the ears, two-and-two at a time, to keep up steady flux of blood during night. On the 10th, has passed a very agitated night, a "prey to delirium;" pulse small, 97; tongue normal; understands questions, when spoken loudly to. Shave head and apply large blister. "Finding," says the Doctor, "no amendment of the serious symptoms, I stopped the tartar-emetic, and gave musk and camphor at eight o'clock in the evening." On the following morning, at seven, the patient was dead, "having previously become insensible, and presented the symptoms proper to the last stage of meningitis." No autopsy was allowed. The author of this case then makes his remarks; not one word of hesitation as to the over-efficiency of his treatment. All he asks for is the "discovery of some agent energetic enough to displace or destroy the rheumatismal agent." Is this a common style of practice in the departments of France? If so, we must again say that the Academy of Medicine has a very excellent practical subject whereon to exercise its acuteness. There is surely no necessity for raking up abstract entities, and tearing the rags of them to shreds, while such a subject as the treatment of disease lies so very open for discussion.

Everyone must remember the humorous description given by Sidney Smith, in the *Edinburgh Review*, of the curious specimens of animals, plants, etc., which were found in Australia. We have been reminded of his description by a pamphlet which has come into our hands, on the subject of "Mortality of Children in Victoria." Things, even in the Medical way, seem as different from what they are in the Old World, as Sidney Smith found the animals to be. We had always fancied that cold was a prominent cause of infantile mortality; but it appears, if we are to trust Dr. J. William Mackenna, of Melbourne, Licentiate in Medicine, and Surgeon, that in his country "the forms of bodily

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disorder which destroy a vast number of lives during the teething period of childhood are solely and entirely due to heat, or, to speak more correctly, to extreme and overpowering change of temperature." The cure proposed by the writer has nothing in it of the Homœopaths; all his cases "were cured by the agency of cold alone—unaided by the use of medicine." Diarrhœa in young children he cures by repeated immersions in cold water. The success of the treatment may be gathered from the following:—

"Of its safety I can declare, as I here do, that I have never lost a patient by it, nor has my name been appended to a single certificate of death in an infant while I have been in this colony, except one, and that came into my hands dying of an overdose of chalk-mixture and laudanum, as the relatives of this baby will testify."

The author, it seems, has been asked why he kept his discovery to himself. His answer is so curious, that we give it in his own words:—

"The explanation is simply that I did not see how it could be possibly adopted, with our scant and dear supply of tepid water from the Yarra Yarra; and I was most unwilling to hazard its being laid aside and forgotten, for want of means of trying its efficacy. But now that we have the abundant supply from the Yan Yean, brought to every door, with the added blessing of its great coldness, I, with the fullest confidence, advise its general adoption."

We gather from the pamphlet, that the author, by extolling the virtues of cold water, has managed to get into hot water with his professional brethren. We should be glad to hear how his treatment succeeds in the hands of some of his Professional neighbours.

The Manchester and Salford Sanitary Association has commenced issuing a series of Weekly Reports on the Health and Meteorology of Manchester. These Reports are derived from facts furnished gratuitously by the Medical men connected with the several Medical Charities of the district. They include the new cases of disease coming under treatment in the pauper, charitable, and public institutions of Manchester and adjoining districts. The value and object of the Reports may be gathered from the following statement of the Committee:—

"These returns will afford a means of comparing the relative unhealthiness of the several districts of Manchester and Salford, and will thus serve to direct sanitary and benevolent exertions; they will give plain and timely warning of the rise and progress of the various epidemics of fever, cholera, etc., so that preventive measures may be applied at their outset, when most likely to be effective. They will prove a most valuable series of Medical statistics, from which conclusions may be drawn respecting the causes of disease, the laws of epidemics, and their relation to atmospheric changes, to seasons of plenty and scarcity, and many other interesting questions of Medical Science."

Dr. Lankester in his Fourth Annual Report as Officer of Health of St. James's District, calls especial attention to the increase of infant mortality from suffocation:—

"There is one group of deaths which present in our parish a very extraordinary increase, and which I do not think I ought to pass over without notice. I allude to the record of deaths by *suffocation*. Of the fourteen cases recorded this year, eleven are of infants under one year of age. In 1856 only two such cases were recorded; in 1857 not one; in 1858 there were only four. It appears that, in general, these cases are recorded as found dead in bed with their parents. Such death is suggestive of culpable carelessness on the part of parents, or of horrible criminality. The increase of infant mortality, under the head of 'Suffocation,' is not confined to our parish, but embraces the whole metropolis. In 1858, there were 230 deaths from suffocation, and in 1859, there were 288 deaths from the same cause. As a proof that there is something more than an increasing indifference to the sanctity of human infant life, I would refer to the fact, that recently no less than eight children were found murdered in one week, in various parts of London."

A Report of Pennsylvania Hospital has been forwarded to us. This Institution has, it appears, been in operation for more than a century. Judging from this report, we should say that it was an excellently managed Hospital. We refer to it specially for two facts: 1st, Because we see that of 1796 patients admitted into it during the past year, 623 were *pay patients*; and 2nd, Because we find in the balance-sheet that there is no pay for the Doctors. Hence we may conclude that, with many other of our Saxon customs, gratuitous Medical services have been imported into the Land of Penn.

The daily poisonings which result from the liberal sale of poisons by chemists and druggists have at last attracted the attention of a jury, who, in a case of poisining with oxalic acid,

"Expressed a very strong opinion that chemists and druggists were highly culpable in selling dangerous poisons. The deceased had been provided with several doses of oxalic acid before she sent the boy for another parcel on Tuesday morning. It was monstrous that chemists and druggists should be permitted to sell deadly poisons to children. The coroner agreed in all that had fallen from the jury. This was a matter of the deepest importance to the public at large. He should impound the oxalic acid on the table, and adopt some further proceedings in the matter."

What will the jury and coroner do?

An action for transmission of congenital syphilis has just been tried in France. The infant of a couple named D—— was placed at nurse with the wife of a couple named R——. When about three months old it became the subject of a syphilitic eruption, and five days afterwards its nurse, the mother of a family, up to that period in good health, and of an excellent moral character, presented on her breast ulcerations and pustules, the venereal character of which was indubitable. The husband became in his turn infected, and his wife, who had before borne three fine, vigorous children, aborted. In spite of the efforts of the counsel, who invoked the facts showing the non-transmissibility of secondary syphilis, the couple D—— were condemned by the Civil Tribunal of the Seine to pay 3000 francs damages. The Medical attendant of the latter, also charged with negligence, was acquitted.

In another part of our Journal may be seen a letter from Dr. Bright, of Cambridge-square, calling our attention to the following advertisement of the "Spermatorrhœa" genus:—

"Just published, price 1s., by post, 1s. 1d., sealed, 1s. 6d., Dr. Bright's Manual on Spermatorrhœa and other Urinary Deposits. With Cases and Drawings from Life, etc. etc. Licentiate of the College of Physicians, Member of the Royal College of Surgeons, etc. etc. Contents:—Modern Treatment of Syphilis—Stricture—Impotency—Unhealthy and Debilitated Offspring—Diseases of the Urinary Organs—Non-retention of Urine—Desire for Solitude—Groundless Fears—Incapacity for Married Life, etc.; showing how these supposed Incurable Maladies may be effectually eradicated by the most simple means. Published and sold," etc. etc.

We need hardly say that it is quite unnecessary for Dr. Bright to repudiate the idea of his having any connexion with such a thing. One point to which he refers is one of really serious importance to a large class of respectable Practitioners of Medicine. The fruit of recent licentiousness in licensing is coming into operation; and what was once an honourable and dignified term becomes really, in many cases,

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an actual opprobrium. Dr. Bright, for example, finds a name like his own, which bears the appellation of a Licentiate of the Royal College of Physicians, and Member of the College of Surgeons, attached to a very objectionable advertisement. He is, he asserts, as shown by the Register, the only Dr. Bright who is a Member of the College of Physicians, and a Member of the College of Surgeons practising in London, and yet he must submit to be held up to the public as the author of a filthy book. If there be really any other Dr. Bright with the two qualifications named, then, we think a remedy should be contemplated for the licensing abuse—if so it might be a remedy which should give a marked distinction to those gentlemen who have the honour to hold one kind of licence, and the misfortune to hold another, both, at the present time, of the same nominal character.

QUESTIONS
AT
THE LAST EXAMINATION OF CANDIDATES FOR ARMY ASSISTANT-SURGEONCIES.

ANATOMY AND PHYSIOLOGY.
Mr. Busk.

Monday, August 13, 1860.—10 *to* 1 *o'clock.*

1. Describe the general characters of the ribs, and the peculiarities by which certain ribs are distinguished. Enumerate the muscles engaged in their elevation and depression.
2. Give a description of the cœcum and the ilio colic valve; and state the difference in point of structure between the large and small intestines.
3. Describe, in the order in which they occur, the parts brought into view in exposing the anterior surface of the anterior scalenus muscle.
4. Describe the several parts brought into view in dissecting and removing the short muscles of the thumb and abductor indicis.
5. Give the physical and chemical characters of yellow elastic tissue, and notice the principal situations in which it exists in the human body.
6. Mention the circumstances which increase or diminish the amount of carbonic acid exhaled by animals.

SURGERY.
Mr. Paget.

Monday, August 13, 1860.—2 *to* 5 *o'clock.*

1. Enumerate not less than five kinds of wounds which you would not attempt to heal by the first intention; and state how you would treat each of them.
2. Describe the most frequent appearances, after death, of enlargement of the middle lobe of the prostate gland; and the symptoms by which that condition may be known, or suspected, during life.
3. Describe fully the proper treatment of a perineum recently and completely ruptured during parturition.
4. What are the conditions on which secondary hæmorrhages after amputation depend, and what are the best modes of treating them?
5. Write Latin prescriptions for the following medicines for Hospital use, namely—colocynth and calomel pills; jalap, and calomel pills; compound senna draught; zinc lotion; hydrochloric acid gargle.
6. Describe the several forms of hydrocele connected with the testicle and spermatic cord, including those that occur in infancy, and mentioning particularly the characters of the fluids contained in them.
7. Describe the usual symptoms and progress of an ordinary case of cancer of the rectum. Under what circumstances, in the course of such a case, would you think it proper to open the colon?

NATURAL HISTORY, ETC.
Dr. Hooker.

Tuesday, August 14, 1860.—10 *to* 1 *o'clock.*

Answer five or more of the following questions:—

1. What is meant by the respiration of plants, and how is it effected?
2. Give the botanical characters of the Natural Orders Labiatæ, Valerianæ, and Solaneæ; and mention the medicinal plants they contain.
3. Contrast the reproductive systems in phanerogamous and cryptogamous plants.
4. By what characters are the orders of Dicotyledons grouped into four divisions, and of Monocotyledons into three?
5. What are the kind of aloes used in medicine, how are they distinguished, and where do they come from?
6. To what constituents are the nutritious properties of wheaten bread due? Give their chemical composition, and explain the changes they respectively undergo during the operation of mastication and digestion.
7. Describe the nature and products of acetous and vinous fermentations.
8. Give the dental formula and peculiarities of the alimentary canal in ruminants.
9. Describe the structure and mode of development of a bird's feather.
10. Indicate the parts of the alimentary canal in which the different intestinal entozoa are chiefly met with.
11. Give the chemical composition of sea water, and contrast hard and soft waters.
12. Define tersely the terms—etiolate, diluent, demulcent, viscid, plastic, elastic, dense, transparent, and translucent.

MEDICINE.
Dr. Parkes.

Tuesday, August 14, 1860.—2 *to* 5 *o'clock.*

1. What are the causes of anasarca? How is the effusion produced in each case, and how would you treat the principal forms?
2. Describe the appearances seen after death in the abdomen in the following diseases:—typhoid fever; phthisis, with intestinal complications; dysentery.
3. What are the physical signs of the following diseases?—1. Pleurisy on the right side, with great effusion. 2. Obsolete pleurisy on the left side, with great contraction. 3. Cancer, commencing in the mediastinum, and infiltrating the whole of the upper lobe of the right lung. 4. Extensive tuberculosis and cavities throughout the left lung. 5. Great enlargement of the bronchial glands in a child.
4. Describe the symptoms produced by the passage of a renal calculus. What is the composition of the principal calculi? How would you treat a case of presumed calculous pyelitis?
5. What are the chief diseases to be watched for in the first week after delivery? Give their symptoms and treatment.
6. What are the preparations of mercury in the Pharmacopœia? How would you test for mercury in a complex fluid? What are the chief symptoms and the measures to be adopted in chronic poisoning from mercury?

QUESTIONS
AT
THE LAST EXAMINATION OF ARMY ASSISTANT-SURGEONS BEFORE PROMOTION.

July, 1860.

A.—MEDICINE.
Dr. Parkes.

1. Much discussion has taken place with regard to the etiology of yellow fever, and its exact relation to diseases of undoubted malarious origin. Describe the symptoms and treatment of yellow fever, and enter as fully as you can into the questions above alluded to.
2. What are the pulmonary diseases you have had to treat since your entrance into the service? Give their symptoms and treatment, and state any opinions you have formed from your own experience, with respect to their causes and the preventive measures which should be adopted.
3. What opinions are now generally received respecting the causes of scurvy? How does the scorbutic taint modify the symptoms of the following diseases:—Typhus, pneumonia, pleurisy, and dysentery?

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4. What are the symptoms and causes of beri-beri?

5. What are the chief measures used for purifying water from suspended and dissolved organic substances? What diseases have been supposed to be produced or aggravated by the use of such impure water?

6. What is the ordinary diet of the soldier on home service? Your opinion being asked as to the kind and quantity of food which should be supplied in a campaign in Europe, expected to be extremely harassing and laborious, draw up such a scale of diet as will in your opinion meet the case.

B.—SURGERY.

MR. PAGET.

1. Write such regulations for the general treatment of men nearly drowned as may be carried out by non-professional persons.

2. Describe briefly the characters and the appropriate treatment of burns of different degrees of severity.

3. Enumerate the contagious diseases of the skin (excluding the exanthematic); describe the distinctive characters and treatment of each. How would you try to prevent their spreading in a regiment?

4. Write lists of all that should be prepared for the performance of, and first dressings after, the operations of (1) amputation above the knee; (2) tracheotomy; (3) trephining.

5. What precautions do you observe in the administration of chloroform? In case of any untoward symptom arising during its administration, what should be done?

6. What are the most frequent conditions of the bones, and the parts around them, in old cases of ununited fracture?

7. What are the principal injuries and diseases of the head for which the removal of bone, by trephining or otherwise should be generally advised?

C.—ANATOMY, PHYSIOLOGY, ETC.

MR. BUSK.

1. Describe the diaphragm, its connexions, relations, and function.

2. Describe the fasciæ of the abdomen, together with those of the pelvis and perineum in the male.

3. Give an account of the structure and properties, physical and vital, of a middle-sized artery, and of the capillary vessels.

4. What are the conditions upon which the rhythmical movements of the heart depend, and to what causes are its sounds due?

5. What are the chief active principles in opium? Describe in general terms the method of extracting them.

6. What are the wild British poisonous plants which give rise to the most frequent cases of accidental poisoning? What symptoms do they produce?

7. What is yeast? Give the rationale of its use in baking bread.

8. Enumerate the principal plants from which sugar is procured. Explain its use as an article of diet; and distinguish grape from cane sugar.

REVIEWS.

Diseases of the Heart; their Pathology, Diagnosis, and Treatment. By W. O. MARKHAM, M.D., Fellow of the Royal College of Physicians, Physician to St. Mary's Hospital, and Lecturer on Physiology and Pathology at St. Mary's Hospital Medical School, etc. Second Edition. London: 1860. 8vo. Pp. 276.

A WORK on Diseases of the Heart by the translator of Skoda's original and instructive treatise could hardly fail to prove valuable. Nor is its value diminished when it appears in the form of a Second Edition, condensed and corrected in accordance with the maturer views and more extensive experience of an author now for some time favourably known among the working members of our Profession. It is a pleasant task, after deliberate examination, to confirm the favourable impression already due to Dr. Markham's previous labours, and to his high standing as a practical Physician.

At the present day cardiac diagnosis stands in a position somewhat exceptional and remarkable. Elevated suddenly at the commencement of this century out of the condition of doubt and conjecture then overhanging most deep-seated visceral diseases, by the brilliant discovery of auscultation, it entered into a new phase of existence, in which physical signs, as revealed to the sense of hearing, became its most distinguishing characteristic. But here as elsewhere the possession of one precise and overwhelming method of research led to the comparative undervaluing of all others. Auscultatory signs got to be held synonymous and co-extensive with cardiac disorganization, and treatment was directed more to anything unusual detected by the ear, than to the rational result of observed and recorded symptoms. To this it was added, that the explanation suggested for the production of a sound so substantiated was often more hasty, and far less pertinent, than the actual observation of the murmur itself. It was to be expected that error thus fostered would in course of time prove intolerable; and accordingly, of late years, a reaction has occurred in the mode of viewing heart diseases. Auscultation has sank to its proper estimation, occasionally indeed below that point, and a process of revision has been tacitly carried on which has successively put on its trial every revelation of the stethoscope. Some such revolutionary spirit may, we hope, give an explanation to the strange incredulity of an eminent French Physician, which has recently startled the Medical world. When M. Trousseau denied the existence of a friction sound in pleurisy, we willingly conceive him to have been submitting this otherwise acknowledged fact to a rigid scrutiny, and by a supposition of its fallacy encouraging re-examination of each link in the chain of evidence. A similar spirit of judicious doubt, though fortunately not carried to so alarming an extreme, pervades Dr. Markham's work. We hold it no small praise that there is evident throughout it a tendency to substitute truth, even when verging closely on a confession of ignorance, for sounding names and for vague hypotheses; and a desire to replace by modes of interpretation logical and demonstrable, those of a formal and visionary character which have prevailed ever since the writings of John Hunter. It is, perhaps, an evidence of the declining influence on modern ætiology of this distinguished observer, but unsafe theorist, that a book on heart disease can be wisely introduced by the thoughtful but undogmatic reflections of the preface to the second edition of Dr. Markham's work. Opening with a concise thesis fully justified subsequently, he says:—"The following pages have been in great part rewritten, and the rest of the work has been carefully revised. This revision was required by the advances which have been made in our knowledge of the pathology and treatment of cardiac diseases since the first edition of this work was published. I have endeavoured, as in the former edition, to reduce into a practical form all that our researches have taught us concerning diseases of the heart." He then proceeds to state the acknowledged change in pathological and therapeutic views of late years; and he avows boldly his disbelief in venesection and mercury as antiphlogistics. Even the mezzoterminous expedient of "change of type" in disease is cast aside, and the following quotation will have the full assent of all who have watched the recent progress of Medical speculation:—"My own firm belief is that Medicine now, for the first time in its history, is entering into the path by which alone it can pass to the position of a science—if it be destined ever to reach that height. The fermentation which it has been lately undergoing was the process required for its purification—for the removal of the clogs and burdens of errors and crudities which centuries have gathered around it. That we have had to lower our pretension as curers of disease is only too certain. We no longer pretend to control and destroy diseases with the master power which our forefathers imagined they possessed, nor do we now arrogate to ourselves those kind offices which Nature, not our art, performs. We are at last arriving at a knowledge of the real and actual power which our remedies possess over the progress of disease."

The body of the work thus introduced consists of twenty-one chapters:—Pericarditis, its pathology, causes, and symptoms, general and auscultatory, with its treatment, occupy the first five of these. Endocarditis furnishes the sixth, followed by a short but interesting account of fibrinous clots in the heart and arteries. The eighth goes into the consequences and general symptoms of valvular diseases, and is succeeded by an analysis of the cardiac sounds and impulse. Endocardial murmurs, inorganic and organic, carry on to the thirteenth chapter, and are followed by hypertrophy and the treatment of valvular disease. Two good *resumés* of our knowledge on fatty diseases of the heart and angina pectoris form the next topics, and chapters devoted respectively to cyanosis,

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atrophy, and displacements, functional disorder of the heart, and aortic diseases, including aneurisms, bring it to a close. Five appendices are subjoined, which set forth the more detailed views of the author as to the uses of venesection, on fibrinous arterial clots, on some recent experiments as to the sounds of the heart, on its impulse, and on cases of rupture of that organ. The whole is delivered in a style singularly lucid and unaffected. The chapters are short and little loaded with detail. Perhaps the most prominent character is a conscientious avoidance of over-statement, which indeed takes from the work any affectation of profoundness, but produces a corresponding impression of reality and authenticity. Each topic is concisely gone through, and while the author appears to hold himself responsible for all that he sets down, he does not feel it incumbent on him to put into invidious prominence his own contribution to the general stock of knowledge. We could, however, point out, scattered throughout the work as proofs of the author's practical experience, many original and suggestive ideas; for example: The effects of the pressure of the pericardial effusion on the auricles and on the aorta in pericarditis; the consolidation of the edges of the lung around the inflamed pericardium as a cause of dull percussion; his theory of the effects of venesection—a theory, by the way, which deserves much more attention than it has received; the chapter on the pathology of endocarditis; the account given of the mode of action of cardiac disease on the brain; the pressure of consolidated lung, etc., on a branch of the pulmonary artery as a cause of bruit; the diastolic mitral murmur; atheroma of the smaller arteries as a cause of cardiac hypertrophy; the condition of the mouths of the coronary arteries as influencing the form of hypertrophy or dilatation which the heart assumes in valvular and other diseases. The remarks on functional disorders of the heart are of special value in a practical point of view; organic diseases having been fully studied in the nineteen preceding sections, the penultimate chapter is devoted to a cursory review of various morbid states which issue in temporary derangement of the heart's action, and which are liable to be confounded with lesions more strictly local. After showing that they usually arise in dietetic and mental causes, he adds:—"The ignorance of patients as to the true cause of their disorders is surprising enough, knowing well and admitting the fact of the mental and bodily irregularities to which they have been long subjected, they do not refer to these as the true cause, but to some immediate and trivial accident of yesterday, and they will go to the Physician expecting a sudden and a quick cure. They wish to swallow a drug, and then expect that their malady will fly away, and themselves be left at rest. The old blue-pill and black-draught system may give immediate and temporary relief; but if a change of habits of living be not also practised by the patient, the pill and the draught become merely a mockery and a snare. The surprising success of that delusion, Homœopathy, is to be sought in an acknowledgment of this plain fact."

In concluding our notice we may observe that though a few more cases illustrative of the less obvious facts would have materially strengthened the effect of the work, without greatly increasing its bulk; and although in the Appendix on the Sounds of the Heart, justice is hardly done to Dr. Halford's experiments, it would be unfair to dilate on the weaker portions of a monograph written in a fair, practical, and scientific spirit. While it is perhaps not calculated to supersede other recognised guides in the same field of research, still it contains much that is of value; and its clear, concise, and unprejudiced character adapt it especially to the requirements of those professional men who wish to acquaint themselves with recent advances in pathology and therapeutics, but whose avocations forbid their undertaking treatises more bulky and formidable.

The Philosophy of Nature. A Systematic Treatise on the Causes and Laws of Natural Phenomena. By Henry S. Boase, M.D., F.R.S. London: 1860. 8vo. Pp. 358.

A work which embraces—to use the author's own words—"the whole field of scientific knowledge, and venturing on speculations which, in this country, have engaged but little attention," is quite beyond our powers of reviewing in a moderate space. We can only say that it is a work which evinces diligent study, and much thought, and that the conclusion of the author is thus stated by himself:—"We repudiate Positivism and the identity of forces; maintaining that all natural bodies are dualisms of powers; and that each power is a reason-directed force."

Astro-Theology. By H. Moseley, M.A., F.R.S. Third Edition. London: 1860. 8vo. Pp. 238.

The "evidences of the wisdom and goodness of God which may be seen in the daily changes of the heavens" are commented on in this well-known work of the Rev. Canon Moseley, which we are glad to find has reached a third edition.

The Pocket Formulary. By Henry Beasley. Seventh Edition. London: 1860. 8vo. Pp. 546.

In announcing a seventh edition of this well-known work it is only necessary to say that the author has included in his very comprehensive collection of formulæ all the preparations and compounds employed in Medical practice up to the date of publication.

Die Laryngoscopie. Beitrage zu ihren Verwerthung für Praktische Medicin. Von Dr. George Lewin. 8vo. Pp. 24.

Dr. Lewin has published this little *brochure* of twenty-four pages to give proofs of the value of laryngoscopy in the diagnosis and treatment of diseases. "The laryngoscope has now, for the first time, enabled us to take a clear view of the parts within the pharynx, larynx, and trachea; and so to get a sight of their physiological and pathological conditions." With his instrument in hand he demonstrates to his audience some conditions of these hitherto *terræ incognitæ*. First he shows a paralytic condition of the right arytenoid muscle, etc., and in one case applied electricity to individual parts of the larynx. In two cases, in which hoarseness had existed for many years, and had been attributed to different affections of the respiratory organs, Dr. Lewin discovered polypi to be the cause. There is given a case of complete cure of ulceration of the larynx in a tuberculous patient; "the seat of the cicatrix is visible on careful investigation."

The revelations of the laryngoscope are indeed really surprising; and if the instrument be as practicable in application as we are informed it is, it is clear that it will soon become of much importance, both in the diagnosis and local treatment of diseases of the larynx. A great many cases illustrating the use of the instrument are detailed by Dr. Lewin, in addition to the few we have alluded to.

Dr. Michel has published a monograph on the Pathology of Pituitary Body. It is extracted from the *Charleston Medical Journal*. He has laboriously collected much information relative to the very obscure subject of the pathology and physiology of this (to us, at present,) curious body. These are the conclusions to which his investigations have led him:—"1st. That the pituitary body however, largely developed in some animals, is not a primary division of the brain, or a true encephalic ganglion, since its complete destruction is never accompanied by loss of intellection, motion, or sensation, beyond what may be satisfactorily accounted for by the necessary pressure which the morbid growth exerts upon more essential parts of the encephalon. 2nd. That from several of the morbid processes enumerated in this memoir, we have strong proof of the identity of the nature of this hypophysis with certain so-called vascular glands, such as the thyroid, thymus, spleen, and supra-renal capsules. 3rd. That while the diagnosis of its morbid conditions is rendered somewhat obscure from the absence of any ascertained function of the part, yet their almost constant connexion with the simultaneous production of amaurosis in both eyes, with absence of symptoms of cross paralysis will indicate the seat of the disease, when compared to morbid states of either hemisphere. And fourthly, that the long continuance of disease in this situation may propagate inflammatory action to neighbouring parts, followed by apathy, somnolency, syncope, cophosis, and other symptoms obscuring the diagnosis."

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

SANTONIN IN INTERNAL DISEASES OF THE EYE.

By MM. GUEPIN and FALCK.

Referring to M. Martini's communication upon this subject (a), M. Guépin, of Nantes, gives in the present paper an account of the results of the trials he has himself made with this substance. These trials form part of others instituted by him with different modes of treatment since 1838. These have led him to substitute for bleeding and leeching, cupping glasses, either dry or with scarifications, applied to the base of the cranium, the neck, or between the shoulders, and kept on always at least for ten minutes and sometimes for an hour, repeating them also as required. He has also almost abandoned the use of the blister and seton at the nape, especially as regards internal ophthalmias, only retaining blistering of the arms. He has also substituted for powerless flying blisters to the temples, forehead, and scalp, very active and prompt vesicatories consisting of camphorated oil two parts, and ammonia one part. They act both as agents of revulsion and resolution, through the absorption of ammonia. He has also employed frictions with the various preparations of iodine and ammonia applied to the temples, forehead, and upper eyelids. Without proscribing mercurials, he has much restricted their employment, joining with them, when used, the alkaline chorides and iodhydrate of ammonia, and taking care to expel them afterwards from the economy. The narcotics, such as atropia and morphia, he has always largely employed.

By these methods he believes he has procured arrest of progress, and even amelioration, in cataract. In pursuit of the various other means of modifying the endosmosis and capillary circulation of the tissues of the eye, the author has submitted santonin to an extensive trial in internal ophthalmias. Santonin, in the author's words, is a "photographic" substance, which changes to a yellow colour under the action of the sun, and in the interior of the economy, constantly rendering the retina yellow. Of about 100 persons, 3 only exhibited no modification in their vision, and one-half of the number perceived objects yellow for a short time only, about an hour after taking the santonin. In the others the vision was more decidedly yellow, and lasted so for a longer period. In one only it continued so for nearly twelve days after leaving off the santonin. In regard to the therapeutical action of the substance, given to the extent of six grains divided into two doses, morning and evening, it exerts a tolerably powerful action on the choroid and iris. In several patients who had been cured of iritis, but with exudations remaining, it gave rise to greater disposition to vomiting, or at least to nausea; while, in affections of the choroid, it reproduced the choroidean pains of the head, which are often confounded with cranial neuralgia. This has necessitated prudence, and has limited the number of cases in which the trials have been made. In general, after the first, or at most after the second dose, the urine has remained yellow, the vision being much less rapidly and less permanently modified. The action of the substance is in no wise proportioned to the doses given. The author interrupts the administration at the tenth dose, resuming it in a week or a fortnight, and goes on in the same manner for a second or third administration. The action of the santonin appears in many cases to be proportionate to its effects on the vision; but, in other cases, no such relation can be observed. In the subacute stage of iritis, it is often useful, and that when there has not been the least sensible anatomical modification in the condition of the eye produced. In other cases a partial detachment of exudations, which, until then, had resisted, takes place; sometimes amelioration is produced in the one eye, while the other gets worse without pain, the second eye improving, however, when other medicinal agents are combined with the santonin. In iridochoroiditis the same results are obtained. In acute choroiditis, which has been cured, but with a great reduction of visual power, and with exudations of variable extent, santonin may exert a favourable action, and may prevent the formation of consecutive cataract. But while the subjective phenomena undergo a most favourable change, the objective continue very much the same; still, as M. Guépin observes, the attainment of a subjective amelioration in these cases, or in cataract, is a very important matter. In retino-choroidean amaurosis with exudations, M. Guépin does not think very highly of the remedy. He has employed it when there have been slight amaurotic pupillary dilatation, diplopia, and partial resorption of pigment as a consequence of retino-choroidean congestion, using cupping of the neck actively at the same time. Under these circumstances there has been but slight visual coloration of objects from the use of the medicine. To sum up,—santonin given to the extent of thirty grains, divided into ten doses to be taken in five days, produces good effects in the later stages of iritis, irido-choroiditis, and choroiditis with plastic exudation, when the inflammatory condition no longer persists. In other diseases of the eye, the results have been either negative, trifling, or mischievous. It very well admits of combination with atropia and the alteratives and resolvents of use in diseases of the eye, and it will be found of service providing iridian and choroidean amaurosis, accompanied by exudations, be not confounded with other descriptions of amaurosis.

Professor Falck, of Marburg, in relation to Dr. Martini's observations, gives an account of a series of experiments upon the action of santonin, and "santonin-soda," instituted by himself and Dr. Manns, one of his pupils. The santonin was injected into the veins, or under the skin of animals, or was introduced into the stomach. The following are some of the conclusions which he draws from the consideration of the results of these experiments, and from a review of all the other publications which have taken place upon the subject: 1. Santonin, and santonin-soda (prepared by boiling together equal weights of santonin, crystallised carbonate of soda and water), are two poisons undoubtedly possessed of medicinal qualities. 2. The direct introduction of a solution of santonin in weak spirit in a moderate quantity rapidly induces the death of the animal. 3. The santonin, and santonin-soda gain access to the blood when introduced under the cellular tissue, or into the stomach. 4. Under conditions, not as yet well ascertained, the santonin, and especially the santonin-soda, is transformed wholly, or in part, in the economy into a material which is discharged with the urine, and is detectible in the latter by means of caustic alkalis, which immediately redden the urine. This substance the author provisionally terms *Xanthopsin*. 5. This conversion of santonin into xanthopsin takes place, under certain conditions, in a very short time, while the elimination may be long continued. In one experiment the elimination commenced in thirty minutes; and in another, in which no large quantity of santonin was introduced, it continued during sixty hours. 6. Under the influence of santonin the urine soon assumes a peculiar yellow colour, dependent upon the same material, which is converted into a red colour by the action of the caustic alkalis. 7. After the evaporation of urine contaminated with santonin, the red colour ceases to be produced on the application of caustic alkalis. 8. As under the influence of santonin saffron-coloured urine is excreted, this may assume a red colour in consequence of the extrication of ammonia by the decomposition of the urea, or if alkalis are administered, with the santonin. This position is not, however, a result of direct experiment, but merely an inference. 9. Santonin exerts on the brain and visual organs a remarkable influence, inducing an incoherence of idea and chromatopsy. For the production of the latter large doses are always required. 10. The production of chromatopsy is in close connexion with that of xanthopsin. The more xanthopsin mingled with the blood, the more marked is the chromatopsy. 11. A direct introduction of a watery solution of santonin-soda into the eye does not induce chromatopsy. 12. The symptoms of poisoning by santonin vary much according to differences in proportions and conditions. Convulsions have almost always preceded the fatal results.—*Comptes Rendus*, tome l. No. 17. *Bulletin de Thérapeutique*, tome lviii. pp. 500-505, and *Deutsche Klinik*, Nos. 27 and 28.

(a) *Medical Times and Gazette*, April 28, p. 427.

CASES OF SUDDEN BIRTH, WITH DROPPING OF THE CHILD.

Dr. Olshausen related some cases of this description to the Berlin Obstetrical Society. 1. Rosalie D., aged 23, a primi-para, came to the Lying-in Establishment, after having had

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weak pains for about twelve hours. While ascending the wooden staircase the child suddenly fell from her, striking its head against the stairs with a noise which was audible in an adjoining chamber. The infant showed all the signs of being full-timed, but it only weighed between five and six pounds. The funis, which was very gelatinous, was of an average length, and was torn through at three inches from the umbilicus, and no bleeding followed. At the time of the birth a true *caput succedaneum* was observed on the posterior part of the right parietal bone, stretching to the occipital; and when this had disappeared a cephalætoma gradually appeared at the same part of the parietal bone, and stretching from it, two fissures could be felt. The child, at first very well, afterwards became emaciated, and died when eighteen days old. At the post-mortem, at the seat of the cephalætoma, the periosteum was found separated from the bone, having effused blood beneath it, and a fissure, penetrating through the whole substance of the bone, was found extending 1¾ inches in length, from near the middle of the sagittal suture to the right parietal tuberosity—the middle of the fissure being the site of the cephalætoma. On the inner surface of the cranium an internal cephalætoma exactly corresponded to the external one. The cranial bones were moderately firm. There was no extravasation on the surface of the brain, but both it and its membranes were highly hyperæmic. 2. Alwine F., aged 21, having already borne a child, was seized with weak labour-pains which had only lasted two hours and a-half, when, while she was on her way to the Institution, the child suddenly fell on the pavement. The funis was torn through at its middle, and at first there was considerable hæmorrhage. The child, though full-timed, did not weigh much more than five pounds. A fissure was plainly felt stretching from the tuber parietale towards the sagittal suture, and having at its termination a slight depression of the bone. The fissure and depression were less perceptible as the child grew up, and at the age of 6 weeks could no longer be felt. 3. W. S., aged 26, having already had a child, was so suddenly delivered of a child in the Institution that it fell upon the wooden floor. The very gelatinous funis was torn through so closely to the umbilicus that it was ligatured once only with difficulty. No bleeding had occurred. The child died on the eighth day from phlebitis umbilicalis; but neither the skull or the brain exhibited any signs of injury. 4. Ernestine M., a primapara, aged 22, had had only ten pains, of which but four were severe, when the child suddenly fell on the floor. It was a small one, and quite healthy, and exhibited no signs of injury of the head. The funis was torn at five or six inches from the umbilicus, but no bleeding ensued, although it remained ten minutes untied.

In the two cases in which fissure of the cranium existed, the fissure took, as F. Weber says it always does, the direction of the osseous fibres from the centre of ossification towards a suture. In the first case death could not be referred to the injury, as the child, living eighteen days after its occurrence, died of atrophy, without having exhibited any cerebral symptoms—the cerebral hyperæmia found after death being frequently met with in new-born infants. All the children were small, but in one of the cases the mother had a contracted pelvis.—*Monatsschrift für Geburtskunde*, July, p. 33.

EXCERPTA MINORA.

Posture in Presentations of the Funis.—Dr. Brandeis of Louisville, relates three cases in proof of the advantage of treating presentation of the funis by placing the mother on her knees and elbows, and supporting the body with pillows in such a manner that the pelvis is kept a good deal higher than the chest. Reposition is then performed, and the patient kept in the position until strong pains come on. Even when the circulation of the funis is feeble it is soon restored after compression has been thus removed. For the success of the manœuvre it is requisite that the os uteri be dilated or dilatable, and the liquor amnii must be partly retained. If it has all escaped and the uterus is firmly contracted over the child's body, all efforts at reduction will be in vain. Collecting the statistics from various writer, Dr. Brandeis finds that 695 instances of prolapse have occurred in 177,184 labours, or 1 in 264: while in 743 instances of prolapse 408 still births occurred.—*Boston Journal*, vol. lxii. p. 379.

Successful Case of Ovariotomy.—Dr. Crosby relates in considerable detail the particulars of a successful case of ovariotomy. The patient was 36 years of age, and had two children. The disease had existed for more than five years. It was a large unilocular tumour, the solid parts weighing rather more than 3 lbs., and the glairy contents less than 25 lbs. During the five years, 475 lbs. of fluid had been drawn off by tapping. Although long tormented by obstinate vomiting, she recovered so well that in five weeks she was enabled to direct her household affairs.—*Ibid.*, vol. lxii. p. 177.

Ovarian Cyst Successfully Injected with Iodine after Unsuccessful Attempt at Removal.—Dr. Wythes relates the case of a woman, aged 22, upon whom he undertook the operation of ovariotomy, but the sac being found universally and firmly adherent to the abdominal parietes and viscera, he was obliged to give up the attempt. This was on June 2, and on the 15th, after evacuating a pint and a-half of exceedingly offensive pus, he threw in through a catheter two ounces of tincture of iodine, and on the 17th, four ounces more. On the next day the contained fluids were found so coagulated that the mass was broken up with difficulty by the catheter. After several days, the sac having been well washed with tepid water, three ounces more were injected, and the injections were repeated every few days until the middle of July—using in all about a pint and a-half of the tincture, by which time the sac had so contracted as to admit but about an inch of the catheter. This was in 1858, and the patient has continued well since, only wearing an elastic abdominal bandage.—*North American Med. Chir. Rev.*, vol. iv. p. 482.

Case of Puerperal Convulsions Treated by Chloroform.—Dr Charles Lee relates an interesting case of a primipara, whose urine was for some time prior to labour excessively loaded with albumen. Fearing the occurrence of convulsions, chloroform was given during labour, which lasted eight hours, in sufficient quantity to ensure perfect tranquillity. During the labour there were several threatenings of convulsive action, which, however, were removed by small inhalations; and it was not until an hour or two after the termination of the labour that violent convulsive paroxysms came on, and were repeated ten or twelve times in twelve hours. The fits continuing to increase in severity and frequency, and being at last followed by coma, constant watching of the patient was resorted to during the next forty-eight hours, causing her to breathe chloroform from a handkerchief upon the first appearance of any premonitory symptom. The consequence was that, although she continued unconscious for a much longer period, only one paroxysm recurred; and she was saved from what seemed a very desperate state of things, the pulse being above 150, and often too feeble to be counted. About fifteen ounces of chloroform were employed.—*American Journal of Medical Science*, July, p. 275.

Carbonate of Potash in Chronic Diseases of the Bones.—Dr. Pockels says he cannot sufficiently extol this as an application, in a concentrated form, in chronic diseases of the bones, especially caries and necrosis.—*Varges Zeitschrift*, vol. xiv. p. 7.

Poisoning an Infant with Morphia.—Dr. E. von Siebold relates the following case:—A full-sized healthy infant, three days old, was ordered, on account of some griping, an antacid powder, kept for use in the Göttingen Lying-in House, when by mischance there was substituted for it another powder, containing one-third of a grain of muriate of morphia. The child speedily fell into a soporific state; and in little more than an hour the author was called to it. He found the child with slow, rattling respiration, a scarcely perceptible pulse, livid countenance, and cyanotic lips. It was placed in a warm bath, while ice and cold water were applied to the head. These and all other means were tried in vain, and the child died seventeen and a-half hours after taking the morphia. The chief post-mortem appearances were suggillation under the scalp and a distended state of the cerebral sinuses, the brain itself exhibiting no bloody points.—*Monatsschrift für Geburtskunde*, band xvii. p. 62.

A LARGE quantity of very pure water is, and has been for many years past, daily pumped out of the chalk-pits at Grays, in Essex, into the Thames. Proposals are now made to utilise these 2,000,000 of gallons daily ejected from the pits.

A CHAIR of Naval Hygiene has been established at Toulon, in connexion with the School of Naval Medicine of that Port.

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GENERAL CORRESPONDENCE.

GUN-SHOT WOUND OF THE DESCENDING COLON.

LETTER FROM DR. TULLOCH.

[To the Editor of the Medical Times and Gazette.]

SIR,—During the recent campaign in India, in an action with the rebels in the Jugdespore jungles on May 12, 1858, Private Michael McCurteney of the 10th Foot, received a gun-shot wound of the abdomen. A musket-ball entered his left side between the tenth and eleventh ribs, in a line from the anterior superior spine of the ilium passed downwards and backwards, and escaped one inch and a-half to the left of the spines of the first and second lumbar vertebræ, close to the crest of the ilium. When hit he was observed to whirl round and fall heavily to the ground. He suffered much from shock, and had brandy and ammonia administered at intervals during the next twelve hours. There was only slight bleeding from the wound, and no blood was observed to have passed from rectum or bladder. Soon after this peritonitis set in, accompanied with vomiting, for which calomel with full doses of opium, and effervescing draughts were administered, with alleviation of the symptoms.

On the evening of the 14th his orderly came to report that his bowels were, as he termed it, "all gone." On examination it was found that about two ounces of fæces had escaped from the posterior opening thus indicating perforation of the descending colon. His condition at this time was briefly as follows,—skin cool; pulse 94, small; tongue somewhat dry, complaining of thirst; expression anxious; with occasional sickness and vomiting. Abdomen tender and tympanitic in its lower half, had slept occasionally for short periods, but this was evidently produced by the opium.

The day previous he had been carried about five miles in a dooly, and on the 15th he was again removed sixteen miles back to camp. Here he remained three days under treatment in the Regimental Hospital, the treatment being still directed to subduing the peritonitis and allaying the vomiting, and with a good measure of success. The utmost attention was paid to cleaning the opening in his back, and a large loose compress of tow applied to receive the fæcal matter as it escaped. He was now removed some eighteen miles to a Depôt Hospital, which had been established for the sick and wounded of the force. While there his treatment, if we except the dressing of his wound, was purely Medical. Its results were most satisfactory.

On June 19 the Regiment was ordered into quarters at Dinapore, and he being brought with it, came again under observation. He, though much emaciated, had a healthy look and was in good spirits. Abdomen felt natural, and, except in one or two spots, pressure gave him no pain. The wound in his side had nearly healed, that in his back had contracted considerably, although fæces in large quantity were still passed from it, but at the same time his bowels were occasionally moved pretty freely in the natural way.

There was little remarkable in his case from this time up to the middle of July, when, dysentery being prevalent, he was seized with that disease. Stools containing blood and mucus only were passed by both the natural and artificial anus. The constant trickling from the latter was a source of great discomfort. He was treated for this, as if no wound of the colon had been present, by the usual remedies for dysentery, and, almost contrary to expectation, recovered, and so much so, as to be able in August to proceed with other invalids to England. By this time the opening in his back had become so diminished that for two days at a time—although his bowels were well moved per anum—scarce a trace of fæcal matter would escape by it, and hopes were entertained that, by supporting the part with well-fitting compresses, and using stimulating astringent applications to the wound, it might be completely occluded. But for sudden perturbations of the bowels, induced by climatic causes, this, no doubt, would have been accomplished at the time.

Although he promised to let me know the subsequent progress of his case, he neglected to do so, and I lost sight of him until a few days ago, when a corporal of the regiment, who had recently returned from furlough, told me that he had met him in Belfast in March last, and that he desired him to inform me of his complete recovery; that although there was still a very small hole in his back, nothing but a slight watery discharge came from it, and that his bowels were all right, and opened regularly in the natural way. He was then performing the duties of monitor in a Poor-house in that town.

This case presents one or two interesting features:—

1st. The direction of the wound from above downwards. This, though of no practical importance, may, by the curious, call for explanation. That musket-balls may be diverted from their course by slight obstacles is well known. In this case, however, there was no reason for supposing that the ball had not passed in a straight line from its entrance to its exit; and I can only account for its downward passage in one of two ways: either that, as there were some large trees in the jungle, the bullet may have first struck one of them, and, rebounding, struck the soldier; or, that a Sepoy may have climbed up a tree, and taken a "pot shot" from above. Having seen this method of warfare practised by our late dastardly enemies on a former occasion, I am inclined to look upon it as affording the most probable explanation.

2nd. In the bowel having been laid open at, or near to, the site recommended for the performance of Amussat's operation for artificial anus in cases of congenital deficiency of the rectum. To the fact of the bowel being laid open so near its termination we may, in a measure, attribute the recovery. In performing Amussat's operation, it is described as necessary "to attach the edges of the opening in the bowel to that in the skin when the operation is completed," and this with the view "that no effusion can take place into the peritoneum." In the present instance the gut was torn open, and communicated externally. Yet, in the absence of any certain knowledge of the extent or exact seat of the injury, any attempt at cutting and stitching would have been, to say the least of it, injudicious; therefore, no operative proceeding of this nature was practised, no attempt of any kind made to fix the wounded bowel; yet no serious extravasation took place. That blood in small quantity was effused is probable; but had fæces been so extravasated, we could not have looked but for a fatal termination from the peritonitis. It would appear as if the ball had torn an aperture in the colon, and directed the torn coats of the viscus and the tissues through which it subsequently passed outwards; that the mucous coat, as usually happens, had protruded so as to narrow the opening, while lymph was speedily poured out to glue together the surrounding tissues and circumscribe the aperture, that this ultimately contracted and finally closed by the usual reparative process. I call attention to this fact merely as pointing out a wonderfully successful result of the salutary efforts of Nature; and would not have it inferred that I think a clean cut with a knife could be made into a child's colon behind, and then left to itself, without the risk of extravasation into the cavity of the abdomen.

It may surprise some of your readers how, in perhaps the hottest time of the hot season in India, a man so injured and so soon after receipt of the injury, with a large hole in his bowels, and his peritoneum inflamed, could be carried some forty miles, and yet suffer no material injury. It is, perhaps, in India only where the "dooly"—that unrivalled conveyance for the wounded—is available, that such removals can be accomplished with safety. Dr. Williamson has, I understand, attributed much of the success of Military Surgery in India to this means of conveyance for wounded soldiers.

I am, &c.

J. TULLOCH, M.D.,
Assistant-Surgeon 10th Regiment.

HOSPITAL REGISTRATION.

LETTER FROM DR. TRIPE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I think the Registration of Disease one of the most important of the subjects considered at the meeting of the International Statistical Congress. I am induced, by your able leading article on "Hospital Registration," to state my conviction that the forms agreed to at the Congress can never be generally carried out. When they were laid before the Sanitary Section—the meetings of which I attended from first

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to last—I objected both to the classification itself, and to many diseases included therein; and insisted on the importance of having such forms as could readily be kept. I referred to the reports of sickness which had been collected by the Medical Officers of Health, and published for nearly two years, as proof that if a simple form were adopted, returns could be obtained from Hospitals, Dispensaries, and the books of the Union Medical officers. I laid before the Congress copies of the returns which were then published; also forms for the registration of sickness on a more simple plan than those proposed by Miss Nightingale; and proposed two resolutions, one, "That all Governments should publish Sickness-tables for the metropolis of their country," which was carried. I added to the resolution, "on the plan adopted by the London Officers of Health in the Returns published by the Board of Health." These words were struck out at the suggestion of Sir James Clark.

I also gave notice of a motion expressing my dissent from the tables before the Congress, but withdrew it temporarily, on the ground that Dr. Farr would bring forward, at the end of the other business, the question of the classification of diseases. The tables were not, therefore, fairly discussed, as it was stated that almost every particular disease would be objected to, and that the time of the section would be fully engaged on that subject to the exclusion of any other. It was expressly on the grounds that the matter would occupy more time than could then be spared, and an opportunity would be given for discussion afterwards, that I withdrew my resolution. I would observe that one of my resolutions referred only to the registration of deaths from secondary diseases, but it would have involved a consideration of the whole subject.

The answer made to an objection that it could not be carried out, was that it had been done already, and sheets were passed round proving it. Still, as you justly observe, of what value would such tables be when we got them? Further, what use can be made of returns on such an elaborate basis? The aphorism, "*Ars longa, vita brevis est*," seems lost sight of. I am quite sure that all those who are much accustomed to work up large numbers of returns, whether sanitary or otherwise, are fully persuaded of the necessity for having them as simple as possible, provided they answer the end proposed; and that we should only ask what we are likely to get, and not to ask, as some members of the Congress expressed it, "more than we want, in order to allow for shortcomings."

I would state that Dr. Farr attended at the end of the Congress to bring the matter forward, but time did not allow him to do so. I am, &c.

JOHN W. TRIPE, M.D.

August 28. Medical Officer of Health for Hackney.

UNAUTHORIZED ADVERTISING.

LETTER FROM DR. BRIGHT.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall feel obliged by your publishing this letter in your next issue. I am induced to trouble you in consequence of an advertisement, which is daily published in the London and other papers, entitled, "Dr. Bright's Manual on Spermatorrhœa, etc. etc., Licentiate of the College of Physicians, and Member of the Royal College of Surgeons, price 1s., sealed, 1s. 6d." This advertisement is side by side with those of Culverwell, Curtis, La Mert, "*et hoc genus omne.*" I am not aware who is meant as the author of the above. I believe I am at present the only Dr. Bright (taking the Register as my guide), who is a Member of the College of Physicians and the College of Surgeons, practising in London. I am sure it is quite unnecessary for me to add that I know nothing of the work, advertisement, or parties advertising. By giving publicity to this statement you may, probably, be conferring a benefit upon the public generally; and some of your numerous readers may be able to suggest whether any steps could be legally taken for preventing the public being misled by this or any similar advertisement. I am, &c.

JAMES BRIGHT, M.D.

12, Cambridge-square, Hyde-park.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed the Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, August 23:—

Alderson, John, Birmingham
Westmacott, J. V. L., Chorlton Union Workhouse, Manchester.

The following gentlemen also on the same day passed their First Examination:—

Beckett, Arthur Richard, Whitchurch, Salop
Fowler, James, Winterton, Lincolnshire
Norton, Arthur Trehern, St. Mary's Hospital
Parson, Edward, King's College
Roper, Arthur, Guy's Hospital
Tibbits, Edward Thomas, University College.

DEATHS.

ARMSTRONG.—August 15, at Collooney, County Sligo, William Armstrong, M.D. Edin.; L.R.C.S. Ireland.

CARTER.—May 27, at the General Hospital, Calcutta, (17 days after his arrival) Robert Carter, Assistant-Surgeon in the Bombay Establishment.

COOK.—August 19, suddenly, at Lamlash, Isle of Arran, Dr. Cook.

ELMORE.—August 26, at 27, Harley-street, Cavendish-square, John Richard Elmore, M.D., M.R.C.S. Eng., aged 73. He had been a Member of the Royal College of Surgeons for 54 years.

GALLAER.—July 23, at Aspinwall, New Grenada, Dr. John Gallaer, Surgeon-in-Chief of the Panama Railroad.

GIBSON.—August 13, of disease of the heart, at Armagh, Samuel Gibson, M.B. Univ. Trin. Coll., Dub., Assistant-Surgeon 12th Lancers.

HARRIS.—At Nelson, New Zealand, Mr. Samuel Harris, who left England as Surgeon on board the vessel *Golconda*.

ROW.—August 24, of disease of the heart, at Lower Homerton, William Row, M.R.C.S. Eng., L.S.A. Lond., aged 53.

WIDDOWS.—August 24, Mr. Joshua Widdows, late Librarian to the Medical Institution, Liverpool, aged 41.

ACTON.—August 25, at Grandisburgh, Woodbridge, Suffolk, Edward Acton, L.S.A. Lond., aged 54.

SMITH.—August 29, Thomas Smith, of No. 14, Bow-lane, Cannon-street West, Fell. and M.R.C.S. Eng., L.S.A. Lond., aged 61.

THE next General Meeting of Naturalists and Physicians in Germany will be held from the 16th to the 22nd of September at Königsberg, in the province of East Prussia.

WHAT a curious spectacle it is to see the learned French Medical Academicians fighting for the honourable priority of having used perchloride of iron in purpura; and discussing the value of the agent, as if it were some very recent invention! Curious at least is it to us on this side the Straits, who have had the remedy in daily use time out of mind.

M. LEROY D'ETIOLLES.—This distinguished specialist, whose works on lithotrity have given him a world-wide celebrity, has just died. We shall hereafter present a memoir on his life and writings.

MEDICAL REGISTRAR, IRELAND.—At a meeting of the Branch Council for Ireland, held, pursuant to advertisement, on Friday, the 24th August, Dr. Apjohn in the chair, William Edward Steele, M.D., Registrar to the King and Queen's College of Physicians, was elected Registrar and Secretary to the Branch Council, in the room of Dr. Maunsell.

QUEEN'S COLLEGE, AND QUEEN'S CLINICAL HOSPITAL, BIRMINGHAM.—The following appointments have been made and confirmed:—Physician to the Queen's Hospital, and Professor of Medicine—Francis W. Wade, B.A. M.B. T.C.D; Physician to the Queen's Hospital—A. Fleming, M.D. F.R.C.P.; Professor of Forensic Medicine—John Postgate, F.R.C.S.; Professor of Chemistry—G. A. Anderson, F.C.S.; Professor of Practical Anatomy, Assistant-Physician, and Medical Tutor—W. B. Foster, Licentiate of King and Queen's College, Ireland, Prosector of Anatomy Royal College of Surgeons, Ireland; District Surgeons-Accoucheurs—Cornelius Benson Suckling, M.D.; John Clay, M.R.C.S.

UNIVERSITY OF LONDON.—FIRST M.B. EXAMINATION.—The following is a list of Candidates who obtained Honours at the Examination in the respective subjects at the recent First M.B. Examination:—Anatomy and Physiology:—John Bayldon (Exhibition and Gold Medal), University of Edinburgh; Frederick Thomas Roberts (Gold Medal) University College; Thomas Wemyss Bogg, University College; Frederic Marsdin, King's College, Thomas Stanley Smith, University College, and Edward Thomas Tibbits, University

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College (Equal); Thomas Morton, King's College; Henry Colley March, St. Thomas's Hospital; Henry Stanley Gale, King's College; John Thomas Mercer, Guy's Hospital; Arthur Wellesley Edis, Westminster Hospital, and Edmund Cornish King, University College (Equal). Chemistry:—Alex. Crum Brown, University of Edinburgh, and Edw. Thos. Tibbits, University College (Exhibitioners and Gold Medalists) (Equal); Thomas Griffiths, University College; Thomas Wemyss Bogg, University College, and Forbes Watson, St. Thomas's Hospital (Equal); John Talfourd Jones, University College; Henry Stanley Gale, King's College; Thomas Starkey Smith, University College. Materia Medica and Pharmaceutical Chemistry:—Forbes Watson (Exhibition and Gold Medal), St. Thomas's Hospital; Thomas Starkey Smith (Gold Medal), University College; Frederick Thomas Roberts, University College, and Frederic Marsdin, King's College (Equal); John Bayldon, University of Edinburgh; Henry Stanley Gale, King's College, and John Talfourd Jones, University College (Equal). Structural and Physiological Botany:—Forbes Watson (Gold Medal), St. Thomas's Hospital; Thomas Wemyss Bogg, University College; Edward Thomas Tibbits, University College; Henry Stanley Gale, King's College.

SCOTLAND.—The Report of the Scotch Registrar-General for the second quarter of 1860 shows an excess of births over deaths amounting to 10,158; the estimated population at the end of the quarter was 3,152,478. In England in the same period the natural increase was 63,036, and the estimated population about 20,000,000. The marriages in Scotland in the quarter were a little above the average; there were 1299 in April, 1006 in May, 2997 in June—three in June for every one in May. The births (28,311) were one to every 28 persons, 352 to 10,000, the average being 355. The mortality was heavy. 18,153 deaths were registered—a mortality at the rate of 233 annually in every 10,000, or 1 in every 42, the average for this quarter being only 200, or 1 in every 50. The state of the weather in Scotland, says the Registrar, has more to do with the mortality than any class of diseases. The difference between the town and country districts is very remarkable. In the towns there was one marriage in every 129 persons, in the country only 1 in 177; in the towns the births were 1 to every 25 persons, in the country only one to every 30; in the towns the deaths were at the annual rate of 1 in every 37 persons, in the country only one in every 53. The difference between the mortality of town and of country is enormous; in every 10,000, 270 died in the one, and only 186 in the other, amounting very nearly to three deaths in the towns for every two in the country. In England the difference is very much less than this. Of the children born in Scotland during the quarter. 2494 were illegitimate—8·8 per cent. of the whole number born, or one in every 11·3. In England in the latest return (1858), the proportion was less by a fourth. In the northern and north-western divisions of Scotland the proportions were but 4·9 and 5·8 per cent. of the births; in the south-western, which includes the great manufacturing and mining counties; only 7·3 per cent.; but in the southern and north-eastern counties, where the population is chiefly engaged in agricultural pursuits, the proportion of the illegitimate was 12·2 and 13·7 per cent. respectively.

VITAL STATISTICS OF LONDON.

Week ending Saturday August 25, 1860.

BIRTHS.

Births of Boys, 827; Girls, 780; Total, 1607.
Average of 10 corresponding weeks, 1850–59, 1562·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	478	459	937
Average of the ten years 1850–59	580·3	572·5	1152·8
Average corrected to increased population..	..	..	1175
Deaths of people above 90	..	8	8
Deaths in 15 General Hospitals	32	24	56

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	6	6	..	4	4	7
North ..	490,396	1	5	4	2	6	..	19
Central ..	393,256	1	3	11	2	2	1	9
East	485,522	1	9	10	1	6	6	21
South ..	616,635	..	17	3	3	4	5	13
Total.. ..	2,362,236	4	40	34	8	22	16	69

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29 636 in.
Mean temperature	57·5
Highest point of thermometer	70·1
Lowest point of thermometer	47·4
Mean dew-point temperature	54·1
General direction of wind	W
Whole amount of rain in the week	1·30 in.

TO CORRESPONDENTS.

Mr. Symonds's paper on Amputation shall appear next week.

Mr. F. Barilla.—We can have nothing to do with any secret remedy, even though its *miraculous* effects are certified by Garibaldi.

Z—1. Dr. Semple's Translation of Bretonneau, etc., published by the New Sydenham Society. 2. Markham on Diseases of the Heart.

Viride is eligible. The alterations do not affect students who enter next October.

"*One who is willing to serve*" has been misinformed. There have been 43 applicants lately at the Army Medical Department, all between 21 and 26 years of age, and all with the Double Qualification: of these 38 appeared at the last Competitive Examination, there being then only 29 vacancies. Probably all will be refused next year who have not a *Degree* in Medicine and a Diploma in Surgery.

COMMUNICATIONS have been received from:—

M. CLAUDE BERNARD; Dr. CONOLLY; Dr. MAPLETON; Mr. SANDS COX; Dr. E. SMITH; Mr. RAYMOND; Mr. SYMONDS, Oxford; Mr. HULKE; Mrs. HOPLEY; Dr. ROSE; Mr. SANDS COX, Birmingham; Mr. LAWSON; Mr. VAUGHAN; and Mr. T. CHAMBERS.

APPOINTMENTS FOR THE WEEK.

September 1. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

3. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

4. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

5. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

6. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

7. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Hulke—For Club-Foot; Strabismus

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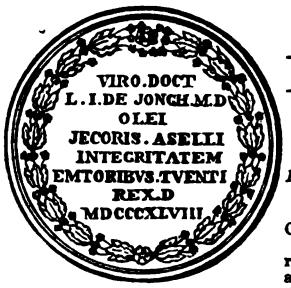

DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague.

"I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best Medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regard genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

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WALTERS' INDIA-RUBBER URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. MR. WALTERS has much improved them by making them of *Ætherised India-Rubber*, which adds very greatly to the strength of the India-Rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than hitherto, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by any one.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office order or reference.—Entrance for Ladies at the private door, where a Female attends.

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16, MOORGATE STREET, NEAR THE BANK, LONDON. E.C.

WATER BEDS.—EDMISTON and SON, 5, Charing-Cross, beg to call

the particular attention of the Managers of Hospitals and Dispensaries, and the Medical Profession generally, to the prices and quality of their Hot or Cold Water Beds. The prices hitherto charged being so high as to limit the sale of such articles to the affluent, they are induced to offer them at such prices as will enable the public generally to realise the advantage and comfort to be derived from their use.

WATER BEDS, £4 4s., £5 5s., and £6 16s. 6d.

Water Pillows and Cushions, 7s. 6d. to 21s. Urinals, from 3s. 6d. to 12s. 6d. Cotton Elastic Stockings, 4s. 3d. Silk, 5s. 3d. Knee Caps, Leggings, Anklets, &c.

BED SHEETS, ACCOUCHEMENT BELTS, &c.

India-Rubber Chamber Utensils for Lunatic Asylums, 7s. 6d. each, or 75s. per dozen.

WATER BEDS ON HIRE. TERMS, 7s. 6d. PER WEEK.

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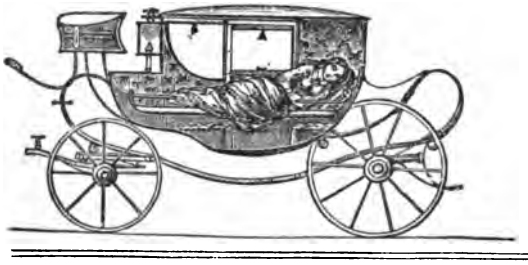

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COACHBUILDERS, 14, RIDING-HOUSE-STREET, CAVENDISH-SQUARE.

Also a good assortment of New and Second-hand Broughams and other Carriages for Sale or Hire.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

Reduction of the Duty.—Wines and

SPIRITS of all SHIPPERS.—Her Majesty's Wine Merchant—(Established 1811)—JAMES MARKWELL,—Cellars, 35 to 40, and 45, Albemarle-and 4 and 5, Stafford-streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s.; Madeiras, 42s.; Moselles and Hocks, 40s.; Sparkling Hocks and Moselles, 48s.; ditto St. Péray, 54s.; ditto Burgundy, 60s.; Clarets, 23s.; Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s; Sauterne, 40s.; ditto Yquem, 80s.; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liquors. Particulars and direct shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xeres-Viejo, and Manzanilla.—J. M. is Agent for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schappes; Peach Brandy; Gin Slings; Brandy Cocktails; &c. &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount.—Stock, 16,000 dozen. Cash or reference. Bankers, Sir Claude Scott, Bart. Price-lists on application.

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London Hospital Medical College,

MILE-END. JULY 28, 1860.—The next WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st, 1860, when the Introductory Lecture will be delivered by Dr. BARNES, at Three p.m.

LECTURERS.

Medicine—Nicholas Parker, M.D.
Surgery—T. B. Curling, F.R.S., and George Critchett.
Descriptive and Surgical Anatomy—John Adams.
Physiology and General and Morbid Anatomy, Practical Histology—Andrew Clark, M.D.
Practical Anatomy—John Couper.
Chemistry and Practical Chemistry—Henry Letheby, M.B. Lond.
Anatomy and Pathology of the Teeth and Dental Surgery—H. J. Barrett.
Midwifery, and Diseases of Women and Children—F. H. Ramsbotham, M.D.
Forensic Medicine—F. H. Ramsbotham, M.D., & H. Letheby, M.B. Lond.
Materia Medica and General Therapeutics—Herbert Davies, M.D.
Ophthalmic Surgery—George Critchett.
Botany—Christopher Dresser, Ph.D.
Comparative Anatomy—J. Langdon and H. Down, M.D.

General Fee qualifying for the Examinations of the London University, Royal College of Surgeons, and Apothecaries' Hall, 84 Guineas, payable in two instalments of 42 Guineas each, at the commencement of the two first Winter Sessions of attendance.

Perpetual Fee to the Lectures alone, £50.

Students can make special entries to Lectures or Hospital Practice.

Further particulars and prospectuses can be had on application to Dr. Parker, Hon. Secretary, 22, Finsbury-square, E.C.; or at the College.

University College, London.—Faculty

OF MEDICINE.—SESSION 1860-61.—The SESSION will open on MONDAY, the 1st OCTOBER, at Three p.m.

The Courses of Lectures, &c., will commence on Tuesday, October 2.

Classes in the order in which Lectures are delivered during the day:—

WINTER TERM.

Anatomy—Professor Ellis.
Anatomy and Physiology—Professor Sharpey, M.D., F.R.S.
Chymistry—Professor Williamson, F.R.S.
Comparative Anatomy—Professor Grant, M.D., F.R.S.
Surgery—Professor Erichsen.
Practical Physiology and Histology—Professor Harley, M.D.
Medicine—Professor Walshe, M.D.
Dental Surgery—Mr. G. A. Ibbetson.
Practical Anatomy—The pupils will be directed in their studies during several hours daily by Professor Ellis, and Mr. I. B. Lyon, Demonstrator.

SUMMER TERM.

Materia Medica—Professor Garrod, M.D., F.R.S.
Pathological Anatomy—Professor Jenner, M.D.
Medical Jurisprudence—Professor Harley, M.D.
Practical Chemistry—Professor Williamson, F.R.S.
Midwifery—Professor Murphy, M.D.
Palæozoology—Professor Grant, M.D., F.R.S.
Ophthalmic Medicine and Surgery—Prof. T. Wharton Jones, F.R.S.
Botany—Professorship Vacant.
Practical Instruction in Operative Surgery—John Marshall, F.R.S.
Analytical Chymistry—Professor Williamson, throughout the Session.

Logic, French, and German Languages, Natural Philosophy, Geology and Mineralogy, according to announcement for the Faculty of Arts.

CLINICAL INSTRUCTION.

Hospital Practice daily throughout the year.
Physicians—Dr. Walshe, Dr. Garrod, Dr. Jenner, Dr. Hare.
Obstetric Physician—Dr. Murphy.
Assistant Physician—Dr. Reynolds.
Surgeons—Mr. Quain, F.R.S., Mr. Erichsen, Mr. Marshall, F.R.S.
Consulting Surgeon to the Eye Infirmary—Mr. Quain, F.R.S.
Ophthalmic Surgeon—Mr. Wharton Jones.
Assistant-Surgeon—Mr. Henry Thompson.
Dental Surgeon—Mr. G. A. Ibbetson.

Medical Clinical Lectures by Dr. Walshe, Dr. Garrod, and Dr. Murphy, also by Dr. Jenner, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease, and who gives a series of Lessons and Examinations on the Physical Phenomena and Diagnosis of Disease to classes consisting of a limited number, and meeting at separate hours

Surgical Clinical Lectures, especially by Mr. Quain, and by Mr. Erichsen.

Lectures on Ophthalmic Cases by Mr. Wharton Jones.

Practical Instructions in the Application of Bandages and other Surgical Apparatus, by Mr. Marshall.

Practical Pharmacy.—Pupils are instructed in the Hospital Dispensary.

Prospectuses may be obtained at the Office of the College,

Prizes.—Gold and Silver Medals for excellence in the Examinations at the close of the Courses in most of the Classes.

Liston Gold Medal for Clinical Surgery.

Dr. Fellowes' Medals for Clinical Medicine, two Gold and two Silver.

Filliter Exhibition for Proficiency in Pathological Anatomy, £30.

Longridge Exhibition for general Proficiency in Medicine and Surgery, £40.

An Atkinson Morley Scholarship for the Promotion of the Study of Surgery, £45; tenable for three years.

Residence of Students.—Several of the Professors receive Students to reside with them, and in the Office of the College there is kept a Register of parties, unconnected with the College, who receive boarders into their families. Among these are several Medical gentlemen. The Register will afford information as to terms and other particulars.

JOHN E. ERICHSEN, Dean of the Faculty.
CHAS. C. ATKINSON, Secretary to the Council.

August, 1860.

The Lectures to the Classes of the Faculty of Arts will commence on Tuesday, 16th October.

The Junior School will open on Tuesday the 25th September.

Grosvenor-place School of Medicine,

No. 1, GROSVENOR-PLACE (Adjoining St. George's Hospital).

The WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st.

The INTRODUCTORY LECTURE will be delivered at Three p.m. by Dr. BLOXAM.

General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Dr. Halford.
Practical Anatomy—Dr. Arlidge.
Chemistry—Dr. Thudichum.
The Principles and Practice of Medicine—Dr. Cockle and Dr. Leared.
The Principles and Practice of Surgery—Mr. Spencer Wells and Mr. William Adams.
Military Surgery—Mr. Blenkins.

The following Prizes and Honorary Certificates will be awarded at the termination of the Session:—

Gold Medal, for General Proficiency.

A Prize of Ten Guineas, to be given by T. Scott, Esq., M.R.C.P. Ed., of the Indian Army (late a Pupil of the School), for an Essay, the Subject of which is to be chosen by the Faculty and announced in October. This Prize is open for Competition to all unpassed Students of the School.

The Lecturers' Prize of Ten Guineas, for competition by Students of first year only.

Certificates of Honour, for distinguished position in the individual classes.

The Dissecting Room and Museum of Anatomy are open to the Students during daylight, where their Studies are superintended by the Lecturers on Anatomy.

Instruction in Pathological Anatomy is given by the Lecturer on Physiology.

Midwifery cases are provided for the Pupils of the Midwifery Class.

General Fee to all the Lectures required by the Universities of London and St. Andrews, the Royal College of Surgeons of England, and the Society of Apothecaries, Thirty-five Guineas.

Further information may be obtained at the Theatre, 1, Grosvenor-place; of Dr. Richardson, 12, Hinde-street, Manchester-square, W.; or at the Residences of the different Lecturers.

Royal College of Surgeons of England.

—Notice is hereby given, That on and after the 1st October next, all CANDIDATES for the PASS EXAMINATION for the DIPLOMA of MEMBER of this COLLEGE will be required to produce a Certificate of Instruction and Proficiency in the Practice of Vaccination.

The following is a list of the Teachers of Vaccination recognised by this College, viz.:—

Mr. Frederick Wood, St. Bartholomew's Hospital.
Mr. Arthur Roberts, St. George's Hospital,
Dr. John Braxton Hicks, Guy's Hospital.
Dr. Arthur Farre, King's College Hospital.
Dr. Robert Barnes, London Hospital.
Mr. William Preston Goodall, Birmingham General Hospital.
Mr. George Lewis Cooper, Vaccine Station, King's Cross.

And the following Educational Vaccinators appointed by the Privy Council:—

London ....Mr. James Furness Marson (Principal Station), Surrey Chapel, Blackfriars-road.
Mr. William Prue Jorden (West Station), 14, Lower Belgrave-street.
Mr. William Jones Lewis (East Station), 1, Well-street, Well-close-square.
Mr. George Simpson (North Station), Tottenham Court Chapel, Tottenham Court-road.
Birmingham Mr. Lamuel Spratly, The General Dispensary.
Bristol.....Mr. William Yeoman Sheppard, 7, St. Augustine's-place.
Hull.....Mr. John Hare Gibson, 29, Nile-street.
Mr. Arthur Browne Steele, Mr. John Henry Wilson, Mr. John Fenton, acting conjointly, or at least two of them together .. The Ladies' Charity, Parr Street.
Manchester. Mr. Evan Thomas, 159, Rochdale-road
Newcastle ..Dr. Thomas Fothergill M'Nay, Bricklayers' Hall, Castlegarth.
Sheffield....Mr. George Atkin, Park Chapel, South-street.

By Order of the Council,
August 9, 1860. EDMUND BELFOUR, Secretary.

Varicose Veins and Supporting Bands.

—SURGICAL ELASTIC STOCKINGS AND KNEE CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working-Classes. ABDOMINAL SUPPORTING BANDS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors, POPE and PLANTÉ, 4, Waterloo-place, Pall-mall, London, S.W.

The Profession, Trade, and Hospitals, supplied.

Williams and Son's Pure Glycerine

SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

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St. George's Hospital Medical School.

—The WINTER SESSION will commence on MONDAY, the 1st of OCTOBER, with an INTRODUCTORY ADDRESS by Dr. PITMAN, at Two p.m.

LECTURERS.

Practice of Physic—Dr. Pitman.
Practice of Surgery—Mr. Tatum.
Descriptive and Surgical Anatomy—Mr. Pollock and Mr. Gray.
Physiology, General and Comparative Anatomy—Mr. A. Johnson.
Chymistry—Dr. H. M. Noad.

The Hospital contains 350 beds. Clinical Lectures will be delivered every week by one of the Physicians and Surgeons.

A Ward is devoted to Diseases peculiar to Women. Pupils have ample opportunity to attend Midwifery cases.

Fees for Hospital Practice and Lectures to qualify for

The College of Physicians....£81 18s.
The College of Surgeons ....£87 3s.
The Society of Apothecaries..£67 4s.
The College of Surgeons and Society of Apothecaries.. } £96 12s.

Pupils who prefer to spread the payment of the fees for the College and Hall over a period of three years, may do so, by payment of £42 the first year, £42 the second year, and £12 12s. the third year. Perpetual Pupils of the Surgeons, have to pay an additional sum of 30 guineas the first year; or of the Physicians, 8 guineas. Separate Entries may be made to any one Course of Lectures, or to the Medical or Surgical Practice.

Perpetual Pupils of the Surgeons are alone eligible to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months, without additional fee. Students of this Hospital are eligible to the office of Obstetric Assistant, who resides and boards in the Hospital, with a salary of £100 a-year. The Obstetric Assistant gives instruction in Vaccination.

EXHIBITIONS AND PRIZES.

The William Brown Exhibition of £40 per annum, tenable for three years, will be open to Students entering to the Hospital as Perpetual Pupils during the Winter Session 1860.

The following Prizes will be offered at the termination of the Session, viz.—

The Thompson Silver Medal, for Clinical Reports.
Sir Charles Clarke's Prize for Good Conduct.
Sir Benjamin Brodie's Prize for Surgical Reports of Cases.
Mr. Lewis Powell's Prize for Medical Reports of Cases.

A Prize of Twenty Guineas, for general proficiency in Medical Studies, for Students who enter to the Hospital Medical School for the Session 1860.

And for the encouragement of Clinical Study—

A Prize of Twenty Guineas, for Surgeons' Pupils in their second year.
A Prize of Twenty Guineas, for Physicians' Pupils in their second year.

*** Further information may be obtained from Mr. Pollock, the Treasurer of the School; or from Mr. Hammerton, the Resident Medical Officer of the Hospital.

Sydenham College Medical School,

SUMMER-LANE, BIRMINGHAM, (opposite the General Hospital.)

The SESSION of 1860-61 will COMMENCE on TUESDAY, the 2nd of October next.

Anatomy and Physiology—John White Keyworth, M.D., and Robert C. R. Jordan, M.D.
Practical Anatomy and Demonstration—Messrs. George Elkington, Frowd Jones, and D. Johnson.
Principles and Practice of Medicine—Bell Fletcher, M.D., F.R.C.P.L., and James Russell, M.D., L.R.C.P.L., Physicians to the General Hospital.
Principles and Practice of Surgery—Alfred Baker, F.R.C.S., and David Bolton, F.R.C.S., Surgeons to the General Hospital.
Surgical Pathology—Oliver Pemberton, M.R.C.S., Surgeon to the General Hospital.
Dental Physiology and Surgery—Thomas Howkins, M.R.C.S.E.
Chemistry—Francis Wrightson, Ph. D.

SUMMER SESSION.

Midwifery and the Diseases of Women and Children—Francis Elkington, M.D., Consultang Accoucheur to the Lying-in Hospital; and V. W. Blake, F.R.C.S., Medical Officer to the Lying-in Hospital.
Materia Medica and Therapeutics—J. Bassett, M.R.C.S.E.
Practical Chemistry and Toxicology—Alfred Hill, M.D., F.C.S.
Botany—Frederick Westcott, Assoc. L. S.
Forensic Medicine—W. C. Orford, Medical Officer to the Lying-in Hospital.
Medical Tutor—C. J. Bracey, M.R.C.S.E.
Classics and Mathematics—The Rev. George Voigt, B.A.
French—F. Iriande.

This College was established for the purposes of affording a complete Medical Education. It is presided over by a Council composed of more than sixty of the most eminent Medical Practitioners of the midland counties. It is situated opposite to the General Hospital, and the hours of Lectures are so arranged as not to interfere with the attendance upon Hospital Practice. Attendance upon the Lectures will qualify for examination at all the Royal Colleges, the Army, Navy, and India Boards. Clinical Courses will be given by those Lectures who are attached to Public Institutions in the town. The Laboratory is fitted up with every convenience, so as to enable Students to obtain a practical knowledge of Chemistry. Care will be taken to instruct Students in Practical Midwifery, and under suitable regulations, they will be allowed to avail themselves of the Museum of the Lying-in-Hospital. Prizes will be awarded in each class, and one will be given by the Council for general proficiency.

Further particulars may be obtained on application to the Principal, Dr. Bell Fletcher, Waterloo-street; to the Treasurer, Dr. Russell, Newhall-street, who is authorised to receive Students; or to the Secretaries, Mr. F. Jones, 42, Newhall-street; and Mr. Bassett, 1, St. Paul's-square, Birmingham.

Surgeons' Hall, Edinburgh.—Winter

SESSION, 1860-61. The INTRODUCTORY ADDRESS will be delivered by Dr. SANDERS, on MONDAY, November 6, at One p.m. The prospectus may be obtained on application to Mr. John Struthers, Secretary to the Medical and Surgical School.

Westminster Hospital School of

MEDICINE.—The INTRODUCTORY ADDRESS of the Session 1860-61, will be delivered by Mr. POWER, on MONDAY, OCTOBER 1, at Eight p.m., and after the Address a CONVERSAZIONE will be held in the Board-Room.

The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 175 Beds, and affords relief to about 20,000 Out-Patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Marcet, Dr. Reynolds.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr Hillman, Mr. Power.
Surgeon-Dentist—Mr. Clendon.

LECTURES.

Descriptive and Surgical Anatomy—Mr. Holthouse.
Practical Anatomy—Mr. Heath and Mr. Gray.
Dental Surgery—Mr. Clendon.
Chemistry—Dr. Marcet, F.R.S.
Surgery—Mr. Barnard Holt and Mr. Brooke, M.A., F.R.S.
Physiology and Physiological Anatomy—Mr. Power.
Medicine—Dr. Basham.
Botany—Mr. Syme, F.L.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.
Materia Medica and Therapeutics—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Practical Chemistry—Dr. Marcet, F.R.S.
Midwifery—Dr. Frederic Bird.

Clinical Lectures.—In addition to the instuction given by all the Medical Officers during their Visits, Courses of Lectures on Clinical Medicine and Surgery, in accordance with the New Regulations of the Examining Boards, will be delivered during the Winter and Summer Terms by the Physicians and Surgeons.

Clinical Appointments.—The offices of House-Physician and House-Surgeon, are open to competition solely amongst Gentlemen who have been educated at the Hospital, and who are qualified to practise. They are appointed without the payment of any fee, and are provided with Board and Lodging in the Hospital free of expense. They hold office for one year.

Clinical Clerks and Dressers are selected from the most qualified Students, without additional fee.

The entire Course of Study (including Hospital Practice and Lectures) required by the College of Surgeons and the Society of Apothecaries, may be attended on payment of 75 guineas. Perpetual, 80 guineas.

Further information may be obtained on application to
F. J. WILSON, Secretary to the Westminster Hospital.

Sheffield Medical Institution.—Session

1860-61.—The INTRODUCTORY LECTURE will be delivered on MONDAY EVENING, October 1st, at Eight o'Clock, by Dr. EASTWOOD.

LECTURES:

WINTER SESSION, commencing October 1st, 1860.

Descriptive and Surgical Anatomy—Mr. Skinner and Mr. Allanson.
Physiology and Pathology—Dr. Eastwood.
Practical Anatomy and Demonstrations—Mr. H. Walker and Mr. Benson
Chemistry—Mr. Bingley.
Medicine—Dr. Bartolomé.
Surgery—Mr. Barber and Mr. W. Favell.

SUMMER SESSION, commencing May 1st, 1861.

Midwifery and Diseases of Women and Children—Mr. W. Jackson.
[Pupils of this Class will be provided with Cases when qualified to attend them.]
Materia Medica and Therapeutics—Dr. I. C. Shearman and Dr. Jackson.
Medical Jurisprudence—Dr. Keeling.
Botany—Mr. H. Walker and Mr. Birks.
Practical Chemistry—Dr. Bingley.

Clinical Lectures are given by Dr. Bartolomé, on his Practice at the Infirmary. Clinical Lectures on Surgery are given by the Surgeons of the Infirmary

LECTURES.	DAYS.
Anatomy	Daily.
Pathology and Physiology	Daily.
Demonstrations	Daily.
Medicine	Daily.
Surgery	Three Days in the Week.
Chemistry	Daily.
Botany	Daily.
Medical Jurisprudence	Daily.
Midwifery	Daily.
Materia Medica	Daily.
Practical Chemistry	

The Fees for all the Lectures required by the College of Surgeons, and the Society of Apothecaries, will not exceed £42. This, however, is exclusive of the Fee for Practical Chemistry, which must be subject to special arrangement with the Lecturer.

House Pupils will be received by some of the Lecturers.

A Prospectus and every information may be obtained by addressing to the Honorary Secretary, Mr. Barber, 5, Eyre-street, Sheffield.

The Terms of Attendance on the Practice of the Sheffield General Infirmary, and the Sheffield Public Dispensary, may be known on application to the Officers of those Institutions.

*** By a Regulation of Apothecaries' Hall, attendance on Lectures will not be recognised unless entered upon within Seven days after their commencement.

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King's College, London. — Medical

DEPARTMENT.—The WINTER SESSION will commence on MONDAY, October 1, with an INTRODUCTORY LECTURE by Dr. JOHNSON, at Eight p.m.

Anatomy—Professor Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—Professor Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson.

KING'S COLLEGE HOSPITAL.

Physicians { George Budd, M.D., F.R.S. / George Johnson, M.D. / Lionel S. Beale, M.B., F.R.S. } With care of In-Patients.
Physicians { W. A. Guy, M.B., F.R.S. ..... With care of Out-Patients.
Assistant-Physicians—C. Murchison, M.D.; Conway Evans, M.D.; A. B. Duffin, M.D.; E. S. Thompson, M.B.

Physician—A. Farre, M.D. .. .. } For Diseases of Women and Children.
Assistant-Physicians—T. H. Tanner, M.D.; A. Meadows, M.D. .. .. }

Surgeons { W. Fergusson, F.R.S. / Richard Partridge, F.R.S. / William Bowman, F.R.S. } With care of In-Patients.
Surgeons { Henry Lee, F.R.C.S. ..... With care of Out-Patients.
Assistant-Surgeons—J. Wood, F.R.C.S.; J. W. Hulke, F.R.C.S.

The Hospital is visited daily. Clinical Lectures are given every week by the Physicians and by the Surgeons. The Physicians' Assistants, Clinical Clerks, the House-Surgeons, and Dressers, are selected by examination from the Students of the Hospital.

WARNEFORD SCHOLARSHIPS.—Students who enter the Medical Department of King's College in October, 1860, will have the exclusive privilege of contending for the Scholarships founded by the late Dr. Warneford, for the encouragement of the previous education of Medical Students. There will be five, of £25 each, given this year—two to be held for three years, and three for two years.

The subjects of examination are the usual branches of school education—viz. Divinity, Classics, Mathematics, Modern History, and Foreign Languages; but any subject, except Divinity, may be omitted. The classical subjects are the same as those fixed for the Matriculation Examination at the University of London in July, 1860.

For full particulars, apply to J. W. Cunningham, Esq., King's College, London, W. C. R. W. JELF, D.D., Principal.

University of Edinburgh.—

CHANCELLOR—Lord BROUGHAM.
VICE-CHANCELLOR—Principal Sir DAVID BREWSTER, K.T.
RECTOR—The Right Hon. W. E. GLADSTONE.

The SESSION will be publicly opened on FRIDAY, November 2, 1860, at Two o'clock p.m., when an Address to the Students will be delivered by the PRINCIPAL. The Classes for the different Branches of Medical Study will be opened as follows:—

Dietetics, Materia Medica, and Pharmacy	Mon. Nov. 5, 9 o'clock	Dr. Christison, 40, Moray-place.
Chemistry	Mon. Nov. 5, 10 ,,	Dr. Lyon Playfair, 14, Abercromby-place.
Surgery	Mon. Nov. 5, 10 ,,	Prof. Miller, 29, Charlotte square.
Institutes of Medicine	Mon. Nov. 5, 11 ,,	Dr. Bennett, 1, Glenfinlas-street.
Midwifery and Diseases of Women and Children	Mon. Nov. 5, 11 ,,	Dr. Simpson, 52, Queen-street.
Clinical Surgery (Monday and Thursday)..	Mon. Nov. 5, 12 ,,	Prof. Syme, 2, Rutland-street.
Clinical Medicine (Tuesday and Friday)	Tues. Nov. 6, 12 to 2	Drs. Bennett and Laycock.
Anatomy	Mon. Nov. 5, 2 ,,	Prof. Goodsir, College.
General Pathology ..	Mon. Nov. 5, 4 ,,	Dr. Henderson, 19, Ainslie-place.
Natural History ..	Mon. Nov. 5, 1 ,,	Prof. Allman, 21, Manor-place.
Practice of Physic ..	Mon. Nov. 5, 3 ,,	Dr. Laycock, 4, Rutland-street.
Anatomical Demonstrations	Mon. Nov. 5, 4 ,,	Prof. Goodsir, College.

Royal Infirmary, at Noon, Daily.

Practical Anatomy, under the Superintendence of Prof. Goodsir.
Practical Chemistry, under the Superintendence of Dr Lyon Playfair.
Analytical Chemistry, under the Superintendence of Dr. Lyon Playfair.

During the SUMMER SESSION, Lectures will be given on the following Branches of Education:—

Botany—by Dr. Balfour.
Histology—by Dr. Bennett.
Medical Jurisprudence—by Dr. Traill.
Clinical Medicine.
Clinical Surgery—by Prof. Syme.
Comparative Anatomy—by Prof. Goodsir.
Anatomical Demonstrations—by Prof. Goodsir.
Practical Chemistry and Pharmacy—under the Direction of Dr. Lyon Playfair.
Practical Anatomy—under the Superintendence of Prof. Goodsir.
Natural History—by Prof. Allman.
Medical Psychology, with Practical Instruction at an Asylum—by Dr. Laycock.

N.B.—Information relative to the Curricula of Study for Degrees, Examinations, &c., may be obtained, on application to the Secretary, at the College. A Table of Fees may be seen in the Matriculation Office, and in the Reading-room of the Library.

By Authority of the Senatus,
August, 1860. ALEX. SMITH, Sec. to the University.

Queen's University in Ireland.—

QUEEN'S COLLEGE, BELFAST.—FACULTY OF MEDICINE.—The SESSION for 1860-61 will COMMENCE on the 16th of OCTOBER, and the Matriculation Examinations will be held on the 18th of OCTOBER, and on the 8th and 24th of NOVEMBER. Six Junior Scholarships, of £20 each, and Two Senior Scholarships of £40 each are awarded annually.

Scholars are exempted from one-half of the class fees.

The College Fee is 5s.

For further information, see "Belfast Queen's College Calendar," or apply to the Registrar. By Order of the President,
October, 1860. RICHARD OULTON, Registrar.

St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, OCTOBER 1st, at Eight o'Clock, p.m., with an INTRODUCTORY ADDRESS by Dr. TYLER SMITH, after which a Conversazione will be held in the Museum.

It is a distinctive characteristic of St. Mary's Hospital that its Medical Appointments are conferred upon the Pupils without additional fee. Three Resident Medical Officers are appointed for Twelve Months, and one, the Obstetric Officer, for Six Months, all of whom board free of every expense in the Hospital. The money-value of these Five Appointments far exceeds as many Scholarships of £50 each. Four non-Resident Medical Officers are also selected from the best-qualified Students.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. James Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee. Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Clinical Medicine—Dr. Alderson, Dr. Chambers, and Dr. Sibson. Clinical Surgery—Mr. Coulson, Mr. Lane, and Mr. Ure. Medicine—Dr. Chambers and Dr. Sibson. Surgery—Mr. Coulson and Mr. Spencer Smith. Physiology and Morbid Anatomy—Dr. Markham and Mr. James Lane. Anatomy—Mr. James Lane and Mr. Gascoyen. Operations upon the Dead Body—Mr. Walton. Dissections—Mr. Gascoyen and Mr. Davy. Chemistry and Practical Chemistry—Mr. Field. Midwifery—Dr. Tyler Smith and Dr. Graily Hewitt. Materia Medica—Dr. Sieveking. Botany—Dr. Dresser. Medical Jurisprudence—Dr. Sanderson. Ophthalmic Surgery—Mr. White Cooper. Aural Surgery—Mr. Toynbee. Dental Surgery—Mr. Sercombe. Comparative Anatomy—Dr. Graily Hewitt. Natural Philosophy—Mr. Smalley.

The In-Patients are visited daily by the Medical Officers and the Out-Patients are also attended daily by the Physicians and Surgeons in charge of them. During the past year relief was afforded to 1549 In-Patients and to 13,727 Out-Patients. A Maternity Department is also attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers, in each session, during the last two years of their curriculum.

SCHOLARSHIP, PRIZES, ETC.—In addition to the Medical Appointments mentioned above, a Scholarship in Anatomy of the annual value of £95, is offered to the Students. Examinations for Prizes will take place at the end of each Session.

The Fee for the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, is £89 5s., which may be paid by instalments.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in Practice near the Hospital willing to receive Pupils to reside with them.

GEO. G. GASCOYEN, Dean of the School.
St. Mary's Hospital, August, 1860.

St. Thomas's Medical Session.—

A GENERAL INTRODUCTORY ADDRESS will be delivered by R. D. GRAINGER, Esq., F.R.S., on MONDAY, 1st October, 1860, at Eight o'clock p.m.; the Distribution of Prizes will take place early in the Session.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as perpetual.

A rumour having been current that this Hospital will shortly be removed to another site, it is thought desirable to contradict such report.

PRIZES AND APPOINTMENTS FOR 1860-61.

Voluntary Matriculation Examinations are held early in October, and Prizes are given in each of the three following divisions:—

1st. In Mathematics, Classics, and Ancient History. The President's Prize of 20 guineas.
2nd. In Physics and Natural History. A College Prize of £30
3rd. In Modern Languages and Modern History. A College Prize of £30.

The TITE SCHOLARSHIP, founded by W. Tite, Esq., M.P., F.R.S., the proceeds of £1000 Consols, tenable for three years.

To the three most distinguished Pupils for General Proficiency in each year, the following Prizes are awarded:—

FIRST YEAR'S STUDENTS.

1st. The Treasurer's Prize of 30 guineas. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

SECOND YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10

The Dressers, and the Clinical Clerks, are awarded to merit, after examination.

THIRD YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

Mr. George Vaughan's Cheselden Medal. The Treasurer's Gold Medal.

Mr. Newman Smith's Prize of £5 for the best Essay on "Neuralgia."

The Two House-Surgeons, the Resident-Accoucheurs, and the Dressers, are periodically selected, and are provided with Rooms and Commons in the Hospital, free of expense.

Two Hospital Registrars, at an Annual Salary of £40 each, or one at £80.

To enter, or to obtain Prospectuses, the conditions of the Tite Scholarship, and further information, apply to Mr. Whitfield, Medical Secretary, resident at the Hospital.

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ESTABLISHED A.D. 1828.

MESSRS. LARA AND WALTERS

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Partnerships and Practices valued, and negotiated on Commission chargeable only to vendors; Permanent Assistants provided, without expense to Principals; Professional differences arbitrated; Books investigated and Accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the Medical Advisers and friends of Patients.

Attendance from 11 till 4.

Evening Demonstrations of Anatomy. Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will Resume his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT on Wednesday, the 3rd of October. The Demonstrations take place on Monday, Wednesday, and Friday evenings, during the Winter Session, from Seven to Nine o'clock, at the Westminster Hospital. Entrance fee (perpetual), Five Guineas.

Stockport Infirmary. — Wanted, as Assistant to the House-Surgeon, a YOUNG MAN who has been engaged two years at least in the study of the Profession. His duties will be to assist the House-Surgeon generally, and to take part in the Dispensary. Salary £30 a-year, with board and lodging. Applications with testimonials must be sent to the Honorary Secretary at the Infirmary, before the 12th of September next.

Board Room, August 20, 1860. S. W. WILKINSON, Hon. Sec.

South Staffordshire General Hospital, WOLVERHAMPTON.—ELECTION of PHYSICIAN.—Dr. Topham, one of the Physicians of this Institution, having resigned his appointment, Candidates for the office are requested to send in their Diplomas and Testimonials under cover to the Secretary, on or before MONDAY, the 3rd of SEPTEMBER next. The Election will take place at the General Board of Governors, to be held on the 11th September, 1860.

BENJAMIN SMITH, Secretary.

Wolverhampton, August 7, 1860.

Royal General Dispensary. — An Extraordinary General Meeting of the Governors will be held at the Dispensary-house, 25, Bartholomew-close, on Wednesday the 24th day of September next, at Ten o'clock a.m., for the purpose of ELECTING a PHYSICIAN in the room of Dr. Edwards, resigned. Gentlemen desirous of offering themselves as Candidates are requested to attend the Medical Sub-Committee of the Institution on Wednesday, 17th day of September next, at One o'clock precisely.

JOHN SEWELL, Hon. Sec.
J. FAULKNER, Jun., Assist. Sec.

Birmingham and Midland Eye INSTITUTION.—WANTED, for the above Institution, a HOUSE-SURGEON. He will be required to be a Member of one of the Colleges of Surgeons of Great Britain or Ireland, and a Licentiate of the Society of Apothecaries, London, or of one of the Colleges of Physicians of the United Kingdom, and to be registered in accordance with the Act of Parliament. Salary, £80 per annum, with an annual increase of £10 till it reaches £100, with apartments and attendance. Testimonials, addressed to the Medical Committee, to be sent on or before the 1st September next. Candidates are requested not to canvass.

Manchester Royal Infirmary and DISPENSARY.—WANTED, in consequence of a vacancy about to occur, an Unmarried Gentleman as PHYSICIAN'S ASSISTANT to these Charities. Every Candidate for the office will be required to produce a diploma from one of the Royal Colleges of Surgeons in London, Edinburgh, or Dublin, and be a Licentiate of the Worshipful Society of Apothecaries, London, or he shall be a Graduate of Medicine of the London University. The gentleman who may be elected will be required to remain in the situation for a term of not less than two years, to reside in the house, and devote the whole of his time to the duties of the office; which duties consist in visiting and prescribing for the home and out-patients. Salary, 60 guineas a year, with board and lodging. Letters from candidates, with their diplomas and other testimonials, must be sent (free of charge) on or before Saturday, the 15th September, to the Secretary, at the Royal Infirmary.

By Order of the Board,
ROBT. THORPE RADFORD, Secretary.

Nervous and Mental Disorders.— Wyke House, Sion Hill, Isleworth, Middlesex, W., a Private Establishment for the care and recovery of Ladies and Gentlemen mentally afflicted. Application to be made to Dr. R. GARDINER HILL, late Resident Proprietor of Eastgate House, Lincoln, 8, Hinde-street, Manchester-square, W., or to Dr. E. S. WILLETT, M.D., Wyke House, the Proprietors.

Ladies Mentally Afflicted, receive EXPERIENCED CARE and TREATMENT, at HENDON HOUSE, HENDON, near Hampstead. A spacious Mansion surrounded by 20 acres of Lawns, and Park-land. Miss Deerce Proprietor and Resident Superintendent. Regular Medical attendance supplied. References of the highest character.

Medical Transfer and Partnership.

30, Bucklersbury, Cheapside.

Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, at the above Address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE Practice.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

He has been concerned professionally for a considerable proportion of the most influential Practitioners (including Partners in many of the leading Medical Firms), to whom he has the satisfaction of being permitted to refer—a privilege that he trusts will be regarded as a proof of the sincerity of his endeavours to conduct these transactions in an honourable and straightforward manner.

Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

Office Hours, from Eleven to Four.

Epilepsy.— There is a Vacancy for one in the Advertiser's Establishment, for young subjects of Epilepsy. Experience has shown the importance of a removal from the ordinary home and of suitable regimenal and other measures in arresting the progress of the malady. The situation salubrious and pleasant. Any parent or Medical man would be supplied with full particulars on enquiry. Address F. S., Bluck's, Stationer, Hampstead, N.W.

A Surgeon, residing in a healthy part of Suffolk, is desirous of entering into communication with the friends of a person, for whom they require a COMFORTABLE HOME, either with or without an attendant. Address, A. M., Mr. Westwood's, 16, Newgate-street, London, E.C.

Medical.—Wanted, an In-door ASSISTANT, in a Mining district, to Dispense, Visit, and fully competent to attend Midwifery. One who can speak the Welsh language preferred, and who is strictly steady and sober. For terms, apply to E. Davies, Surgeon, Blackwood, near Newport, Monmouthshire.

A Member of the College and Hall, registered, who has had much experience of Country Practice, is desirous of a RE-ENGAGEMENT where absence or illness may require a substitute. Good references. Address Mr. Cross, Scadding's Library, Belgrave-road, Pimlico.

The Wife of a Surgeon, who receives a few Young Ladies to Board and Educate, has VACANCIES. The plan of Instruction, and the domestic arrangements are strictly those of a private family. References to the parents of past and present pupils. Address, M. E. B., Sudbury House, Hammersmith, W.

Wanted, by a General Practitioner in the Country, an ASSISTANT, who can Dispense, Visit occasionally, and attend Midwifery: one with a Qualification would be preferred. References as to moral character and ability required. He would reside in the house and be treated as one of the family. Address, stating age, references, &c., to Mr. G. Taylor, Surgeon, Derby.

Wanted, by a Medical Gentleman in a Market Town in the Country, a PUPIL or ASSISTANT who requires improvement in General Practice; one who could attend Midwifery if required would be preferred. Any gentleman wishing for a comfortable home, with gentlemanly treatment, salary not a consideration may address to M.D., *Medical Times and Gazette* Office, No. 11, New Burling, ton-street, London. References given and required.

Hartfield, Sussex.—To Let.—A Comfortable HOUSE in the Village of Hartfield, conveniently situated for a Medical Man, in a district containing a population of above 3000, will be vacant at Michaelmas next. There are three rooms on the ground-floor, and ample bedrooms, with Surgery, stables, outhouses, garden, and eight acres of good pasture-land. Hartfield is situated eight miles from Tunbridge Wells, eight from Edenbridge, and seven from East Grinstead. —Apply to Mr. Edward Little, Lanhill, Chippenham, Wilts; or Mr. Treherne, Withyham, near Tunbridge Wells.

Pau, South of France.—An English SCHOOL has been established for the last three years at this town, for the purpose of giving a classical, mathematical, and general education to the children of English resident in Pau, or of visitors.

The plan of the School includes Latin, Greek, Euclid, Algebra, German, French by a native, and a thorough course of English.

The Principal of the School, the Rev. JOHN HATTERSLEY, invites the attention of Physicians and others to this advertisement, believing that the opportunity of regular instruction for children will be considered an important addition to the many advantages of Pau.

Further information may be obtained from the Rev. John Hattersley, 32, Haute Plante, Pau, Basses Pyrénées, or from Messrs. Williams and Norgate, Booksellers and Publishers, Henrietta-street, Covent-garden, W.C.

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MEDICAL TIMES & GAZETTE

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(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine, &c. &c.

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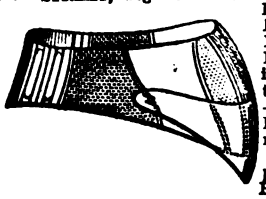

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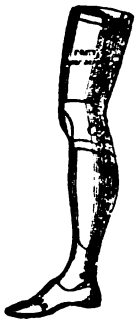

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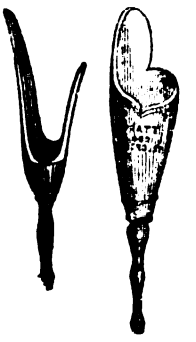

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ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

LECTURE XXV.

EXPERIMENTAL PATHOLOGY— ON POISONS.

Summary: Importance of the Experimental Method both in Physiology and Pathology—The Phenomena exhibited by living Beings, whether in a State of Health or of Disease, to be viewed as resulting from the Properties of Matter in a living State—General Considerations on the Nature of Disease—Insufficiency of the principal Definitions hitherto adopted—Essential Diseases—In what Manner their Existence may be admitted consistently with Scientific Principles—Application of these Views to Experimental Pathology—The Experiments to be Pursued consist in artificially Producing various Complaints in Animals, under definite Conditions—In this respect Poisons are, of all Agents, the most Convenient—Their Effects closely resembling those of Disease in all respects, viz. their Action upon Histological Elements—The constant Symptoms which attend their Introduction into the Economy—The various Degrees of Rapidity with which their Effects make their Appearance—The frequent Absence of apparent Lesions—The possibility of a Radical Cure—Lastly, the Period of Incubation, which precedes the Explosion of Characteristic Symptoms—The Phenomena of Life are therefore inseparably connected with each other, and must in every case be Studied by the same Process—The Action of Poisons affords invaluable Advantages to the Physiological Observer—Inutility of Distinctions made between Experimental Investigation and Clinical Observation—Enumeration of the principal Substances the Action of which is to be examined in the following Lectures.

GENTLEMEN,—The experimental method, to which the physical sciences are wholly indebted for the progress they have hitherto realized, has rendered equally important services to Physiology; it has taught us to consider the various phenomena exhibited by animated beings as the result of properties enjoyed by matters in the living state, instead of referring them to the mysterious agency of a power entirely independent of the animal organization, but controlling all its internal changes, and which, in the language of ancient Physicians, received the name of *vis vitæ*, or vital force.

A similar revolution is no less indispensable in Pathology; and the actual bias of science is rapidly leading us to this desirable result. A great number of our cotemporaries, however, still adhere to the notions of the old classical school, and consider the rejection of their favourite views as a proof of materialism; an assertion altogether unfounded, and which must not arrest us in the course of our present investigations. The experimental method is equally applicable to all the sciences. Why, therefore, should we endeavour to establish, with respect to pathology, a distinction as erroneous in theory as it is injurious in practice, to the progress of our art? No Medical philosopher who truly deserves that name will dissent from us on this point.

What is disease? A question which evidently must be the first that presents itself to the Physician's mind, but which none of the definitions laid down up to the present time has satisfactorily answered; in fact, these definitions having in almost every case been established *à priori*, are of no value whatever in the actual state of our knowledge. Synthetical reasoning is, of course, the starting-point of all sciences; they arrive by degrees at the analytical process of inquiry, and are thus at length enabled to reconstruct their principles on solid foundations; a progress which has already been realized in the case of Physiology, while Pathology still lingers behind in that state of uncertainty from which our present endeavours are intended to release it. The existence of essential diseases, as opposed to symptomatic disorders, has, for instance, been long a subject of discussion among Medical men; but the precise meaning of these terms must be accurately determined before we can possibly come to an understanding on this subject. If, by the words "an essential disease," it is implied that certain disorders exist without corresponding material lesions, a similar hypothesis cannot be too strongly condemned; for an organic apparatus can never cease to accomplish its physiological functions, as long as all the parts of which it is composed remain in perfect order; to suppose the contrary would be to deny the necessary connexion between cause and effect. But if, on the other hand, the expression is intended to convey no other meaning, than that our actual methods of investigation are not capable of revealing the existence of certain lesions, and that we must be contented with registering the fact, without attempting for the present to explain it, no objection whatever can be raised against this latter view, which is perfectly in accordance with facts. Notwithstanding the progress of microscopical anatomy, our knowledge is still very imperfect in this sense, and we constantly meet with difficulties the solution of which will reward, no doubt, the labours of a future generation. Let us not, however, be discouraged, nor abandon the researches undertaken for this purpose; for Science, after all, entirely consists in the study of the relations of natural phenomena with their material causes. If, therefore, the existence of affections altogether independent of physical changes were admitted as a positive fact, the whole fabric of our knowledge would fall to the ground at once.

Experimental Pathology (according to our views) is, therefore, the application of the analytical method to the study of disease. A given series of disorders, all belonging to the same nosological tribe, having been selected, we shall proceed to inquire into their causes, symptoms, and development, by means of direct experiments—that is to say, by artificially creating similar disorders in animals whose organisation closely resembles our own; and we shall, in this manner, successively review the great natural divisions of pathology. We might, for instance, direct our attention to inflammations in the first place; and, after exhausting the subject, proceed to the study of fevers; and the whole field of scientific nosology will thus be brought by degrees within the pale of our investigations.

It would however, gentlemen, be utterly impossible to fill up so extensive a plan within the short space of time which still remains before the end of the session. We must, therefore, rest satisfied with giving you a general outline of our future studies; and, in order to conclude the present series of Lectures with an interesting subject, we shall devote the latter part of this course to a question of secondary importance, but which may be found a useful introduction to a higher order of inquiries. We allude to the study of poisons, which, at a future period, will lead us to examine the general principles of therapeutics.

We now meet with one of those difficulties with which all scientific classifications are encumbered: ought the effects of poison to be viewed in the light of ordinary affections, or be set apart as belonging to an entirely different science? The latter is the opinion of many an eminent toxicologist; we are far, however, from partaking these views. There exists, on the contrary, so remarkable an analogy between the symptoms of legitimate diseases, and the disorders which result from the introduction of toxic agents into the economy, that the effects of poisons may, up to a certain point, be considered as the most perfect specimen of morbid actions which can possibly be selected as a type. You are, no doubt, already prepared for this assertion, the preceding Lectures having been mainly devoted to this subject; we shall now endeavour to complete the demonstration of the fact.

When we examine the lesions which result from the injection of toxic substances, we invariably discover that one peculiar histological element, one given tissue has been invaded in all the parts which compose the animal economy; and the direct consequence of such modifications is a total derangement of the physiological functions which, in the healthy state, devolve upon the injured elements. A general disturbance, therefore, arises from the suppression of their vital properties; and in this respect, the action of poisons is strictly parallel to that of internal diseases. Nor is this all; you are fully aware that the characteristic symptoms which attend the introduction of each particular substance into the system, enable the Physician to establish as precise a diagnosis as in the case of any other affection. Are not the effects of arsenic, or those produced by the salts of lead, as easily

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distinguished from those of other poisons, as typhus fever or pneumonia from all other diseases? Now this is a property which has at all times been viewed as an essential characteristic of well-defined diseases; we give, in fact, this name to a definite succession of morbid phenomena, which arising from a given anatomical modification of tissue, undergoes a regular evolution, and terminates either in death, when the more important phenomena of life have been suspended, or in the patient's recovery when they have resumed their natural course.

But a highly plausible objection might now be raised against us; the effects of poison, it may be said, can be reproduced at all times upon a healthy subject; while morbid agents are entirely beyond our control. Our reply to this argument is, that a variety of diseases may be created by artificial means, especially when a peculiar virus exists; the inoculation of small-pox and of venereal diseases sufficiently prove this; and we have previously shown that mere surgical lesions frequently enable us to create at pleasure in sound animals, a series of well-known disorders.

The astonishing rapidity with which the symptoms of poisoning often succeed the introduction of the toxic agent into the body, ought not to prevent us from assimilating them to the ordinary effects of disease; for the duration of the morbid series entirely depends upon the nature of the poison, and the state of concentration in which it is employed: if prussic acid, when pure, produces instant death, its destructive powers may be reduced by successive dilutions to the very lowest degree; and a large number of other poisons (metallic salts, for instance) act with comparative slowness, and may be assimilated to chronic affections, when taken in small doses.

The absence of all visible lesions after death, which not unfrequently occurs in cases where poison has been administered; and the possibility of an entire recovery, when the noxious substance has been completely expelled, may be adduced as additional proofs in favour of our views; and lastly, as a further resemblance to certain diseases, an incubation of a certain extent often takes place. The deleterious agent does not always exhibit at once its destructive properties, but remains during a certain lapse of time in a latent state (so to speak) within the economy. In short, gentlemen, the phenomena of life, whether viewed in connexion with physiology, pathology, or toxicology, obey the same natural laws, and ought not to be studied apart from each other. But in the case of poisons, the observer is placed in the most favourable conditions that can possibly be imagined; he administers definite substances in given quantities; he notes the effects produced from the very commencement of the consecutive disorder,—a condition which can never be realised in clinical practice; and lastly, he selects according to his convenience, the age, size, constitution, and species of the animal on which the experiment is performed: he therefore enjoys every possible security for the perfect success of the operation.

It is a well-known tendency of the human mind, never to rest satisfied with the mere observations of facts without seeking to know their primitive causes; in this respect an absolute parity exists between the Medical observer and the experimental physiologist; they both endeavour to combine facts in such a manner as will enable them to arrive at general conclusions. It has been stated that scientific observation consists in remarking the effects produced by the unassisted efforts of Nature: while experiments, according to the well-known definition of Laplace, consist in disturbing the natural evolution of phenomena by direct interference, so that observation is the only method available in certain sciences; for as long as the phenomena which attract our attention do not lie within our reach, their natural evolution cannot be modified for scientific purposes, and the experimental method is no longer applicable. Such, for instance, is the case with astronomy; the motions of the celestial bodies lie open to our observation, but cannot possibly be diverted from their course.

We have no objection to make against these definitions, viewed in a general sense; but when applied to the Medical sciences, it would not be safe to place an entire reliance upon them. Clinical observation is perpetually disturbed by Medical treatment; and experimental physiology is frequently reduced to mere observation; when, for instance, a fistulous opening has been formed in an animal's stomach, in order to examine as closely as possible the digestive process, all interference with the natural course of the function is cautiously avoided by the scientific observer; we are, however, entitled to call the operation a physiological experiment; and, on the other hand, in the practice of Medicine, a vast number of experiments are daily made under the name of "clinical observations;" when the Physician administers to his patient a substance, the action of which is as yet unknown, when he notes down its effects, and publishes the result of his inquiries, has he not been actually making an experiment? We therefore believe that no positive distinction could be safely established between these two modes of investigation, and that in all cases in which the process of analysis has been introduced into the study of facts, and logical inductions have been drawn from the results of observation, an experiment has been made.

We shall therefore devote the few remaining Lectures of the present course to the study of various poisons; the action of woorara, a subject already examined, but on which we have some new and original results to communicate; that of digitaline, upas, and other substances of the same class, will occupy our time till the end of the session—and in all our researches the starting-point shall invariably be the observation of the animal in the healthy state: after having numbered its pulsations and respirations, after having examined all its various functions, we shall administer the poison, and follow with attention the development of its effects: and lastly, when death has taken place, we shall ascertain the lesions produced, by successively examining the various tissues with respect to their vital properties; in this manner, a parallel being established between the state of health and that of disease, we shall be enabled in general to explain how the fatal result has been produced.

LECTURES
ON THOSE DISEASES OF THE KIDNEY
GENERALLY KNOWN AS
BRIGHT'S DISEASE.

DELIVERED AT

The Middlesex Hospital.

By S. J. GOODFELLOW, M.D.

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Lecture IV.

Gentlemen,—The next symptom in our classified list is pallor; and as other symptoms, (*e. g.* emaciation, and those referrible to the nervous, respiratory, and digestive systems,) are more or less intimately connected with the proximate cause of this symptom, as well as of those of which I have already spoken, I will include what I have further to say with respect to these symptoms in my remarks on the cause of the pallor.

A general paleness or anæmic appearance of the surface, as well of the skin as of the mucous membranes, is almost always observed in these diseases. It indicates a true hydræmia. This sign is not of much value in the acute forms of these diseases. In the chronic forms, however, especially in those in which no albumen can be discovered in the urine, it is a symptom of great value, and when observed in persons above the age of from thirty-five to forty, it should lead us to examine closely for the detection of the other symptoms and conditions which are characteristic of these forms of disease. Especially should we direct our attention to the specific gravity of the urine, the quantity passed daily, and the amount of urea contained in the daily discharge. It should lead us to observe also more carefully than we otherwise should feel called upon to do, the state of the eyes and eyelids,—whether there be not a slight puffiness of the eyelids in the morning, whether the eyes be not preternaturally pale, and there be not some indication of serum beneath the conjunctivæ. In persons exhibiting this anæmic appearance, even when there is no perceptible general dropsy and no albumen in the water, you will generally find, by moving with some slight pressure the eyelids up and down upon the conjunctiva oculi, that you can make the appearance

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of a tear from the fluid connected beneath the membrane. The paleness in these diseases is not like that in chlorosis or in anæmia from other causes, a dry waxy paleness; it is what may be called a dropsical paleness; and there is generally some amount of swelling or fulness of the integument, although it does not pit on pressure. The urine also will invariably be of low specific gravity, seldom above 1010, often below this, and very pale in colour and somewhat turbid. Of course I need not again take up your time in telling you how to discriminate between the anæmic appearance from this disease and that due to phthisis and other diseases. But even if there be unmistakeable evidence of phthisis in any case, this ought not to exclude the fact that kidney disease may be present also. The phthisical state may have been rendered active or hastened, in one having an hereditary or acquired tendency to it, by the innutrition of the body consequent on the kidney disease, as I believe it often is. Bearing in mind the symptoms and secondary affections, and especially the condition of the urine in these affections, you never need be at a loss in making your diagnosis. In the practice of your Profession I am sure you will find the benefit of paying great attention to these symptoms; you will often discover strong evidence of kidney disease before the appearance of the albumen, for I am confident that the kidney often undergoes a very serious amount of disease before this principle can be detected in the urine. In many cases you may be asked whether an operation for the removal of any disfigurement might be undertaken with safety which might be allowed to remain without injury to the health. Of course, if this, as well as the other symptoms of chronic kidney disease be present even when no dropsy can be discovered, and no albumen in the urine, you will give the weight of your opinion against the operation. In other cases you may be enabled to explain why accidents, not serious in themselves, are followed by fatal consequences.

Proximate Cause of the Anæmic Appearance, Emaciation, etc.—My description of the proximate cause of the pallor will not be so satisfactory as I should like it to be. At present we know very little as to the direct influence which urea exerts upon the red corpuscles under different conditions of the serum, more especially those which we find in Bright's disease. My friend and colleague, Mr. Heisch, and I have been engaged for some time past in making experiments and observations with the view of discovering how urea acts as a poison, and more particularly how it affects the red corpuscles, but as yet the results do not justify our laying them before the Profession. That it does exert a considerable influence upon the red corpuscles, under certain conditions, there is no doubt. I will not occupy your time in giving the results of others with which I am acquainted, because, as I think, they are not borne out by subsequent inquiries. We have seen that, in all the forms of these diseases, there is a great diminution in the proportion of the red globules. How can we account for it? It will be necessary to bear in mind, that, not only is the proportion of blood corpuscles diminished, but the quantity of albumen is reduced; also, the quantity of water is increased, and the serum is consequently of low specific gravity; and, besides all this, there are present evidently toxic matters—urea and the "extractives." You will observe, then, that these conditions of the blood must affect the quantity of red corpuscles in two ways—it is calculated to hasten the decay of the corpuscles already formed, and to prevent, more or less, the development of others. Leaving out of our calculation the direct effect of the urea and "extractives" for the present, the quantity of water—the hydræmia—will itself tend to destroy, in a longer or shorter time, the red corpuscles. Very many years ago I was led to try the effects of water upon the red corpuscles, both by mixing the blood with water out of the body, and by drinking water in large quantities, and examining the effect upon blood drawn after these copious draughts. Many others have experimented in the same manner, and invariably with the same results. But in the latter case the water obtains a speedy exit by the kidneys, the density of the serum is restored, and the corpuscles resume their normal shape. There is no doubt whatever that, if water be added to serum, so as considerably to reduce its density, an osmotic current will more or less rapidly be set up towards the interior of the globules—they will lose their flattened discoid form and become globular, and if they remain in this medium for any length of time, according to the reduction of density, they will burst and be destroyed. If even a small quantity of water be added, or the serum be rendered thin by disease, the hæmatin leaves the globules and becomes dissolved in the serum. The normal, or even increased, proportion of salts and fibrin, and the presence of some fatty matters, as cholesterin, are found to have no conservative influence if the proportion of albumen be much reduced. But in many of these diseases the albumen,—the very material from which the constituents (the hæmatin and globulin) of the corpuscles are formed,—is poured out of the system in vast quantities, and even in those affections in which no albumen is found in the urine the proportion in the serum is reduced from other causes. Now, with reference to this influence of density, my own observations show that it is less in proportion as the number of corpuscles is large, and *vice versâ*. Although it has been proved that the amount of water in the blood-cells undoubtedly stands in a definite relation to the amount of water in the serum, and that these cells are within certain limits constantly reacting on the inter-cellular fluid, yet you must not conclude that the density of the cells is rendered by osmosis the same as that of the serum in which they float. These cells have a more complex, a more elaborate, organization than would be consistent with such a notion. Normally, the solid constituents of the blood-cells are almost four times as great as those of the serum. This difference in the amount of water and solid constituents present in the blood-cells, and that of the same constituents in the serum is a very interesting fact in connexion even with the amount and formation of the blood-cells themselves, and also with the other effects of these diseases. It shows that these cells are capable of exercising important changes in the *liquor sanguinis*, out of which they are, in a manner, formed, and from which they derive the elements which they elaborate into more complex proximate principles: they probably are instrumental to some extent, and in more ways than one, in preparing materials for the development of new corpuscles. Any condition of the serum, therefore, which tends to destroy these red corpuscles must indirectly react upon itself, by cutting off one of the sources of its own nutrition, and, consequently, the nutrition of the body generally. Not only will a diminished proportion of blood-cells act injuriously to the serum and to the system generally in this way, but, from my own investigations, it would appear that this very diminution renders them more readily influenced by any alterations of the serum, either in its composition, or merely its density. When the red blood-corpuscles are in normal amount, and therefore, numerous, a certain quantity of urea added to the blood scarcely produces any effect upon them, but on adding the same quantity to the same amount of blood from which a considerable number of the corpuscles had been withdrawn, a very striking effect was at once observed, the corpuscles rapidly assumed a vermilion tint, and sunk to the bottom, presenting the appearance, to the naked eye, of fine vermilion, and on examining this sediment with the microscope, it was found to consist entirely of the red corpuscles reduced to about a sixth of their normal size—in fact, the effect of the urea seemed to be in exact relation to the quantity of red corpuscles. It was this great reduction in size of the corpuscles, after the addition of urea, that led Hünefeld to the erroneous conclusion that this substance had the property of destroying the envelopes, and setting free the nuclei. He mistook the reduced corpuscles for what he considered to be their nuclei. In the most acute forms of these diseases, those in which the dropsy is considerable, it is probable that the anæmic appearance is partly due to the dropsical condition of the subcutaneous and submucous areolar tissue, and not wholly to the absolute or relative diminution of the red corpuscles.

But not only are the corpuscles injured, if not destroyed, by the abnormal proportion of water in the serum, but in most of the more acute affections there is a great loss of albumen, which is passing out of the system in large quantity with the urine. The nutrition, as I have before stated, of those already present in the blood, must be impaired, and the development of others prevented. Lehmann, and others, have shown by actual experiment, what indeed might *à priori* have been anticipated, that scanty nutrition, and prolonged abstinence from all food, diminishes the number of blood-corpuscles. It this be the case with respect to nutrition of the body generally, how much more must it necessarily be so when the very proximate principles from which they derive

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the elements of their growth is withdrawn from them. But here it may be stated that in some of these affections in their whole course, and in others, in some part of it, there is no loss of albumen with the urine; and it may be asked how can a diminished quantity of the albumen be accounted for under these circumstances? It is certainly more difficult to explain its diminution under this, than under the former condition, but yet not impossible. We have seen that there is an increased proportion of fibrine in nearly, if not in all, of these diseases. This is an interesting fact in connexion with Simon's discovery, which I mentioned in my second Lecture, that the blood in passing through a secreting organ loses in great measure, if not entirely, its fibrine, and that its diminution or disappearance, as the case may be, will be accounted for by the increase in the quantity of albumen. The researches of Bernard and Simon have proved that there is an increase in the proportion of albumen in renal venous blood, and the following tables of Simon show that this increase bears a remarkably close relation to the disappearance of fibrine:—

	Blood from Renal Vein.	Blood from Renal Artery.
Water.. ..	778·000	790·000
Solid Matters	222·000	210·000
	1000·000	1000·000
Fibrine ..	000·000	8·200
Albumen ..	99·430	90·300

This, then, is the case in the normal condition. But in the diseases of which I am now treating there is invariably a diminution in the amount of urea and the extractives. These are the peculiar constituents of the urinary secretion. It seems certain that the separation of these constituents rich in nitrogen, is in some way connected with this transformation of fibrine into albumen, and it is not unreasonable to suppose that if this separation is incomplete this transformation will not take place at all, or in an imperfect way, and thus we have neither normal fibrine nor normal albumen as the effect, in fact neither of these proximate principles in the state fit for the nutrition and development of the red corpuscles. But there is another cause of want of nutrition of the red blood corpuscles. In all of these affections there is a general impairment of the digestive functions. This is not to be wondered at, and might be accounted for in many ways that I have not time to allude to here; but as there are some which have been asserted as proved by actual and oft-repeated experiments, I will venture to mention them. I have an additional motive for mentioning them because they throw so much light on the causation of many other symptoms, and must intertere in a very marked degree with not only the nutrition of the body generally, but with the development of the red corpuscles. In the first place, notwithstanding the imperfect way in which the food is digested in most, if not in all of these kidney affections, and the small amount of oxygen that is introduced into the system owing to the small proportion of red blood corpuscles, there is no doubt that urea in considerable quantities continues to be formed. It is not, moreover, eliminated by the kidneys; it remains in part in the blood and in part it escapes from the system by other organs, but especially with the gastric and intestinal secretions. This has been proved so often, and is so universally known, that I need not mention any facts in support of it. A fact, however, noticed by Bernard after the removal of the kidneys, is so interesting in connexion with our subject, that I cannot resist mentioning it to you. In twenty-four hours, Bernard found that a dog who had a fistulous opening in the stomach, passed about ninety-three grains of urea and uric acid, and yet at the end of this time, after the removal of the kidneys, the blood drawn from the animal exhibited only a mere trace of these substances. Where is it eliminated in this early period after the operation? It is in the intestines, and particularly in the gastric juice, as the fistula in the stomach enabled M. Bernard to demonstrate. Before the operation there was none in what issued from the opening, and immediately after it was detected in considerable quantity. After remaining some time in the intestine, the urea changed into ammoniacal salts, and what is strange, the gastric juice continued all the time to be secreted, and not, as in the normal condition, only after a meal. When, also, substances generally eliminated by the kidneys were injected by M. Bernard into the blood, they were found in the stomach. Now, independently of the direct injurious effects of these urinary constituents upon the gastro-intestinal membrane, they diminish the power of the gastric juice in another way. It is a well-known fact, that anything which neutralises the acidity of the gastric juice, or which renders it alkaline, destroys its solvent property. According to Bidder and Schmidt, and others, the digestive properties of the gastric juice is weakened even if it be mixed with any considerable quantity of saliva, on account, as they think, of the free acid being neutralised by the alkaline of the saliva. These authors also found that the addition of bile to gastric juice entirely suspended its digestive property, a though the mixture still exhibited a decidedly acid reaction. Without forming any positive opinion as to the effect of urea or the salts of ammonia, resulting from its metamorphosis, on the tissues of the stomach and intestines, we may yet incline very strongly to the conclusion—indeed it is very difficult to avoid it—that the admixture of these matters with the gastric juice is prejudicial to its digestive power. Bernard, and Bidder, and Schmidt found this to be the case. They observed that gastric juice secreted with urea, sooner or later—generally in a few days—became alkaline; and that in this state it is assuredly unfit for that property which normally it is supposed to possess in an eminent degree, and that is, to prepare the albuminous matters into assimilable forms. The admixture with urea and with salts of ammonia was found to diminish this property even before the gastric juice became alkaline. Lehmann also supports the opinion of Bidder and Schmidt as to the injurious effects of neutralising the free acid of the gastric juice; for he found that its digesting power was much impeded by the addition of alkaline salts, or by saturating the fluid with peptones or other organic substances, either *nitrogenous* or non-nitrogenous. From all this it will not be considered unreasonable to suppose that the secretion of urea and the ammoniacal salts is not only hurtful to digestion from its directly irritating the coats of the stomach, but also by its impairing the digestive power of the gastric juice, and so preventing the formation of normal chyme and chyle for the supply of fresh materials for the globules. It is pretty certain also that the saliva, the pancreatic juice, the intestinal juice, and even the bile itself, are deprived to some extent of their digestive properties by admixture with the urea or the salts of ammonia. That these matters are mixed with the intestinal juice Bernard has shown; and as this juice, when under normal conditions, has been found to have the property of dissolving and rendering fit for absorption not only starch, but flesh and other protein bodies, anything which affects its composition, such as admixture with urea and ammoniacal salts, is very likely to impair its digestive power. That the saliva is also impregnated with these constituents of the urine must be evident to every one who has watched persons labouring under these diseases. Patients constantly complain of a urinous taste in the mouth, and you must have often detected a strong urinous odour in the breath. In proof of this, Lehmann has found that "many mineral organic substances which are thrown off by the urine, either unchanged or little modified, are far more rapidly eliminated by the salivary glands—often, indeed, before they could be separated by the kidneys from the mass of blood." We may very readily convince ourselves of this fact by taking five grains of iodide of potassium in pills, when we shall find that it can be much sooner detected in the saliva than in the urine. The same occurs when it is applied endermically, and with mercury as well as with the iodide. Now it has been shown that what affects the nutrition of the body will affect also that of the red corpuscles. The small quantities of chyle formed by this imperfect digestion, cannot contain the globules fit for conversion into white, and ultimately red corpuscles. But even if they were, there is another circumstance which is calculated to impede if not arrest their development,—the want of oxygen for the formation of the proximate principles out of which the conversion is to be effected. When once there is from any cause a great diminution in the proportion of red corpuscles, and in the amount of hæmatin, and the conditions upon which this diminution depends are persistent, the amount of oxygen absorbed by the blood will be proportionately reduced; the agents by which the oxygen is absorbed are no longer in sufficient number to furnish a proper supply. Bernard and others have shown by the most convincing experiments—indeed it is almost universally assented to by physiologists now-a-days—that the red corpuscles are the agents in absorbing gases, especially oxygen. An immense difference in

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absorbing power is found to exist between pure serum and blood not deprived of its corpuscles. Serum with the corpuscles has been found to absorb 25 parts in 100, while serum alone, not more than one-half or one-third of that amount. I have now shown, but imperfectly I fear, the several ways in which the diminution in the proportion of red corpuscles may be accounted for, independently of any direct influence which the urea itself may exert. What that is I hope shortly to be in a position to assert upon what may be considered sufficient proof. I have, moreover, incidentally indicated to some extent the manner in which the general nutrition of the body suffers in these diseases. But the effects of this destruction of the corpuscles in the chronic forms of these diseases are not by any means comprised in the reacting influence which it exerts upon the corpuscles themselves, especially when considered with the other conditions of the blood as we have found them. This paucity of red corpuscles, when accompanied by the other conditions, exerts most interesting and important influences upon the great processes of digestion, nutrition, respiration, circulation, and innervation. I have not time to go so fully into this explanation as I could have wished, and as the present state of our knowledge would justify. I will merely passingly indicate the manner in which these conditions of the blood may act, more especially the diminution of the red corpuscles when persistent, when in a manner irremediable, as they are for the most part in many of the chronic forms of Bright's disease, leaving you to fill up the details at your leisure from the abundant sources of information now open to us. The effects upon the digestive process, which I have described, together with the small amount of blood corpuscles, not only interrupt in some measure the supply of the protein elements of nutrition to the blood, but even the small quantity that finds its way there is prevented by the want of oxygen from being assimilated to the several tissues. The general nutrition of the body suffers. But not only are but little fresh nutrient matters brought to the tissues in a state fit for assimilation; the effete matters, especially the fats and the several hydro-carbons are not oxidised and otherwise converted into forms by which they can be made useful to the economy or eliminated from it. What, it may be asked, becomes of the effete protein matters? It requires a considerable amount of oxygen to convert them into the nitrogenous excreta, more especially urea. This, in one respect, may help to explain, to some extent the deficiency of urea in the urine in some cases, and the almost inappreciable diminution in the amount of uric acid. To convert an atom of protein into 1½ atoms of uric acid, 33 of carbonic acid, and 30 of water, requires 91 atoms of oxygen; and to convert one atom of uric acid into one of urea, requires twelve atoms of oxygen. A reference to the subjoined table shows this clearly:—

	C.	N.	H.	O.			C.	N.	H.	O
Urea ...	2 +	2 +	4 +	2	= 10	2 atoms ...	4 +	4 +	8 +	4
Uric acid ...	10 +	4 +	4 +	6	= 24	1 atom ...	10 +	4 +	4 +	6
Difference	8 +	2 +	— +	4		Difference	6 +	— +	— +	2
1 Atom of Protein	46 +	6 +	36 +	14	=	1½ Uric acid	15 +	6 +	6 +	9
91 Oxygen	— +	— +	— +	91	=	33 Car. acid	33 +	— +	— +	66
					=	30 Water	— +	— +	30 +	30
	48 +	6 +	36 +	105			48 +	6 +	36 +	105

The blood is charged with other impurities than those resulting from the fault in the kidney. It abounds in fatty matters, especially cholesterin, which become deposited in several tissues, taking the place of their own proper elements of nutrition and interfering with their function. We find this in the heart and arteries, and even in the capillaries. These important organs are cut off in a measure from the proper elements of repair at the very time they are called upon, the heart for increased impulsive force to overcome the impediments to the circulation, which I endeavoured to point out in my last Lecture, and the arteries to sustain the increased constant pressure so rendered necessary. The heart is pretty much in the same condition as it is in extensive emphysema of the lungs. Instead of the blood returning to it being poor in oxygen, and imperfectly free from carbonic acid from obliteration of more or fewer of the vessels of the lungs, and from the large amount of residual impure air locked up in these organs, as in emphysema, it is so in these cases, from the small proportion of red corpuscles, and the general state of congestion of the parenchyma, and from serous effusion into the minute respiratory passages and air-cells. I do not mean to imply that the lungs are in many of the chronic forms of these affections constantly in the state of actual œdema, except in far advanced, and more acute cases, but that the lung-tissue is nearly always in a state of sanguineous engorgement, and the minute air-cells, and smallest respiratory passages, in at least the lower lobes, more or less completely filled with thin muco-serous fluid. The red corpuscles still circulating through the lungs take but little of the oxygen of the air with which it comes in contact, and parts with but little of the carbonic acid with which it may be charged; while in some portions of the lungs the air is prevented gaining access to the blood in the capillaries, such as it is, by the copious muco-serous fluid in the smaller bronchial ramifications and the air-cells. The blood then, returning to the heart, there to be propelled into the system at large, is ill-fitted to nourish the heart's substance, to effect those changes in the chyle received from the thoracic duct, which are necessary for its proper assimilation, or to oxydise the effete carbon and nitrogenous compounds, as to metamorphose them into substances fit for elimination by the various excreting organs. When we consider that the albumen is no longer present in anything approaching to the normal quantity—that what remains in the blood is poor in quality, that even this is being lost in varying but considerable quantities day by day and month by month, and that fresh supplies are deficient or imperfectly prepared, we need be at no loss to account for the degeneration which we observe in the heart, the arteries, and capillaries, and the disordered function which necessarily ensues. In considering the several phenomena which mark the progress of these diseases, we should never lose sight of the immense importance of albumen in the living body. It is assuredly, and is universally regarded as, one of the most important substances in the whole animal body. "It is met with," says Lehmann, "in the largest quantity in the blood, and in all those animal juices which contribute directly towards the nutrition of the organs; and a more careful examination of many of the animal tissues shows that albumen requires only some very slight modifications to become consolidated under different forms; as, for instance, when it contributes towards the formation of the solid contractile parts, under the form of syntonine (muscle fibrine), by which alone both the voluntary and involuntary movements of the animal body are effected. We find it both in a dissolved and undissolved form in the most delicate organic combinations; as, for instance, in the contents of the nerve-tubes," etc. Such is the description, in part, of one of the first physiological chemists of the day as to the extensive distribution and most important end of this proximate principle in the animal economy. But in order to convert this principle into organised living tissues, there is one important fact,—it is that the different phases under which nitrogenous molecules appear in the animal organism, must be essentially dependent on the inspired oxygen, and that the latter, under the most various circumstances, gives origin to the numerous metamorphoses which the molecules of albumen undergo before their final change into urea and similar substances. This oxygen, then, we have found to be deficient, for the reasons I have already assigned; and this important principle — the albumen — also deficient; and the blood is highly charged with carbon and fatty matters. The heart, struggling to propel forward the blood with which it is embarrassed, assimilates to itself probably a considerable share of the small supply of protein matters, such as they are, for its nutrition. It certainly enlarges, but is scarcely strengthened—in fact, at the termination of these chronic maladies, it beats as if it were hampered not only by the impediments offered to the transmission of the blood through the systemic vessels, but also by its own weight, its own unwieldy size. If the increase were of healthy, muscular tissue, as it sometimes may be up to a certain stage of some of these diseases, it would be adequate to its end; but, in the majority of cases, its tissue is degraded, as we almost invariably find it in the dead-house, and so also is that of the arteries, and even the capillaries. Atheroma is deposited in considerable quantities beneath the lining membrane, and probably in the interstices of the other anatomical elements, if not taking the place, to some extent, of those elements altogether, and so diminishing the elastic property of the larger arteries, and the muscular contractile property of the smaller vessels, both being so valuable in promoting the circulation. Independently of the causes of retarded circulation and consequent congestion mentioned in my last Lecture, the heart,

supplied as it is with blood little better for the use of the system than venous blood, its action becomes irregular, fitful, convulsive; its proper rhythmical movement is destroyed. That venous blood, or blood, the corpuscles of which are not duly charged with oxygen, is capable of producing convulsive contraction of the muscles, the experiments of Dr. Brown-Séquard satifactorily show. It would not be difficult to explain very satisfactorily how the nervous system also must necessarily be affected under the conditions of the blood as we find them in these diseases in their several stages. I can only give a mere outline, and leave you to fill up the details. These conditions of the blood must interfere with the nervous substance in many ways. In the first place, there is every reason to believe that the urea and other constituents of the urine retained in the blood exert a direct poisonous influence upon the nervous structure, and is itself quite sufficient to give rise to most of the symptoms referrible to this system which we observe in this disease. Secondly, the general state of innutrition from the causes which I have already alluded to, and the non-removal of the effete matters resulting from the waste which is constantly going on, must evidently tend to impair the nervous function. Thirdly, the general state of congretion leading to undue pressure, as well from this as from perhaps some little œdema. It is well known that some degree of pressure is necessary for the maintenance of the integrity of the nervous function,—but it is equally certain that any pressure beyond a certain amount will impair the function, or even destroy it altogether. These causes being in operation must, I repeat, necessarily impair or destroy, as the case may be, the nervous force, whether it be directed to intellectual manifestations, sensual perceptions, voluntary and automatic movements, or to the influence which it exerts over nutrition, secretion, and excretion. The intellectual dulness, the stupor, the subjective sensual impressions, as noise in the ears, flashes of light, formication in the skin, numbness of the surface, muscæ volitantes, vertigo, even the convulsive movements of the voluntary muscles—the epileptiform convulsions—all of these symptoms are just what we might expect, and therefore easy to be explained.

In my next Lecture I propose to enter upon the causes of these diseases.

ORIGINAL COMMUNICATIONS.

OBSERVATIONS ON CERTAIN POINTS

CONNECTED WITH

THE DRESSING OF STUMPS AFTER AMPUTATION.

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The chances of quick union and a good stump undoubtedly depend, in a great measure, upon attention to a number of minute details in the dressing. Though the importance of such details has been generally acknowledged, they are too minute and various to have had much space allotted to their consideration in works on Surgery. The following observations on certain points connected with the dressing of stumps have no pretension whatever to originality. They are simply a statement of views, which both reason and experience have induced myself, and I believe many others, to adopt.

Sutures.

If we divide sutures into two great classes, viz. Metallic and non-Metallic, the majority of Surgeons of the present day—in amputation wounds, and most others where sutures are applicable—will probably be found to give preference to the former. In perfectly healthy tissues, union will generally take place so readily that the kind of suture to be used is not so much a matter for consideration; but when from any cause union is likely to be tardy, then it is a great desideratum to have one which may be kept in the wound for a comparatively long period, at the same time causing the minimum of irritation and lesion of the tissues through which it is passed. This seems to be the very advantage which the metallic suture possesses over one of any organic material.

I must beg to acknowledge the experiments—so conclusive as to the relative merits of these two classes of suture—made some time ago under the direction of Professor Simpson, of Edinburgh (*vide Medical Times and Gazette*, January 1, 1859).

Assuming, therefore, the general inferiority of the organic suture, I beg to offer some observations on the relative merits of the two chief kinds of metallic suture—viz. the common wire, and the needle (or twisted) suture.

With a view to test their relative value, repeated experiments were made by myself and Mr. Gray, our House-Surgeon. In different patients, with different descriptions of wounds, the twisted suture was used side by side with the wire suture, and the result in almost every case was this—that, at the end of a given time, union was more advanced and more satisfactory at the points where the twisted suture was employed, than at the other points. These experiments appear to me to carry some weight; for, when two kinds of suture, inserted simultaneously, are left side by side in the same wound for an equal length of time, there can be little room for fallacy in one's estimate of their relative efficiency.

The superiority of the needle to the wire is probably due to its greater firmness, enabling it to hold the edges of a wound in more exact apposition. The superiority of wire to thread, on the other hand, must be attributed to its inertness from non-absorption of surrounding fluids.

An objection sometimes urged against the twisted suture is this—that often (in consequence of blood and lymph drying around the points of entrance and exit) its removal requires an amount of force which causes pain to the patient, as well as injury to the newly-formed adhesions. This evil may be prevented by a very simple precaution—well oiling the thread before it is twisted over the needle, and oiling it again (with a camel's-hair brush) once a-day as long as the needle remains in. The needle may then be removed without any pain, or any injurious traction on the tissues recently united.

A very excellent kind of needle for the twisted suture is the common lance-pointed hare-lip needle, made by Weiss. It does not oxidise; it cuts easily, and is easily cut. I have suggested to Messrs. Weiss, as a matter of economy, to have them made at least double their present length, since about a quarter of each one (the flattened extremity) has to be wasted.

Bandaging.

In ordinary cases is it advisable to bandage the stump? I think not. The practice of bandaging the stump immediately after amputation seems to be grounded on the following suppositions: That it prevents retraction and involuntary twitching of the divided muscles, and (according to some) the entrance of air or deleterious fluids into the veins. Now let us examine what truth there is in each of these hypotheses.

1. As a matter of fact does bandaging prevent muscular retraction? My own observation convinces me that it does not. I doubt whether it can even retard retraction. Consider the case of an amputation of the leg or thigh. The immediate and primary retraction of the divided muscles takes place probably in the course of a very few hours. In the operation the whole thickness of the muscles has been cut across, therefore the whole substance of the remaining muscle contracts. Now any one, who knows anything of the enormous strength of a single bunch of muscular fibres, will bear in mind how great must be the collective retractile force of the several muscles of a limb acting simultaneously. I am strongly inclined to think it is far too powerful to be counteracted by any amount of bandaging.

Again, even if it were possible to effect this retraction, would it be desirable? Surely not; for until the retraction has taken place, and the muscles have become quiescent, I do not see how Nature's process of repair can commence.

I have spoken of the immediate, primary retraction of the muscles. There is a subsequent, secondary retraction, which begins generally about the second or third week after the amputation, and lasts a considerable time. It shows itself by an alteration, to a variable extent, of the position of the cicatrix. In a thigh, for instance, the undue action of the flexors gradually pulls backwards the line of the cicatrix. Now, according to my experience, bandaging will no more prevent this secondary, than it will the primary retraction. The truth seems to be this,—that if a Surgeon has left flap

enough to allow for retraction, its occurrence will be no mishap; if he has not left enough, no amount of bandaging will remedy his error.

2. As to the involuntary muscular twitching, causing the stump to start, this I have observed to occur just as much with a bandage as without one.

3. There is one more hypothesis to be considered, viz. that bandaging the stump may prevent the entrance of air or deleterious fluids into the veins from the wound.

This theory ignores the first principles of hydraulics and all that we know of the physiology of the veins, and the circulation. It assumes, first, that notwithstanding an atmospheric pressure of fifteen pounds to the square inch, the cut extremity of a vein may remain open, like a hollow tube, up to the nearest point where the current of blood begins. (We know that in certain localities a cut vein *will* remain open, its connexions being such as to prevent its collapse; but of these we are not now speaking.) Secondly, it assumes that the vein aforesaid has a marvellous power of suction, whereby it is able to imbibe fluid *from* the wound, *through* this tubular portion, *into* the current of blood beyond.

Now, if bandaging cannot answer any one of these ends, and has, further, the disadvantage of complicating the dressing, of concealing the stump from view, of getting constantly fouled by the discharge, of diminishing (when at all tight) the afflux of blood to a part which needs a very rich supply, —why bandage at all, unless œdema of the stump or some other complication render it necessary to do so?

In my own practice, and that of my colleague Mr. Hester, there have been at this Infirmary a considerable number of cases of amputation, in which primary union took place at all points, except those which gave exit to the ligatures, and good stumps resulted. In these the mode of dressing was as follows:—The wound having been secured with twisted sutures, a single layer of wet lint was placed loosely over the end of the stump, and kept constantly wetted for about a week; no other covering was applied. Then, as each suture was removed, a narrow strip of adhesive plaster was put to support the parts it had held in apposition, and changed as seldom as possible. No bandage or compress was used from first to last.

PLASTER.

When it is desirable to support the edges of the wound with adhesive plaster, whatever may be the width of the strips towards their ends, I have found it better not to cut them more than half-an-inch broad at the part which is to be in contact with the wound. The advantages are (1), That the condition of the wound in the intervals between the strips is thereby constantly open to inspection; (2) There is the smallest possible area of contact between wound and plaster, —a great advantage when the former happens to be irritable; (3) Free vent is left for discharge.

The position of the strips of plaster should be changed occasionally, otherwise the intervening parts, from the unequal distribution of pressure, have a tendency to become unduly prominent. Attention to this will secure an evenly-rounded contour to the stump; neglect of it will do the reverse, however well the stump may have been cut. This leads me, lastly, to notice how much it is in the power of the dresser to mould a stump, by making constant, steady pressure (whether by plaster or other means) on any point. If in any case, to use Mr. Paget's terse language, unremitting pressure will cause unrepaired absorption, more especially has it a tendency to do this in a part where new tissue is in process of formation.

Oxford.

DEODORISATION IN OBSTETRIC MEDICINE.

By THOMAS SKINNER, M.D.
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ON the 3rd of November last I communicated to the Liverpool Medical Society the value of simple tar-water as a deodorant injection in carcinoma uteri and other affections attended with offensive vaginal discharges. I then stated my belief that the active deodorising ingredient in tar-water, in Messrs. Smith and McDougall's patent disinfectant powder, and in the powders and pastes of MM. Corne and Demeaux, of Paris, was creasote, or its analogue carbolic acid, or some such empyreumatic product. I am still of the same opinion, but further investigation has convinced me that so far as the preparations made from vegetable tar are concerned, besides creasote, the oil of tar acts the most important part as the deodorising agent. I was led to this conclusion by observing that, in preparing tar-water, so long as the tar is capable of communicating its peculiar smell to water, hot or cold, does its deodorising property last. On making this observation I also concluded that the substance giving forth the tarry smell must be the active ingredient; and, as this substance is the oil of tar, I immediately instituted a number of experiments which have proved beyond any doubt, that however powerful creosote may be as an antiseptic and deodorant, it is very much surpassed by oil of tar, if not as an antiseptic, at least as a deodorant.

The oil of tar has been variously denominated oil or spirit of tar or pitch; ol. pini, ol. pini rubrum, ol. petrolei, ol. picis, ol. picis liquidæ, etc. There can be little doubt that the oil of cade, (ol. cadinum, the huile de cade of the French—which is said to be prepared from the juniperus oxycedrus, or Languedoc juniper) is frequently, at least so far as the article of commerce in this country is concerned, nothing but oil of tar. Pereira says that the oil of tar is "a mixture of various volatile constituents of tar."—(Vol. ii. p. 1205, Third Edition.) The samples of the commercial oil vary much; I have scarcely seen two alike in colour, consistency, and smell. The best specimen I have seen is in the possession of Mr. Wharrie, chemist and druggist, of 50, Berry-street, in this town.

It was only the other day, while I was hastily glancing at the literature of the subject, that the following facts and opinions presented themselves:—In the *Pharmaceutical Journal* for 1848-49, Mr. Griffin states, "Tar is a valuable ingredient in disinfecting mixtures; three pounds of tar will preserve twenty gallons of urine from putrefaction, and enable this valuable manure to be preserved or transported inoffensively."—(Vol. viii. p. 14.) With this great fact before us, why, may I ask, is not tar turned to some account in deodorising our street, railway, and other urinals? In another article in the same journal, by the late Professor George Wilson, on Disinfectants, Antiseptics, and Deodorants, he says, "The only other substance to which I shall at present refer is pitch-oil, one of the products of the distillation of tar; it is an antiseptic of the most powerful class, and very cheap, and if not used in excess, it is applicable as a deodoriser."—(Vol. xii. p. 283.)

For the last year or more, while Surgeons, both in Paris and in London, have been actively engaged in investigating the subject of deodorisation in their own particular department; it seems strange that obstetricians should have done so little in theirs. It is not because obstetricians meet with fetid effluvia less frequently than pure Surgeons; it is not because they are less sensible to their existence from being more used to them; but it arises simply from the fact, that they have never properly directed their attention to the best means of removing them.

In the practice of Obstetric Medicine there is no more crying evil, next to pain, than the universally-complained-of bad odour, inseparably associated with the lying-in chamber, particularly the odour of the bed, bedclothes, and patient. Some are much worse in this respect than others. The chief cause of the offensive effluvia is, without doubt, the lochial discharge. We all know how disagreeable, how heavy and how sickly the odour is; particularly a few days after delivery when it is becoming paler, and is passing into the condition termed by the nurses "green water." If it is so very offensive to us, how much more so must it be to the delicate feelings of the patient, particularly of the more accomplished and refined of the sex; and, if the sickly odour is so disagreeable in private practice, where there is only one individual in a chamber, it must necessarily be worse in an Hospital for lying-in women, where several are congregated together. In some of the worst forms of puerperal fever also, the vaginal discharges are sometimes so putrid, and the smell so unbearable, that I have known nurses, and even friends, feel it most irksome to approach the patient, much less to extend to her their kindly offices. These may be looked upon as among the minor advantages to be derived from the practice of deodorisation in obstetric medicine. I would now direct

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attention to the more important question of the saving of life by deodorisation acting as a prophylactic measure in the prevention of puerperal fever and other *post partum* accidents.

Professor Simpson has shown that nearly 3000 mothers die in child-bed every year in England and Wales alone. He says: "Among these 3000 deaths, a comparatively small proportion only are the direct result of convulsions, hæmorrhage, rupture of the uterus, and the other more immediate or primary complications and accidents connected with parturition. The great majority of these deaths is produced by puerperal fever" (a).

Dr. Simpson here refers only to the deaths arising from puerperal fever, and not to the number of females attacked with the disease.

Granting, that 3000 females die in child-birth annually in England and Wales, that three-fourths of them—which is within the mark—die of puerperal fever alone, then that gives us 2250 deaths annually from fever attending child-birth. Granting, also, that the mortality, in the absence of epidemic influence, ranges as high as 1 in 4, in round numbers this will present the fearful amount of at least 9000 women attacked annually with puerperal fever in England and Wales alone. Among the causes of this fearful scourge on puerperal females, there is one which I think has not been sufficiently recognised. I allude to the injurious influence of the *post partum* secretions and discharges of the puerperal female, and more particularly of those who have suffered from a tedious or obstructed labour, and who have been confined within the walls of Lying-in Hospitals.

In reference to the close relation which exists between Lying-in Hospitals and the origin of epidemics of puerperal fever, Professor Churchill, of Dublin, who may be looked upon as one of our best authorities on such a subject, says:—"From a review of the history of the epidemics of puerperal fever, it appears that there is some remarkable connexion between them and the Lying-in Hospitals. I do not mean strictly to assert that the epidemics always originate in, and are kept up by these institutions, but I refer to the fact, that we have no record of any epidemic independent of them in early times." ("Churchill's Diseases of Women," Third Edition, 1850, p. 621.) The members of the Academy of Medicine of Paris, in their ever-memorable debate of 1858, have put it beyond a doubt that their Lying-in Hospitals are hot-beds for the generation and propagation of puerperal fever. The very best of them is not exempt from the charge. The Beaujon Model Hospital itself lost one out of every twelve women delivered between the years 1852 and 1856. But, if we contrast the results of private practice in the poorest *arrondissement* in Paris (the twelfth) with the mortality occurring at the Hôpital de la Maternité, the bare facts speak for themselves. In the first, where the patients are isolated and attended at their own homes, the mortality is only 1 in every 322 women delivered; whereas, in one of the first Hospitals of the city the mortality is so high that one woman dies out of every nineteen delivered within its walls.—(*Journal of Practical Medicine and Surgery*, 1858, p. 291.)

Every obstetrician in Paris is convinced of the close connexion between Lying-in Hospitals and the origin of puerperal fever, and the only reliable steps which have been proposed to prevent or ameliorate the evil, have been such as will tend the more effectually to isolate each individual patient. They are all agreed that for want of this the present Hospitals are powerless to stop the occurrence of the disease or to reduce the mortality; and that, when the fever makes its appearance in the wards, for the sake of humanity the Hospitals should be closed.

As we can no longer doubt that Lying-in Hospitals and the crowding of parturient women are fruitful sources of the origin of puerperal fever, both epidemic and sporadic, let us cursorarily examine whether or not it can arise among cases which are isolated.

Dr. Simpson, than whom no obstetrician has more carefully investigated this important subject, has said, that "in a small ward, or small Hospital, one could almost, as it were, manufacture puerperal fever at will, by crowding a great number of patients together in the same ill-ventilated room." . . . This, no doubt, was true when this experiment was driven, as it sometimes accidentally had been, to an extreme. But it was true, also, in its lesser degree; for Dr. Simpson believed that one great cause of weed, ephemera, and febrile attacks, during puerperal convalescence, was the still too slight attention that was paid to the ventilation of the lying-in chamber. He had repeatedly, he thought, seen more or less slight febrile action set up in a patient from the curtains being closely drawn around her bed for eight or ten hours during the night, being thus obliged to breathe an air loaded and affected with the morbid animal discharges from her own body." I believe that most Accoucheurs will agree with these statements of Dr. Simpson. For myself, I can go a little further, and say, that the only case of puerperal fever which I ever saw in country practice (and it was a very bad, though not fatal one), was caused by the heaping of too many clothes upon the patient, and completely closing the bed-curtains, "in order to keep out the cold air of winter,"—after a first labour of twenty-six hours. When I put my head within the curtains I was nearly stifled.

Without prosecuting this inquiry further for the present, I think that I am justified in concluding—1. That the decomposition of the organic tissues and fluids thrown off by the skin and vagina of the parturient female is to be looked upon as a fruitful source of puerperal fever and other *post partum* febrile and inflammatory actions. 2. That, if such decomposition can be regarded as an agent in the development of such conditions when patients are isolated, it is evident that it must be a much more active cause in Lying-in Hospitals, where the emanations from the patients are more likely to accumulate, and lead to the generation of a peculiar miasmal condition of the air of a ward. 3. That, as the decomposition of organic matter gives rise to fetid odours, such odours in turn become sufficient evidence of decomposition and its dangers. 4. If the premises be true, then deodorisation of the lochia by an agent which stops decomposition promises fair to become a prophylactic of no mean value of puerperal fever and such like *post partum* accidents.

Any practicable means which, without much trouble and at a cheap rate, will safely and effectually relieve the parturient female of all disagreeable smell about her apartment, bed, or person; which will make the patient more comfortable and less loathsome to herself and friends; and which will at the same time assist in preventing the generation of miasma, or lessen the danger from the poisonous influences associated with putrid or morbid effluvia, must be hailed as a great addition to the Materia Medica of Obstetric Medicine. Such an agent, I think, we have in the oil of tar.

(To be continued.)

(a) "Obstetric Memoirs," Vol. ii. p. 1.

ON TURNING IN ALL CASES OF LABOUR.

By E. G. FIGG, M.D.

Delivery by the long forceps in incarceration above the brim purports to be an extraction by Art in strict imitation of Nature. I am not disposed to contest the former assumption (its claims to be an extraction by art), if art and muscular force be convertible terms; but I vehemently deny its imitation of Nature, and I am confident of a coincidence of opinion on the part of the opposition, after a short scrutiny of the subject. It is true that the fœtus in either case passes through the same pelvis, the solitary particular in which they are associated, the process of delivery in every other respect being perfectly distinct. In natural labour (or rather its civilized representative), the head at once assumes a diagonal direction in the pelvis, from which it never departs, save in the accomplishment of the quarter circle revolution between the obturator and the synchondrosis in presentation of the third and fourth. In delivery by the long forceps the blades must be introduced in relation to the maternal anatomy, rather than the cranial position (Burns); hence, if the practitioner be fortunate enough to effect a firm attachment he can merely speculate as to the adaptation of the head to the pelvic cavity, when brought by traction in contact with the brim. He may suppose the presentation to be a first or second, when in reality a third or fourth, a circumstance that would materially affect the nature of the delivery; or otherwise the os frontis and occiput might be drawn in contact with either transverse pelvic diameter, positions in which exit is impossible.

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In natural labour the fœtus enters the pelvis in the axis of a line drawn from the umbilicus to the promontory of the sacrum, or rather a little to the right or left of these localities. This line continued would strike through the arch of the sacral bone at its deepest concavity. In long forceps delivery the posterior commissure of the perinæum, the rectum, coccyx, and horizontal portion of the sacrum prevent the backward inclination of the instruments to the axis required. So that the force exercised by them, and made to bear on the head at the brim, fails in compelling its entrance in the proper direction. In natural labour the powerful expulsive force of the uterus acting on the descending head causes an imbrication of the cranial bones, as they come in contact with the various pelvic points opposing progress, now expanding, now contracting, as necessity required. And not merely so, but the thin parietal, frontal, and occipital bones exhibiting in the fœtal state an excess of animal over mineral structure, are moulded by the posterior force, so as to occupy every pelvic space, and thus accomplish, unaided, a passage more or less out of proportion. In long forceps delivery there is no alternate contraction or dilatation of the bones, an imbrication of the two grasped by the opposing blades is permanently retained, at the expense of an expansion in some other locality. The moulding or flexing process referred to being antagonised and superseded by the operation of the instruments on the head.

Authorities on the mechanism of parturition affirm that in normal cases the pelvic diameters and the cranial measurements are so perfectly correspondent that the head fits the cavity as a glove fits a hand, and that a greater circumference of the head, to the extent of the eighth-of-an-inch beyond that of the pelvic brim is quite sufficient to occasion dangerous protracted labours, resulting in a large per-centage of deaths. Now, granting that the internal aspect of the blades, favourably applied, reduces the head to the most contracted condition compatible with viability, we have the calibre of their substance additional to this contracted cranial diameter which may be forced through the aperture it is true, but not with impunity, as the lacerated and abraded passages too often testify.

Perhaps you are now ready to conclude that delivery by the long forceps is not effected in imitation of Nature. But, should the affirmative still be held after refreshing the memory in the prominent incidents in the scenes of violence witnessed, a verdict must be conceded that the sceptre of her control in obstetrics, like the powerful instrument of her imitators, is an iron one. I now bring the operation of turning in abnormal cases to the natural labour standard of comparison, impressing on the minds of the profession the following particulars:—

That the introduction of the hand precludes the possibility of error as to the course taken and the parts grasped; that the fœtal position above the brim obstructive to forceps facilitates the act of version; that the gradual dilatation of a dilatible organ, like the uterus, by the cuneiform body of the child, is in accordance with every theory of dynamics; that the fœtal arms perpendicularly erect by the side of the head carries the latter easily out of the uterine cavity and into the pelvis by expanding the diameter of the os and cervix beyond that of the head; that the mass of the child's body exterior to the vagina affords every facility for judgment and manipulation in choosing an appropriate position for the entrance of the head into the pelvis; that the flexibility of the cervical vertebræ, and the deep recess of the sacral cavity, permits admirably the concentration of the tractile force on the head; so that a finger of the left hand being placed in the mouth, and those of the right hand spanning the shoulders, the os frontis and mesial line of the face can be kept in perfect apposition with the synchondrosis, and in accordance with the three pelvic axes; that contact of the fœtal integument with the pelvic surfaces must be less irritant, and less liable to effect lesion, than the attrition of metallic substances; and that the nervous sensibilities of the patient herself, and those of her female friends, are less liable to be excited by the operation of turning than the prospect of an instrumental delivery. A first and superficial observation of the fœtal cranium might seem to establish an objection to its extraction in an inverted position. You might argue, that, if the apposition of the head to the pelvic passages, in the maternal presentation, be perfect as that of a hand to a glove, this adaptation can no longer exist in inversion, the contour and diameters of the base being quite distinct from those of the dome of the skull; consequently, the relation of the pelvic form to the inverted head must be as ill-accordant as that of a glove to the hand if the carpal extremity rather than the digital had been first introduced. A little reflection not ony dissipates this illusion, but discerns an immense superiority in delivery by version in preference to the natural mode. Whatever the appearance of the skull may be as seen in the museum of the anatomist, the practical accoucheur is perfectly aware that in the process of parturition it assumes more or less the ovoid character, in accordance with the imbrication of the parietal, frontal, and occipital bones. If the imagination could faithfully depict the transit of the fœtal head, it would to some extent resemble a double cone with the bases in apposition, and the apices represented by the presenting point of the cranium inferiorly, and the chin in contact with the sternum superiorly. Every man of experience knows that the sagittal or coronal diameter, viewed obstetrically, is not the seat of obstruction; that they always diminish half-an-inch when compressed below the measurement of the base, taken from zygoma to zygoma. Now, allowing that the unyielding pelvis is only adequate to the passage of the unyielding base by the co-operation of external force, which form of delivery retains the characteristics of natural labour? Version certainly; for the conical type is still maintained, though the apex at the chin now constitutes the conducting point of the double cone, instead of the presenting portion of the cranium. If a failure ensue on the use of the long forceps while the effort has extracted the head from the uterine cavity, all recourse to version is precluded. No alternative to the destruction of the infant remains. But if version constitute the primary act, extraordinary impaction may be combated by the long forceps in the hand of an assistant, while the Practitioner officiates by traction of the body.

Having, I hope, exhibited the advantages of the plan in abnormal cases, I will now attempt its defence in all instances. In advocating general delivery by turning, I intend the proposition of a theory subversive of the sophistries of my opponents, and prospectively justifying the measure; and then, from the details of an extensive practice in the operation, prove its rationality in its salutary results. With a view to this mode of procedure, it becomes absolutely necessary that we ascertain the definite import of terms and conventional phrases involved in the subject, without which scientific and logical inference must be completely impossible. First, then, what is Nature in her essence—what the character of her laws? Is hers a system of immutable perfection laid down by Infinite Wisdom, alike defiant of improvement or decay? Evidence from every department of her rule negatives the idea, plainly declaring that, whatever her pretensions to this attribute may have been in the era of her organisation, she is now physically insolvent, defective of energy in the accomplishment of those processes and metamorphoses to which the material world is incessantly subjected. Has she beauty? Yes. The beauty of the Neapolitan landscape, with its vines, its streams, its sunlight; but also its burning mountains, and charred rocks, indicative of past, and prophetic of future ruin. The beauty of the midnight wanderer of our squares, in whose lineaments, albeit marred by dissipation, we trace the charms which captivated the beholder a few years antecedently. Has she wisdom? A wisdom apostolic,—"To will is present with her; but how to perform that which is good she finds not." Ever labouring for the benefit of her subjects, she assumes circuitous modes, and inadequates measures; so that her efforts, if not classed amid actual failures, are seldom attended with signal success. We obstetricians talk of imitating Nature. It is the noble ambition of the agriculturist, the manufacturer, the chemist, and physician, by carrying out the hints she affords in a brilliant and artistic manner, to eclipse her. Nature's termination of organic existence is death, the event being frequently attributable to her fallacy of originating a second disease in her attempt to remove a former one. Would we deem it judicious to imitate her in this particular?

Are the laws of Nature, and the laws of Health convertible terms? Then Death, being an inevitable natural consequence, must be also identified as a law of Health. Life and Death diametrically opposed, will thus be brought into intimate connexion.

On these premises I conclude that Nature, in the nineteenth century is a melancholy degeneration of her ancestor of the Adamic age; an imbecile government with some redeeming

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traits; a condition of anarchy requiring rational supervision for the rectification of error.

While, however, I thus renounce my credence in her infallibility, I unhesitatingly concede that there is a corporeal condition, conventionally termed Health, in which a series of functions is performed at the dictation of Nature alone superseding the necessity of artificial interference. Shall we include ordinary labour in this series? Subject it to the analysis of reason, and then decide.

Natural Philosophy stereotypes the maxim, "That division is a precursor of destruction." Vegetable Physiology endorses the sentiment. Plants expire carbon, the paramount element of their structure, when they flower, and in many instances flower just before they die. "Do you wish," said a Veterinary Surgeon, "to retain your horse in her utility? Never allow her to be impregnated; gestation will sap her energies, and render her inadequate to fatigue." The ephemeral insect families of America live but for a day, and expire in producing the generation of to-morrow. The shores of the Columbian rivers are annually strewn with the bodies of salmon exhausted in spawning, and the fish of our coasts are often observed in the last stage of emaciation from a similar cause.

And is the highly-organised structure of woman, with its nervous excitability and artistic finish exempted from the shock under which ruder systems have sunk? We know that it is not. Gestation is to many patients an incessant career of suffering. In every patient it involves an immense sacrifice of vital force: because the physical energies are monopolised in Nature's darling project—the nutrition and maturation of the fœtus to the compromise of the maternal interest. This process heralds and inaugurates that of parturition, when from the minute locality of the cervix and the superficial sensation of the flying pain, the influence extends eccentrically progressing in intensity till every muscle is leagued in the effort, and every nerve-cord thrills with anguish. Surely it is the mockery of woe—a travestie of animal suffering to call this a healthful and physiological, and therefore an agreeable function. It is barely possible that organic disease may exist without pain; but incontestibly impossible that pain could exist without functional derangement.

Permit me to deviate from the ordinary course of Medical controversy by exhibiting the alliance of inspiration against those asserting that parturition and constitutional prosperity are identical in character. The prophet Jeremiah contemplating through the vista of ages, the overthrow of the Jewish dynasty by the Romans announces the calamity under the metaphor of a woman bearing her first child. The Latin historians, Suetonius and Tacitus, in their unvarnished narrative of the event under Titus convey all which that metaphor implied: "For the voice of one that beareth I heard; the girding pain, as of a primipara. She panteth, she stretcheth forth her hands,—Woe now is mine, for my soul fainteth in death."—Jeremiah, chap. iv. verse 31.

Perhaps an opposite view is still maintained. Examine, says an opponent, the intimate anatomical structure of the uterus and its functional relations to the fœtus. Is not its operation in perfect consistence with design? Is not its action suspended in constitutional deterioration because reproduction is generally suppressed in morbid circumstances.

And if its function be most vigorous when the system is in robust health, must we not necessarily conclude that uterine contraction is the exercise of a law of health in a healthy frame? I freely concede the majority of the points adverted to in the objection. If the function of an organ can be intimated *à priori* from peculiarity of shape and texture. If universal precedent can warrant a conclusion, or unprejudiced observation establish a rule, I confess that the action of the uterus is indicated in its appearance. That systemic vigour is required for impregnation, and that painless parturation is an anomaly in obstetrics. But does this concession refute the case I advocate? That gestation and labour are morbid in character, though experienced in a constitution unblemished by disease of any other class. That the latter is an affliction *sui generis*, involving an endurance of suffering and an expenditure of vital force.

Why should these peculiarities exist in the legitimate function of any organ?

The heart, constructed in many respects on the uterine plan, pulsates from infancy to old age with an impetus, that would elevate four ounces of fluid twelve feet in the perpendicular, with a constancy that knows no intermission, and with an expanding power that will distend the hand of a robust man grasping it after the removal of the thoracic parietes; and this occurs in perfect consistence with health, and of course without pain. Why should the uterus, the twin muscular structure acting only at long intervals and comparatively with less effort than the heart, impart in its contraction a sense of acute anguish? Because the decree of the Almighty, which blighted the beauty of the terrestrial world, and diffused the general calamity of multiform disease over the family of man, allotted a special woe to the human female: "In sorrow shalt thou bring forth." If, then, artificial assistance is rational in disease or perversion of organic function, it is also rational in labour,—the function of a perverted organ never now experienced in its original institution.

But let me release my adversary from his dilemma, permitting him to try the fortunes of contest in the battle-field of his own selection.

Let me grant, for the sake of argument, that infallible Nature is a reality, and not the Utopian creation of his own fervid intellect. Let me cheerfully proclaim what I cannot deny, that the nearer we approach to the simple type of the aboriginal tribes, disease and labour become more divested of their complications, running a simple and comparatively innocuous course. Or I will gratify him by giving the sentiment a more concise verbal arrangement. In natural circumstances, a project of Nature may be always elaborated by natural laws. The dark mothers of the beautiful islands gemming the bosom of the South Pacific bear their progeny and resume their ordinary employments within the hour. The Indian parturient raising her new-born infant, follows the restless foot of her male companion. The Arab of the desert, inured to privation, makes the sand her bed of nativity, beneath the rays of an Eastern sun. They are the daughters of Nature, and inherit her privileges. But can you append that title to the civilised races in any grade of society? Can the coroneted exotic, the descendant of a ducal line, whose brow aches from her midnight revels, and whose attenuated form, robed in silks of Persia, and perfumed with odours of Cashmere, be termed a child of Nature? Can the wife of the artizan in your great emporiums of commerce and manufacture, secluded from the vitalising oxygen of country air, and the bracing influence of country exercise, be termed a child of Nature? Or would you apply the designation to the ferocious masses which roam our own Cannongate and Cowgate,—who respire the carbonic acid gas of a subterraneous city, whose whole idea of the picturesque is confined to a landscape of chimney-tops of every variety, with a superincumbent canopy of smoke, their wretched propensities and morbid appetites only slaked by the alcohol preying on their frames?

Secular civilisation is the potent agent of moral degeneration, and, through the golden link binding mind and body, exhausts the organic energies of the human family. Again, if light, air, food, and other external conditions designed for the maintenance of life be altered, the organic arrangements and functional attributes dependent upon them will be correspondently altered. For, while the legal economy of Nature imperatively interdicts mutation of species, incidental circumstances carry her subjects to a point where the only traces of analogy are of the most elementary character. Who, in the classic elegance, the sylph-like form, the flashing eye of the Greek or Roman lady of antiquity, could recognise a scion of that stock of which the Bosjesman or Esquimaux of our acquaintance might constitute the type. Yet they are identical. One is but the moral and social refinement of the other. But the process of improvement renders her less adequate to the physical institutions of her being.

Or, to deduce the same inference on other facts,—Who, in the vaccine pustule of a laughing infant could recognise the malignant confluent variola which bows the strong man on the bed of death? Yet, in rudimentary essence, they are the same. One, the simple original affection as it existed in the sixth century among the pastoral Arabians domesticated with their cattle; the other its European representative rendered formidable by transfer and accumulating powers of destruction in the lapse of generations, until, in the sixteenth, it decimated the civilised world. Reason informs us that the fundamental law of moral and social progression holds good in physics. Habituation to circumstances of evil does not

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entail a definite amount of structural perversion. We cannot limit the disaster while association with its cause remains. It will progress during individual life, posthumously, and through the flight of ages. As in disease of the heart, phthisis, carcinoma, and other maladies, a daughter will receive by hereditary right the scarcely appreciable pelvic deformity of a mother; but, exposed to the same degenerative agents, additional effect is ensured. And thus we could almost mathematically calculate the increase of decrepitude with every descending grade.

Not man alone, but the animal world generally, proclaims the veracity of this argument. Tessier, in his observation of the parturition of dairy cows in his metropolis, incontrovertibly established the axiom, that domestication, the synonyme of civilization, deteriorated organic structure, and, consequently, the process thereon dependent. Still more satisfactory is the evidence of Dessault, infallibly proving that the mortality in production, notorious among cattle in the large city dairies, is unknown to the herds which roam the plains of Chili, or even those of our rural pastures. Consult Professor Dick, and he will show you a blunt hook perforator and forceps, too often called into requisition in the false presentations and imperfect development of his patients. But who represents Professor Dick in the large stock farms of Australia, the steppes of Russia, or the valleys of Switzerland?—localities where quadruped parturition may be effected with some small amount of pain, but is always conducted on rules of safety to the mother and her offspring. On these premises I found the following proposition:—That if, in the rude and imperfect system of the ruminant animals, interference with natural habit in the single particular of domestication acts so perniciously on the parturient function, how much more perniciously will the triple influence of domestication, dissipation, and entailed possession of corporeal defect act on the exquisite mechanism and productive powers of the human female.

If we advocate the propriety of Nature's sole management of the obstetric patient, at least allow the former to test the capabilities of her charge. Let the high-bred female of civilization bear on her naked body the fury of the storm unscathed; let her, like her Indian sister, outstrip the wild deer on the forest glade, breast the billows of her native lakes, and endure a life of incessant fatigue;—if she pass not the ordeal triumphantly, rest assured that she falls below the standard of qualification for endurance of the most agonising process in the inheritance of the fallen daughters of Eve. If, however, it be granted that the artificial existence evident around us, superseding the conditions of nature generally, has assumed a special and direct influence over the parturient organs of the human female, modifying their structure, we must also confess the necessity of artificial measures adapted to the artificial state, Nature being more or less inadequate to effect the expulsion in her original plan, manifest by absolute failure in cases of more than ordinary severity, and accomplished with pain and difficulty in others. To use a final argument on this department of my subject, labour involves an immensity of animal suffering and physical exhaustion. Would you tolerate such peculiarities in any other circumstances, and deem them harmless?

Your common sense pronounces a negative, and I am in duty bound to protest against any deviation from ordinary rule in this instance. Our mission as Medical men is one of mercy. Let our sympathies be actively excited in the case of the suffering parturient, inducing the adoption of means adapted to the emergency, if in perfect consistence with the safety of mother and child. You may plead a rapid convalescence in the majority of cases conducted on the *vis Naturæ* principle, in apology for non-interference; but let it be remembered that therapeutics is a definite science like mathematics. On certain established principles, to which all classes in the Profession yield a common consent, the glorious superstructure of modern pathology is erected. One of its axioms may be rendered, that pain is a draft on the Bank of Vitality, diminishing its resources, and tending to corporeal dissolution in the degree of its intensity and length of endurance. Let no man maintain the delusion that a malady vanishes with its active symptoms, leaving no trace in the system of its existence. It may be local; it may be general; or both. A vessel, varicose from exaggerated functional exercise, never reverts to its former dimensions. A liver, a lung, or cutis vera inflamed from excessive action remains permanently debilitated, inviting a repetition of the evil. On what rational authority do we exempt the exaggerated and painful operation of the uterus in labour from these consequences in other localities apparent? We have often seen a succession of labours in the same individual exhibit the same features. The first a protracted one, resulting in an inflammatory reaction, secured a rule of recurrence in all subsequent though less protracted cases; and I therefore wisely conclude, that pain in labour being an agent of evil, must insure a calamitous result, though not of necessity to the extent of inflammation.

I define labour as that crisis when the uterus, having for nine months consecutively exercised a conservative power over its fœtal tenant at the expense of the maternal system, metamorphoses the former into a foreign body, and enlists the energies of the latter in the effort of expulsion. Slight exertion in the immediate locality not producing success, eccentric extension of force occurs until the system co-operates in the project and sympathises in suffering.

We have a similar train of circumstances when a mote falls on the external membrane of the eye. Nature at once decides on its removal by a copious secretion of tears. This failing, we have an accelerated circulation in the local capillaries, congestion or extravasation, loss of function, and the incipient fever of inflammation. Consulted in the case, what remedy would the elementary precepts of Surgery inculcate? Simultaneously it is responded:—Remove the object of irritation if practicable, without detriment to the surrounding tissues; in the alternative, assist Nature by warm ablutions, etc. Coinciding in opinion, I next inquire the measures of your adoption respecting the full-timed fœtus *in utero*? Alas they constitute an inversion of the counsel just afforded. Assist Nature's effort by fomentations, depletions, sedatives, and antimonials, and only in the event of her failure have recourse to manual extraction. In other words, that prerogative of rational guidance, which you claim in every case of a surgical or pathological character,—the impartation of relief by your own mode, on the suggestion of Nature as to the necessity thereof, is here compromised and exchanged for her rude method of redressing her own wrongs. The laws which guide our Professional conduct should be uniform in all cases of analogy. That which is right in the case of the foreign body in the eye, is right in the case of the foreign body in the uterus.

I now by a concise and laconic process of argument prove the advantages to maternal and infantile patients in connexion with the operation of turning in natural cases. If the percentage of maternal and fœtal deaths increase or diminish in proportion to the duration of the labour, version, abruptly terminating the case at an early stage, lessens the rate of mortality. If puerperal inflammation is frequently a direct consequence of violent muscular excitement in parturition, version, removing the fœtus by the extractive power of the attendant, must antagonise inflammation. If derangement of the urinary system, and contusion of thepelvic and perineal muscles, ensue from the prolonged attrition of the posterior covering of the bladder, and internal surface of the pelvis, by the fœtal head, version, which carries the head rapidly through the passage, anticipates the evil. If the economy of the Practitioner's time be at once a public and individual advantage, this mode of delivery will prevent its being monopolised by sleepless nights, and long diurnal watchings.

Perhaps the candour of dissentients will yield an affirmative to my leading proposition—That unassisted labour is disastrous in its immediate experience, and disastrous in its distant consequences,—but on the principle of choosing the less of two evils, abstain from manual interference apprehensive of more serious results. Let me dissipate this erroneous impression. In all Surgical manipulations the risk of the patient under the remedy must be calculated from two distinct sources, to which singly or conjointly failure may be attributable. First, extreme delicacy of structure or nervous sensibility in the locality itself, and parts with which it stands anatomically related. Secondly, extraordinary violence in the operation beneath which even the ruder tissues of the system might sustain injury. Air in the circulation, or pressure on the spinal cord, trivial incidents with terrific results, may illustrate the former. The obsolete pulley-reduction of a dislocated femur, where external force, out of all proportion to the powers of the limb, are concentrated on it, is an example of the latter.

(To be continued)

CASE OF POISONING BY ALCOHOL IN A CHILD THREE YEARS OF AGE.

By HENRY COOPER ROSE, M.D.

At 11 a.m. on May 28, last, I was hastily summoned to attend a little boy of three years of age who was stated to have drank a quartern of raw rum, and also an uncertain quantity of gin, supposed to be about ʒij. He was heard to fall heavily on an upper floor, and was found lying on his face with his nose bleeding in a state of insensibility.

On my arrival I found him lying in a woman's lap in a comatose condition. There was no stertor. The pulse moderately full, but slow. Pupils contracted to a point; face flushed. He smelt strongly of spirits. Skin warm.

I administered an emetic of zinci sulph. with which I was provided, and tickled the fauces with a feather. This acted copiously, and a large quantity of semi-fluid matter was vomited, smelling strongly of spirits. After a few minutes had elapsed I gave another emetic of mustard, which also induced vomiting of the same character.

On the arrival of the stomach-pump, which I had sent for, I endeavoured to introduce the tube, but was resisted by the child; and feeling pretty confident that the stomach was empty, and finding consciousness to a certain degree returning as indicated by the resistance made to the introduction of the tube, I deemed it unadvisable to risk injury to the fauces and desisted. The child made several attempts to vomit, bringing up small quantities of thick mucus.

At this period, being about an hour from the time that I first saw the child, he could be roused to a certain degree of consciousness by flapping with the wet corner of a towel, but could not speak or notice any one. The pupils, which were contracted, were now largely dilated. There had been complete freedom from stertor, although the breathing was heavy. The pulse was slow, but not so full. After being in attendance for nearly two hours, and observing a decided improvement in the child's condition, I left for a time, giving directions for the head to be kept cool, stating my intention of re-visiting him shortly. In little less than half-an-hour a messenger was despatched to my residence to tell me that the child had had a convulsion; and, immediately after, a second messenger arrived stating that another convulsion had occurred, and that the child was dead. The bowels had acted twice, and he had passed water while in a state of stupor.

Post-mortem Appearances, Eighteen Hours after Death.—Surface pale; considerable rigor mortis. The stomach contained ʒvj. to ʒj. of thick mucoid matter mixed with some alimentive substances resembling bread. There was a slight smell of spirits. Mucous membrane injected over the whole of the cardiac extremity, as also in the lesser curvature; otherwise healthy. Lungs congested posteriorly from gravitation. Heart natural: left side full, right side empty; the blood was fluid. The brain and its membranes were intensely congested, blood oozing out at every incision. A small quantity of fluid in the right lateral ventricle. Choroid plexus gorged with blood. All the viscera healthy.

Remarks.—There are two or three points of interest in this case. In the first place it is a very unusual circumstance that a child of such tender age should, *con amore*, drink off so large a quantity of raw spirit. It is important in a medico-legal point of view. Physiologically, it is interesting to observe the action of the alcohol upon the condition of the pupils; at first, under the immediate stimulus of the spirit, such filaments of the third nerve as supply the iris through the ophthalmic ganglion were irritated so as to produce spasmodic contraction; and this fact may possibly be taken in similar cases as an indication that the spirit has been recently swallowed; for as soon as the narcotic influence was in full action the pupils became dilated in the extreme, and remained so till death. Convulsions are by no means a common result of alcoholic poisoning, except in the young. "Orfila makes their absence a ground of diagnosis between poisoning by alcohol and by opium, and Dr. Ogston only observed them twice out of many cases; the subjects in these two instances were young" (a). The time that elapsed between the taking of the spirit and the state of insensibility could not have been longer, from the evidence of two women, than ten minutes; and from that time till death, about two hours.

Hampstead.

(a) *Vide* Dr. Taylor's "Medical Jurisprudence." Third Edition.

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

DEMONSTRATIONS WITH THE LARYNGOSCOPE.

The chief occurrence of Medical interest during the past week has been Professor Czermak's demonstrations of the interior of the glottis by the aid of his laryngoscope. During a visit to London of, I believe, only four or five days, the Professor's zeal found time for the exhibition of his instrument at several of our principal Hospitals. On Thursday he was at Guy's; on Friday at the Middlesex; and on Saturday at the London. The experiments tried, and facts demonstrated were, I believe, very similar on the different occasions. The following notes respecting them are from what was shown us at the London Hospital.

The instruments employed were a round mirror for illumination, in the centre of which is a round hole—as in that of the ophthalmoscope—and a small reflector, mounted on a handle for introduction into the pharynx. The light must be either full sunlight or that of a moderator lamp in a dark room. Nothing is easier than by aid of the mirror to illuminate the pharynx. This being done, the next step is to introduce the small reflector, previously warmed, into the throat, gently pressing it against the uvula and velum. The patient must now be told to make slowly a prolonged *ah, ah, ah,*—in other words, to expire gently, so as to elevate the epiglottis. If this is done, and if the pharyngeal reflector have been properly placed, a full view of the interior of the glottis, true and false vocal cords, etc., is at once obtained.

Dr. Czermak exhibits the employment of the instrument on himself, and has acquired by long training, great dexterity in bringing the parts into view, and apparently entire freedom from all sense of irritation while doing so. He employs a second reflector, by which he is enabled himself to see exactly what he is showing to the spectator. Having introduced the mirror, he first showed the vocal cords, epiglottis, arytenoid cartilages, etc., in a state of rest, and then emitting a variety of notes, made the cords narrow the aperture, vibrate, and go through their various evolutions with most astonishing rapidity and clearness. Having shown the closure of the orifice by the lateral approximation of the cords, he lastly brought the arytenoid cartilages and the base of the epiglottis into apposition from behind forwards, a feat which evidently required considerable effort to accomplish. Among those present at the London Hospital, were Mr. Luke, Dr. Peacock, Mr. Gowlland, and many others, and all expressed themselves as highly satisfied with the clearness of the demonstrations. A like degree of gratification was, I understood, given to Mr. Paget, Mr. Bowman, etc., who had had private *séances*, and also at the other Hospitals which the Professor visited.

Having concluded his illustrations of the state of the larynx in rest and in motion, Dr. Czermak next proceeded to show us the posterior nares and Eustachian tubes. This was accomplished by holding the soft palate downwards and forwards, while a reflector was introduced into the upper part of the pharynx. In this view the septum narium (its posterior edge), the opening into the posterior nares, the terminations of the middle and inferior turbinated bones, and the orifices of the Eustachian tubes were clearly seen.

Nothing could have been more instructive or more completely satisfactory than the Professor's demonstrations on himself, and he also succeeded very well on one of the spectators present. When, however, we came to cases of laryngeal disease, or what might be termed laryngoscopy

under difficulties, the results were different. I had in attendance two patients on whom tracheotomy had been performed, and in whom we were exceedingly desirous, for purposes of treatment, to ascertain the exact state of the larynx. In the first of these, a man now under Mr. Luke's care, the operation was performed about four months ago, and he is as yet quite unable to breathe without the canula. The man has been a sweep, and it was thought within possibility that some growth of epithelial cancer might exist in the larynx. Although the man was patient, and did his best to assist the examination, yet his inability to accomplish a slow expiration defeated the Professor's attempts to obtain a view, since the epiglottis covered the interior parts. The second patient was a woman, the subject of tertiary syphilitic disease of the pharynx and larynx, for whom, about two years ago, I performed tracheotomy with much temporary benefit. A few weeks after the operation she became able to dispense with the canula, and has not since worn it. She has, however, had several attacks since, in which her laryngeal symptoms have been greatly aggravated, and she is permanently aphonic. The probability is that her rima glottis is much narrowed by cicatrices resulting from syphilitic ulceration. Her pharynx is also very much contracted by cicatrices, and this obstacle sufficed to entirely prevent the success of the Professor's endeavours to get a glimpse of her laryngeal structures.

It must be admitted that these two cases both presented unusual difficulties; nevertheless, they are those in which the aid of the instrument was most especially wanted. It is probable, however, that, after a few more trials, the patients might be so trained as to allow of a satisfactory examination. In Ophthalmoscopy the observer alone requires training; in inspecting the Larynx, however, it is requisite not only that the manipulator should be dexterous, but that the patient should be able to assist him, both by tolerance and by accomplishing certain efforts which few at the first trial are able to do. By a little training the velum palati becomes much less irritable, and spasm is much less readily excited by the pressure of instruments. It is well known that training may do much in the way of preparing a patient to assist the operator in cases of staphyloraphy. Certain remedies, as, for instance, the bromide of potassium, and, possibly, the local application of chloroform vapour, may be found useful in inducing anæsthesia of the pharynx. By these it is very possible that the future application of laryngoscopy to practical Medicine and Surgery may be much facilitated. In chronic cases admitting of delay, and in intelligent patients, no doubt something might be done in instructing them to practise self-examinations by the aid of the mirror, and thus accustom the parts to the contact of the reflector.

Professor Czermak told me that he thought he had not inspected the larynx in more than 500 individuals altogether, most of these, of course, being in those suffering from disease of the part. Out of this number, in no fewer than fifteen or sixteen he had been able to demonstrate the presence of polypoid growths upon it,—a fact of very considerable importance as regards the practical uses of the method. He stated that, with patience and time, he did not believe that there would be more than ten per cent. in whom he could not succeed in getting the desired view.

The Professor has already left London on his way home, but it is in prospect, he informed me, that a pupil of his, Dr. Semeleder, should shortly visit us with the intention of remaining some time, and opening a class for instruction in the use of the laryngoscope. In the mean time, not a few will probably be anxious to try for themselves. The needful instruments (according to Czermak's patterns), if not already in stock, will, I believe, very shortly be so, both at Mr. Weiss's and Mr. Ferguson's.

A CLINICAL REPORT ON RODENT ULCER.

(Continued from page 186.)

ST. GEORGE'S HOSPITAL.

CASES OF RODENT ULCER.

(Under the care of Mr. CÆSAR HAWKINS.)

The four cases following have been previously published; but, in order to augment our data as regards this disease, I shall reproduce them in very brief detail:—

Case 28.—*Extensive Rodent Ulcer of Twenty-five Years' Duration.*—"A gentleman was recommended to consult me, who had had a cancerous ulcer for five-and-twenty years, at the end of which time the whole side of the face and forehead, the eyelids, nose, and ear, had become involved in superficial ulceration at one period or other; but in one part, on the cheek, a tumour of the size of an egg had grown, and had been removed by the knife five years before I saw him, and had again formed and had been excised a year afterwards; after which time this portion of the surface, like the rest, presented the usual appearance of the superficial ulcer. Notwithstanding its extent, and the length of time it had lasted, the disease had not in the least affected the general health, and only some parts were painful, and that chiefly from exposure to the air in dressing."—*Clinical Lecture at St. George's Hospital, by Mr. Cæsar Hawkins*, "*Medical Gazette*," vol. xxix.

Mr. Cæsar Hawkins also relates the following case, occurring in the practice of Mr. Tatum:—

Case 29.—*Rodent Ulcers on Both Cheeks — Treatment by Chloride of Zinc.*—"Mary P., aged 50, was admitted in March, 1840, with a hard, welted tumour on each cheek, surmounted by a scaly incrustation, concealing an ulcerated surface. The largest on the right side is of the size of a sixpence, and is of six years' duration. The smaller one, on the left cheek, is of only twelve months' standing. They occasion little pain or inconvenience, but slowly increase in size, and the glands in the neighbourhood are unaffected. She described the tumour as beginning like small pimples, which, on their heads being scratched off, discharged a thin scab, and slowly enlarged. The ulcers were destroyed by chloride of zinc, the slough separating on the third day, and leaving healthy surfaces; that on the left side soon completely cicatrised, and has remained well since that time, but the right, when on the point of healing, formed a small patch of the same incrustation as before. She left the Hospital on account of her health, and returned in October, when the ulcer was of the same size on the right cheek as in March. It was again apparently destroyed by the same means, but a second time began to spread just before the cicatrisation was completed. She was again admitted in the following March, a third time, with the ulcer of its original size, but on the lower part of the left cheek (not in the cicatrix), three smaller patches of the same character had lately appeared. The caustic was this time applied so as to make deeper sloughs, and the ulcer now entirely skinned over, whether permanently or not remains to be proved."

Case 30.—*Rodent Ulcer of the Cheek and Eyelids of Twenty Years' Duration—No Gland Disease—Excision.*—"Sarah G., aged 51, was admitted, under the care of Mr. Babington, with 'semi-malignant' ulceration of the skin below the right eye, including a considerable portion of the lower eyelid at the middle of the tarsal cartilage, where the Meibomian glands have been destroyed, and the eyeball a good deal exposed by the lid being forcibly drawn down. The granulations are rather fungous in appearance and florid; discharge sanious; pain very slight. When admitted the ulcer was about the size of half-a-crown, angular in shape, and of twelve months' standing. She stated that she had been subject to this kind of ulceration in the same spot for twenty years—that is, commencing when she was thirty-one. About two years since the surface was destroyed with chloride of zinc, and the ulcer healed and remained well for a year. The eyelid was much drawn down by it." The report goes on with the subsequent progress of the case. It was almost healed on February 24, but afterwards re-ulcerated, and became very painful. On April 1 it was extirpated. "The structure of the growth was of scirrhous character, white, faintly striated and firm, with a hardened base." She went out on the 22nd, nearly well; but, remarks Mr. Hawkins, "it was too soon to reckon on the cure being completed."

The following is an abstract of the next case adduced by Mr. Hawkins:—

Case 31.—*Rodent Ulcer beneath the Angle of the Right Eye, extending into the Orbit—No Enlargement of the Glands.*—. Riley, aged 61, admitted February 24 (1841?). A small tubercle had formed immediately below the inner angle of the right eye two years and a-half before. It was not painful. It ulcerated, but healed again for a short time but broke out again twelve months before admission.

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then implicated the inner part of both lids, had destroyed a good deal of the external part of the eye, causing collapse of the globe, and extended deep into the orbit. It also extended over the bridge of the nose, a little to the other side. It subsequently perforated the floor of the orbit, so that a probe passed into the antrum. Caustics (the acid nitrate of mercury and the chloride of zinc) were used, and with great benefit, but no hope of complete cure was entertained. With exception of some tremulousness of the right hand, he looked in good health. The glands were not enlarged.

THE ROYAL OPHTHALMIC HOSPITAL.

CASE OF RODENT ULCER.

(Under the care of Mr. DIXON.)

Case 32.—*Rodent Ulcer involving the Eyelids and of Seven Years' Duration—No Gland Disease—Eyeball collapsed.*—Edward C., aged 50, has had rodent ulcer of the eyelids for seven years past. It began on the right lower eyelid and has progressed very slowly. He has been under Mr. Dixon's care, on and off, for five years. The disease has now involved the whole of the lower lid and extends to both canthi: the middle of the upper lid is sound. At the angles the rounded raised hardened border is very characteristic. There is no warty growth, and the surface of the sore is covered by a thin scab. The globe is collapsed and shrunken. He states that he could see well until about six months ago.

He is a fairly healthy-looking man of dark complexion, and states that he is quite as well now as ever he was. He has scars of suppurated glands under the jaw, but they were from strumous disease long ago: one of these is still a little enlarged, but it is from the same cause. There is no family history of cancerous disease. It began as a small pimple, and lasted as such about two years before ulceration took place.

KING'S COLLEGE HOSPITAL.

CASE OF RODENT ULCER.

In the following case, quoted verbatim from our Statistics of Operations for May, 1855, the disease was, in all probability, rodent.

Case 33.—*Rodent Ulcer on the Eyelid of Ten Years' Duration.*—A man, aged 48, was under Mr. Fergusson's care in King's College Hospital, on account of a "cancroid growth" involving the outer commissure of the right eyelid, and extending deeply between the eyeball and lid. The man was in good health, and the disease had existed for ten years. Mr. Fergusson excised the whole freely, and the wound at the date of report had nearly healed. (See *Medical Times and Gazette* for June, 1855, p. 626.)

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

CASE OF RODENT ULCER.

(Under the care of Dr. HUMPHRY.)

Case 34.—*Rodent Ulcer at the Inner Commissure of the Eyelids—Free Excision—Return of the Disease—Second Excision—Duration of the Disease Five Years—No Gland Disease.*—M. S., aged 55, was admitted under Dr. Humphry's care, on February 26, 1857, with an excavated ulcer having an indurated base, extending over the lachrymal sac, and upon the side of the nose. It was adherent to the bone. She stated that it had first commenced about two years before, and that it had never been painful. She had no enlarged glands. She was in good general health. A few days after her admission Dr. Humphry excised the ulcer, removing with it the orbital edge of the superior maxilla which was involved in the base of the sore. All the morbid structure was carefully cleared away. In October, 1858, Mrs. S. again applied for admission on account of a return of her disease in the form of a small knotty growth, closely adherent to the bone. She still had no trace of enlargement of the lymphatics. A second very free excision of the diseased part was performed. The wound healed well, and hitherto (nearly two years) the cicatrix remains healthy.

THE HULL INFIRMARY.

CASE OF RODENT ULCER.

Case 35.—*Rodent Ulcer on the Eyelid and Cheek—Escharotics—Return of Disease—Excision.*—Robert M., aged 46, was admitted into the Hull Infirmary on September 30, 1859. He suffered from an indurated ulcer on the left cheek, close to the lower eyelid. It was the size of a shilling, and had warty edges. The disease had existed five years, and had been repeatedly, with temporary benefit, treated by escharotics. A free excision was now performed, after which the part healed well. The duration of the disease in the above case, its slow advance, and its location, justify the opinion that it was rodent, and not truly cancerous.

ST. BARTHOLOMEW'S HOSPITAL.

DEATH FROM ABSCESS IN THE BRAIN, CONSEQUENT ON LONG-STANDING OTORRHŒA.

(Under the care of Mr. STANLEY.)

A few weeks ago we published the case of a boy who suffered from paralysis of the portio dura on both sides, consequent upon disease of the temporal bone following otorrhœa. The following case illustrates another, and much more frequent result of chronic inflammatory affections of the internal ear:—

The Notes of the case have been kindly supplied by Mr. Rogers, the House-Surgeon, under whose charge the boy was treated:—

John A., aged 15, was admitted, for the first time, into Darker Ward, on January 30, 1860. He was suffering from a sinus behind the right ear, and had also a convergent strabismus with double vision. The account given was, that from infancy he had suffered from purulent discharge from the right ear. It did not appear, however, that this had occasioned him serious inconvenience until about three weeks before his application at the Hospital, when a large abscess formed behind the ear. This abscess was attended by great suffering, but not at first by any cerebral symptoms. It was opened by a Surgeon, about a fortnight after it began to form, and a large quantity of pus was evacuated with great relief to the patient. The squinting and double vision which were present when the boy was admitted, had, as far as could be ascertained, only commenced two or three days before. The boy complained of a good deal of pain in the back of the neck and head. He remained in the Hospital for ten days, and was then discharged somewhat improved in general health. His local symptoms were also diminished, but the squint and double vision still continued.

In March the boy was re-admitted in a much worse condition. He now suffered from almost constant pain in the head, and was stated to have often been delirious. The otorrhœa continued, as also the strabismus, but he did not now complain of seeing double. A few days after his second admission the boy had a fit, during which he was much excited and convulsed, but after which he became quite prostrate, lying on his left side with his head thrown back. After this the muscles of the back of the neck were quite rigid, and the mouth was drawn to one side, while deglutition was difficult and at times scarcely possible. The boy was at times quite sensible, and stated that he had no pain. Blisters were applied to the nape of the neck, but with no benefit. The strabismus continued. He gradually failed, refused his food, was occasionally delirious, and at length died on April 1.

Autopsy, April 3.—On examining the brain a large abscess was found in the middle lobe of the right hemisphere, extending towards the median line. The brain-substance on this side was softer and paler than that on the opposite side. The ventricles were distended with fluid. The inner surface of the temporal bone, and especially the mastoid portion, was much roughened on the surface and extensively diseased.

It is well known that a great many affections of the ear, although they may exist for years, may cause death by extension of the inflammation to the membranes of the brain, or by the formation of abscess in the brain structure itself. Mr. Toynbee, at page 64 of his work on "Diseases of the Ear," narrates a case in which acute inflammation of the external meatus only was followed by cerebral symptoms and death; and another, at page 73, in which chronic disease of the external meatus caused death by producing secondarily caries of the mastoid process, and disease of the cerebellum. All cases in which there is discharge from the ear, whether recent or chronic, should always be looked on seriously, even when nothing further can be done to remedy the defect of the special sense, or when the patient suffers no further inconvenience. If the discharge is offensive, there is probably

some disease of the osseous walls of the tympanum or of the mastoid cells, and here danger may rapidly supervene on the setting up of inflammation, or the stoppage of the discharge. But it is not in this case only that cerebral disease may be set up. In the more simple cases where there is merely chronic inflammation of the lining membrane of the tympanum, Mr. Toynbee writes (a):—"The general opinion respecting the mode in which disease progresses from the ear to the brain, appears to be that the bone becomes carious, the dura mater ulcerates, the arachnoid and pia mater, and ultimately the substance of the brain, participate in the disease, as the results of direct extension from the ear. A careful examination of the post-mortem appearances found in some of the fatal cases, shows that the disease does not always advance from the ear to the brain as the result of continuity; indeed, in some instances, an abscess is developed in the brain without ulceration of the mucous membrane of the tympanum, or caries of the bone. It would appear that constant irritation in the tympanic cavity, produced by chronic inflammation of the mucous membrane, with the absence of a free outlet for the matter, is sufficient to produce an abscess of the cerebrum."

At pages 345-6 Mr. Toynbee gives a table of nineteen cases, in which a fatal termination suddenly occurred from cerebral disease in cases of discharge from the ear. They occurred in persons of various ages—the youngest aged three and a-half, and the oldest sixty. In the majority of cases the duration of the discharge was many years, in one twenty, and in one thirty-five. The duration of the acute symptoms, however, was generally short; thus, in the case in which the discharge had continued twenty years, the acute symptoms only lasted eight weeks; in the one in which it had continued thirty-five years, death followed in five days from the commencement of the acute attack. Mr. Toynbee alludes to the question of Life Assurance in those persons who are thus affected. He says:—"It is true that many persons live long having had, during the whole of life, a discharge from the ear without any disease of the bone; others live many years with a discharge, but at death the bone and dura mater are affected, and might, under many circumstances, have assumed an active form of the disease, ending in death."

The following memoranda on this important subject may probably not be uninteresting to our readers:—

1. That otorrhœa, apparently of very simple character, and wholly unattended by indications of disease of the temporal bone, is liable to cause fatal mischief in the brain or its membranes.

2. That length of duration of the discharge, even when extending over many years, affords no ground for security that the cerebral complication may not at any time be occasioned.

3. That adults suffering from otorrhœa are much more liable to brain complication than children. The decennial period, between twenty and thirty years of age, furnishes a much larger number of cases than any other. The indication of this fact is made much more emphatic when we call to mind that a vast majority of cases of otorrhœa occur in children.

4. Lebert deduces from a group of seventeen cases, the conclusion that males are more liable to suffer from intra-cranial mischief, in connexion with disease of the ear than females. Of the seventeen, fourteen were males, two females, and of one the sex was not known.

5. The symptoms which, when occurring in connexion with chronic otorrhœa, ought always to excite suspicion are, a rigor followed by feverishness and intense headache, rapidly passing into a condition resembling the first stage of typhoid fever.

6. That the febrile disturbance in these cases often presents, in a very deceptive manner, the characters of an intermittent fever. When such intermittent paroxysms occur, they indicate that pyæmia has supervened (b).

7. That the treatment of such cases should consist in the prompt and free employment of leeches, followed by counter-irritation and cold to the head. Purgatives and salines should be administered, but whether calomel and opium be used, or it be better practice to give quinine from the very onset, is a point upon which much doubt must be allowed, as yet, to rest. The decision in each individual case must depend upon the state of the patient's health, and the therapeutic views of the Surgeon.

(a) "Disease of the Ear," p. 255, by Joseph Toynbee, F.R.S.

(b) On this and several other interesting questions relating to cerebral complications occurring with otorrhœa, see a paper by Professor Lebert, "On Inflammation of the Cerebral Sinuses," published in Virchow's "Archiv für Pathol. Anatomie," etc. band ix. heft iii. p. 381. It is noticed in the "Medico-Chirurgical Review," for Oct. 1856, p. 585.

WOUND OF THE CAROTID IN A CHILD—OBLITERATION OF THE TRUNK—DEATH FROM ABSCESSES IN THE BRAIN.

(Under the care of Mr. LLOYD.)
[Reported by Mr. FRANCIS LLOYD.]

The danger after ligature of the common carotid that the patient may die of abscess in the brain on the side from which the supply of blood has been cut off is well known. In the following case the internal carotid trunk had become obliterated as the result of a punctured wound, and the child died a month after the accident with abscesses in the brain. It might have been expected, *à priori*, that young children would have been less liable to this occurrence than adults; but there are very few facts on record bearing on this question. For obvious reasons the operation of ligature of the carotid has been very rarely performed in children. The subjoined case has, however, several other features of interest distinct from the one alluded to. It gives an instance of Nature's cure of a wound of the large trunk—namely obliteration. The hæmorrhage had been wholly arrested, and had the vessel involved been any other than the internal carotid, in all probability the patient would have recovered. He died of a secondary, not of the primary, lesion. It is remarkable, also, in respect to the cause of the accident, the age of the patient, and the recurrent attacks of hæmorrhage.

Arthur A., aged 4, was admitted into St. Bartholomew's Hospital on April 14 last, in consequence of a wound in his neck, from which it was said he had lost a very large quantity of blood. The bleeding had then ceased. His appearance, when he was admitted, was that of a remarkably fine and fat boy, with an unusually large head. His face and the whole of his body was blanched and of a waxen hue; his lips and tongue were very anæmic; his eyes glassy and half closed; his pulse at the wrist was scarcely perceptible and slow. In fact, he was in a state of syncope. The wound, which was about the size of a large pea, was situated on the right side of the neck, about an inch below and anterior to the angle of the jaw. It had been caused by his falling on the point of a stick, which he was holding in his hand. A probe gently introduced into the wound passed inwards and very slightly backwards for an inch and a-half. As the bleeding at this time had entirely ceased, he was merely put into bed, and a piece of wet lint applied to the wound. On April 16, however, hæmorrhage again took place, but was easily stopped by means of a pledget of lint strapped over the wound. The blood was of a dark venous colour, and did not come in a rapid jet, but merely in a continuous stream, so that, altogether, he did not lose more than an ounce or so of blood. At this time he seemed to have recovered from the first loss of blood to a great degree, his face was flushed, and his skin generally had lost the blanched appearance it presented on admission. His pulse was sharp and quick, and of moderate volume. As his bowels had not been open for days, an aperient was given and quinine was ordered three times a-day.

On the 21st, as he was very restless, and seemed to suffer a good deal of uneasiness from the wound, which at this time was discharging a healthy pus, he was ordered (in addition to the quinine and acid draught) ten-minim doses of the compound tincture of camphor. On the 22nd there was again some hæmorrhage, to about the same extent as before, and of the same character. It was, however, easily stopped by a compress of lint.

On the 29th, in the middle of the day, the wound bled again, and in rather larger quantity; and the same night he had some kind of fit, after which the left side of his body was completely paralysed. He was ordered three grains of mercury with chalk immediately and every six hours, with nitrate of potash in almond and manna mixture. From this time he gradually sank, without any marked symptoms supervening, or any fresh hæmorrhage, and he died on May 9.

Autopsy, Twenty-four Hours after Death.—The neck was the first part examined, and on dissection the wound was found to pass through the skin, superficial fascia, platysma, and deep fascia, between the external carotid artery and the internal jugular vein, and finally to terminate in a lymphatic

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gland lying on the rectus capitis anticus major. The wound was, in fact, a deep sinus, with thickened indurated walls, and implicated in the posterior wall was the internal carotid artery, which was quite impervious. On opening the skull and removing the dura mater, which was healthy, the right hemisphere of the cerebrum appeared much softened, and in it were found three circumscribed abscesses, two in the middle lobe and one in the posterior. The rest of the brain was healthy.

THE LONDON HOSPITAL.

EXCISION OF THE ELBOW-JOINT IN AN OLD MAN—SUCCESSFUL RESULT.

(Under the care of Mr. CURLING.)

Excision of the elbow-joint has probably been very seldom performed on patients of more advanced age than was the subject of the subjoined case.

John L., aged 68, was admitted under Mr. Curling's care into the London Hospital about four months ago, on account of advanced disease of the left elbow-joint. He was, considering his years, in a good physical state, and he was of a quiet, hopeful temperament. He was rather thin and had lost flesh and strength considerably, in consequence of the local disease. The latter had followed a sprain received fourteen months before, and had advanced rapidly to entire destruction of the articulation. There was great swelling of the soft parts, and from two or three large open sinuses there was profuse discharge. Bare bone could be easily felt by the probe, and grating was produced by forcible motion. There was besides excision or amputation, no third alternative, the man's health was failing under the disease, and there existed scarcely a possibility of his getting well spontaneously. Mr. Curling decided, notwithstanding the man's age, to perform resection.

The operation was performed in May last. The longitudinal incision was the one adopted. The ends of the three bones, all of them denuded of cartilage and carious, were freely cut away. There was no great loss of blood, though several vessels required ligatures, the thickness and vascularity of the soft parts being considerable. The limb was put up in an angular splint semi-flexed. The man was feverish and without appetite for two or three days, but this state soon passed off, and he made a rapid and uninterrupted recovery. He left the Hospital, the parts being soundly healed, ten weeks after the operation. He has excellent motion at the elbow, and is already able to use his hand a little.

In 1854, the late Mr. Statham, then Assistant-Surgeon to University College Hospital, excised the elbow-joint of a woman aged 70, but the result was, I believe, not wholly satisfactory. At the same Hospital, in 1858, Mr. Erichsen excised the same joint in a man aged 63 (a). Mr. Erichsen's case was one of the first in which, in England, the simple longitudinal incision as recommended by Langenbeck was adopted. The man made a most excellent and rapid recovery. It would appear, indeed, that elderly persons bear excisions of the elbow quite as well as amputations of the arm, and, as in them, there is always a risk of secondary hæmorrhage from disease of the arterial coats, it is of moment to avoid an operation which necessitates ligature of a large trunk.

TWO CASES OF RESECTION OF THE KNEE-JOINT.

Mr. Curling has at present under treatment a girl, aged about 14, whose knee-joint was excised three months ago. She was, at the time, in delicate health, and the articulation was wholly disorganised by disease, which was attended by exhausting suppuration. She bore the operation well, and indeed her constitution from the first appeared relieved by the removal of what had caused her so much suffering. After the first week, however, there was some tendency to displacement forwards of the tibia, which was only prevented by very careful attention on the part of the House-Surgeon, Mr. Payne. At present the limb is in good position and nearly straight, and the girl takes her food well and is comparatively free from pain, but there is still considerable discharge, and it is feared some part of the bone is diseased. The patella was removed at the time of the operation. Although the girl's state is not now so forward as might have been hoped, yet there is every reason to expect that she will eventually have a good limb.

At the time of Mr. Curling's operation a boy was brought into the theatre for the inspection of the class on whom Mr. Critchett had performed excision of the knee a year before. The following are the chief facts as to his case:—He is a stunted little boy, aged ten; an orphan; and, there is reason to believe, the subject of hereditary syphilis. His right knee-joint had been diseased since the age of three years, and he had been under care in several Hospitals, where amputation and excision had at different times been proposed, before he came under that of Mr. Critchett. After the operation he did well; but great difficulty was encountered in keeping the limb straight, and eventually the tibia got drawn somewhat backwards. The upshot of his case has, however, been satisfactory. He was sent to Margate for the improvement of his health as soon as the state of the parts permitted of his travelling. While there the sinuses which remained healed, and at present, nearly a year after the operation, the parts are soundly cicatrised. He is able to walk on the limb, though with a considerable limp, owing to the shortening of the affected member. The anchylosis is fibrous, and permits of some motion. The tibia and femur make an obtuse angle with each other.

(a) See *Medical Times and Gazette* for December, 1858, page 596.

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Medical Times and Gazette.

SATURDAY, SEPTEMBER 8.

PREACHER, PRIEST, OR DEACON?

The suggestion thrown out to the British Medical Association by the late Reverend Chancellor Martin, at the request of the Bishop of Exeter, for a union of Medicine and Divinity in a "Medical Diaconate," is of interest in its collateral aspects. It is a decided step in advance that a High Church Bishop and a cathedral dignitary should deliberately avow the opinion that Medical Science and Art can be made available to religious purposes at all. The Medical Profession has usually had scant courtesy from the ecclesiastics in this respect. The learned author of the "Religio Medici" thought it necessary two centuries ago to explain why he was entitled to the name of Christian:—"For my religion," he says, "though there be several circumstances that might persuade the world I have none at all, as the general scandal of my Profession, the natural course of my studies, the indifferency of my behaviour and discourse in matters of religion, neither violently defending one, nor with that common ardour and contention opposing another; yet, in despite hereof, I dare, without usurpation, assume the honourable style of a Christian." The general scandal referred to was embodied in the ecclesiastical aphorism, "*Ubi tres Medici, ibi duo Athei.*" The Bishop of Exeter and his late Chancellor have disavowed that scandal at least.

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But are these clerical reformers willing to grant the Profession that toleration of conflicting sects and creeds which the quaint author of the "Religio Medici" terms "indifferency of behaviour"? If we understand the suggestions thrown out by the Bishop of Exeter the Medical Deacon is to be an inferior clerical person, subordinate to the parish priest. He is neither to preach nor administer the sacraments of the Church. He may be allowed to read prayers or the lessons, but no more. His duty apparently would be to visit the sick, and minister to their welfare in spiritual as well as corporeal matters, only under the control of the "higher" cleric. He must, therefore, surrender his freedom of thought and action, and be High Church, Broad Church, or Low Church, as his superior is.

If this be the true character of the scheme, it requires no great penetration to see that the co-operation of the Medical Profession, as a body, with the Church, is wholly impracticable. Setting aside the circumstanee that the Profession is made up of independent thinkers by the very nature of its studies, and therefore wholly opposed to ecclesiastical discipline in the sectarian sense, it is to be noted that every sect contributes its proportion of Medical practitioners. If, therefore, the Established Church secures its Medical Deacons, no long period would elapse before the Roman Catholic, Wesleyan, and other Dissenting churches would each have theirs, and thus sectarian strife would be added to the other causes of Medical disunion, already sufficiently numerous. No! no! No ecclesiastical sectarianism.

But there is already a spirit of Medical effort abroad in the direction indicated. Take the Edinburgh Medical Missionary Society for example, which educates Medical Christian Missionaries. There are, too, not a few Practitioners who minister in spiritual things in their daily professional routine. Experience, however, is not in favour of an extension of these private efforts: they have too much of the ludicrous and pretentious. In a large northern town in Scotland (where, by-the-bye, every sixth birth is illegitimate), Dr. Blank visiting a lady patient lately, after duly examining the case, retired to the sideboard and audibly invoked, as was his pious custom, the Divine blessing upon his labours before prescribing; he then boldly ordered a dose of rhubarb and magnesia. We can conceive a Cheselden with a deep conviction of responsibility seeking aid from a Higher Source when life depends upon his steadiness of hand or clearness of judgment; but as to rhubarb and magnesia, we can only quote the old Pagan, and say that even in Medical matters, "*Nec Deus intersit, nisi dignus vindice nodus.*"

It is always to be remembered that the church or the churches can, if they so will, demand from candidates for the ministry any amount of Medical knowledge they may think fit. But if Medical Deacons are impossible, Medical Priests are not. And this might, upon the whole, be a good step. It would doubtless tend, in the first instance, to raise up a brood of meddlesome quacks; but this would not be an unmitigated evil, for these would surely come into collision with, and exorcise, a set of charlatans seven times more ignorant and mischievous than themselves. Then the bishop might exercise a restraining power over the more erratic of a Medical clergy, while it cannot be doubted that the majority would have learning and good sense enough to perceive that their Medical skill should only be exercised in subordination to the Medical Practitioner.

But there is a central point where the two Professions may meet on equal terms, and that is the pulpit. Why should not the Medical Practitioner who feels a vocation thereto be a public instructor in Hygiene, and demonstrate in Sunday evening lectures the intimate connexion between health and morals? or why should *dogmatic* theology reign supreme on the Sunday and no place be left for *natural* theology? When Lord Palmerston told the clergy of Scotland, in reply to their memorial for the appointment of a day of public humiliation and prayer, with a view to avert the cholera, that a more efficient measure would be the removal of all reeking abominations, a clerical outcry was raised against his orthodoxy; but that only raised a laugh against the clergy. Every intelligent man now sees that public hygiene is more important in its moral and religious relations than even its merely Medical aspects. The subject has passed from the blue-books to popular literature, and the hero or heroine of the latest novel is a hygienic reformer. The pulpit is alone barren.

Now we think here is a field of large scope for combined action between the Medical Profession and any Church whatever. Let Science at least be catholic, and the black-board and modern statistics be set a-jostling the old dogmatic theology in every pulpit. Men's minds crave something new. *Toujours mouton* is a horror even theologically. It can only be a gain to bring the unthinking to church on Sunday, if but to hear a secular lecture. Imagine Professor Owen occupying the pulpit in St. Paul's, and Professor Huxley in Westminster Abbey, on a Sunday evening, with stupendous diagrams at their backs illustrative of the wonders of Creation. The Bishop or the Dean has read evening prayer; the choir has chanted an appropriate anthem,—"These as they change, Almighty Father! these are but the varied God—the rolling year is full of Thee;" or a verse or two of the grand old 104th Psalm,—"The glorious majesty of the Lord shall endure for ever; the Lord shall rejoice in his works." Then comes the Lecturer, solemnised in thought by the place and object. Or Mr. Edwin Chadwick, or Dr. S. Smith, or Lord Shaftesbury, or the Metropolitan Officers of Health in rotation, Dr. Lankester leading them on, may expound in the metropolitan churches to crowded audiences the intimate connexion between dirt and moral degradation, and awaken the sleepy parochials into vivacious activity. A few plates at the doors would, we are satisfied, secure an ample honorarium for the Lecturer. Will High, Low, or Broad Church be the first to inaugurate *this* union of Medical Science and Art with Ecclesiastical Institutions, and support a pulpit development of the "MEDICAL DIACONATE?"

STATISTICS OF A YEAR GONE BY.

OUR Registrar-General's Year-book of Disease is at all times an interesting, though by no means an easy, volume. It is a grand lesson-book for us as disease-curers, and for the public as political scholars. True, by some inexplicable circumlocution work, we never get the volume till the year it chronicles has, in the rapidly revolving time, nearly escaped our memories; but this we must bear with, for the stern figures are there, not the less to instruct because they are late, but as they instruct now, so for ever while literature is read and made. Haply, indeed, Macaulay's coming New Zealander may himself leave the ruins of London-bridge to wander in the shattered vaults of Great Russell-street, to search amidst other ancient papers for these annals of the lives and deaths of his great predecessors in science, letters, and arts.

The last Year-book of the Registrar-General deals with 1858. The year was not one very noticeable for its sickness; at all events, the Profession did not fatten that year, but rather took to an enforced lowering pecuniary *regime*, and lost weight. Meanwhile the population went on adding more susceptibilities to disease, if not more diseases to the susceptible. In the middle of the period the theoretical revised Census of Great Britain was 22,026,834 persons. Every day in this year, on an average, rather more than 962 sane individuals tied that knot with their tongues which everybody knows, with all deference to Sir Cresswell Cresswell, is not easily untied with the teeth; leaving still a large population

of fair faces all blooming and waiting, for a ridiculously small remnant of marriageable male stuff in comparison.

While the 962 were thus daily swearing the irrevocable vows, another important process was enacting; 2080 children per day were coming into Great Britain to do their part of the business. These, by a rather large majority showed a preference for the first six months of the year, and in *England and Wales* the boys exceeded the girls, we mean in numbers only, in a ratio of 1045 to 1000 of *all* that were born, while to every 1000 persons of Great Britain there was an average birth-rate of nearly 34—*i.e.* of boys and girls together.

As the marriages and births progressed in the degree we have stated, Death did his best to strike the balance with Life. He did not succeed to the full, but he neared the mark to such extent that while 759,676 children, all alive, were set up against him, and 351,346 persons were put in train against him by getting married, 513,188 went over to him helplesly; Life had a total advantage over him in the end of 246,488, or of 675 per day.

Among those who filled the death rank males predominated in England and Wales; so that for 100 females dying there were 102 males; out of equal numbers at all ages, the females being under such circumstances the most numerous, 107 males died to 100 females. To 1000 persons living in Great Britain, the deaths gave an average figure of nearly 23, or 11 less than the births per 1000.

But the record before us gives us more information. It affords us facts which by comparison are of immense interest. Thus, if we compare the vitality and mortality of France, taking of course the same averages of population, with that of Great Britain, we discover two startling truths, viz. that there are 34 births to a 1000 persons living here, and only 27 over the Channel; and reversing the question that there are 23 deaths to the 1000 persons here, and 24 over the Channel. How such a broad difference in two opposing directions must of necessity change the populations of the two allied countries is obvious. If this hidden yet marvellous contest progresses to what will it lead? which country shall in the end fare best, —the one with the increasing or the other with the almost stagnant population? What circumstances cause such differences? These are the questions.

Turning to the causes of mortality in the year 1858, we find so much interesting matter that we dare not in this place enter upon it, except to say, that the zymotic class of diseases was less fatal than in many previous years, and that fortunately no remarkable epidemic deserves special mention; the diseases incident to intemperance, and so-called civilized customs, furnish, however, little sign of decadence.

There is one other circumstance to which we would direct attention in closing this retrospect. It would seem that although the mortality of large towns stood at 2·655, and that of the country at 2·006 per cent., there are nevertheless outer portions of great cities which present a lower mortality than the country village, with its churchyard, ivy-mantled tower, winding walks, curfew-bell, and all else poetical to boot. Why this should be we need not wonder, for, despite the poetry, it is certain that well-built brick packed-up domiciles, with good drains and good ventilation, even with indifferent air, are preferable to the thatched huts, with their open cesspools, surface drains, and polluted wells, of what a rustic rhymster has called, with unblushing licence—

> "The ruralest spot upon earth,
> The place of my birth—of my birth."

But we cannot follow our subject further. The British Medical Association is going to give medals for essays. Will it not tempt its provincial men to a struggle, in showing how English villages might be made a little healthier than suburban streets, and infinitely more poetical in their beauty than they now are; the art of man added to the art of Nature? The suggestion is gratis.

THE WEEK.

Our readers may remember that a committee was appointed by the Council of the Royal Medical and Chirurgical Society, at its meeting on May 8 last, for the purpose of conferring with some of the Medical Societies of London on a proposition for uniting in one body the various Societies engaged in the prosecution of separate departments of Medical Science. A letter addressed by this Committee to the Presidents of the Pathological, Epidemiological, and Obstetrical Societies was immediately responded to by the appointment of Committees by each of these Societies, for the purpose of conferring with that nominated by the Royal Medical and Chirurgical Society. The united Committee was constituted as follows:—From the Royal Medical and Chirurgical Society: *President*—Mr. Skey. *Vice-Presidents*—Dr. Williams, Mr. Spencer Smith, Mr. Alexander Shaw, *Treasurer*; Mr. Charles Hawkins. *Secretaries*—Dr. Barclay, Mr. C. H. Moore. From the Pathological Society: *President*—Mr. Fergusson, Dr. Murchison; and the *Secretaries*, Dr. Ogle, Mr. Thompson. From the Epidemiological Society: *President* — Dr. Babington. Dr. Milroy; Mr. Marson; and Dr. MacWilliam, *Secretary*. From the Obstetrical Society: *President*—Dr. Rigby. *Treasurer*—Dr. Tyler Smith. *Secretaries*—Dr. Graily Hewitt, Dr. Tanner. This Committee, at its first meeting, resolved unanimously—"That it is the opinion of this meeting that it would tend to the advancement of Medical Science, were the Royal Medical and Chirurgical, the Pathological, the Epidemiological, and the Obstetrical Societies united under one head, and these different branches of Medical Science carried out in corresponding sections of one Society." The Royal Medical and Chirurgical Society having been incorporated by Royal Charter, in the year 1834, "for the cultivation and promotion of Physic and Surgery, and the Branches of Science connected with them," it was deemed advisable to proceed on the basis of that Charter, in drawing up a scheme by which the foregoing resolution should be carried into effect. The following is the scheme proposed by the United Committee, and we submit it to the consideration of the members of the different Societies. The measure is a most important one, and we trust that it will meet with warm and general support; and that the details of the scheme, which appear to meet nearly all the contemplated difficulties, will be carefully weighed:—

"I. That the united Society be divided into the following sections: 1. Practical Medicine and Surgery; 2. Pathology and Morbid Anatomy; 3. Epidemiology and Hygienics; 4. Obstetrics and Diseases of Women and Children; 5. Physiology (including Anatomy and Animal Chemistry); 6. Psychological Medicine; 7. Medical Jurisprudence.

"II. That the Treasurers of each Section respectively receive the subscriptions to such Section, and defray from their own funds the expense of publishing their Transactions, and other necessary outlay. That the surplus, if any, be paid into the General Fund, and any deficiency be supplied from that fund.

"III. That Fellows of the Royal Medical and Chirurgical Society (*i. e.* of the Societies when combined) be Members of all the Sections, and have a right to attend all meetings of such Sections.

"IV. That persons, not Fellows of the Society, be admitted members of any particular Section on payment of an annual sum, and be designated members of such Section, and Associates of the Royal Medical and Chirurgical Society (*i. e.* the Societies when combined).

"V. That each Section elect annually a President and other officers for the management of the affairs of its own department, and also from time to time elect Members who are not Fellows of the Society.

"VI. That in the annual nomination of Fellows recommended by the Council for election as President and Council of the united Society for the ensuing year, two at the least be selected from among the members of Committee of Management of each of the several Sections.

"VII. That members of particular Sections have the right

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to attend all meetings of such Section, and to be admitted to the use of the Reading-room, but not to remove from the Library any books, except such as belong to the Section.

"VIII. That it be the business of the Committee of each Section to prepare a report of the proceedings of the past Session, to be read at an Annual Meeting to be held for that purpose."

We are glad to hear that Mr. Sidney Herbert has at length yielded to the representations made to him on behalf of some of the Medical Officers who served in the Smyrna Hospital, and has granted them a balance of pay of about three months kept back by a difference of opinion as to the terms of agreement. We understand that those officers are indebted for this triumph of justice over official obstinacy, in the first place, to Dr. Leared, and, secondly, to the exertions of Mr. Brady, at whose request the matter was referred by Mr. Herbert to the Law Officers of the Crown. This is another instance of the benefit derived from the presence of a Medical man in the House of Commons.

A copy of a letter from Sir B. Brodie to the *Times*, on the Use and Abuse of Tobacco, will be found in another column. Most of our readers will agree with the general conclusion, that the enormous abuse of the narcotic stimulant is injurious to the health of the community. We may admit this, because we can fairly argue, that anything so powerfully poisonous in large doses, must in smaller quantities be still prejudicial—slowly poisonous, it may be. It is, however, a very curious, but still a very certain fact, that when we come, as Physicians, to investigate the nature of the injury thus done to the body by smoking, we find no clear, distinct, and tangible facts, no numerous and undoubted instances, such as justify us as Medical men in saying, "Oh! here is the consequence of tobacco-abuse!" We know well enough how to trace symptoms with unerring certainty up to abuse of spirituous drinks. We can lay our fingers with certainty upon the mischief done by tea, or by over-gorging the stomach with food. An habitual opium-eater has his distinguishing peculiarities; but when we come to seek for the physical symptoms indicating mischief done to the body by abuse of tobacco, we are left without any satisfactory answer. We think Sir B. Brodie's letter proves this position; and we fancy that the experience of our readers will confirm it. The statement of his belief by Sir B. Brodie, "That there are very few who do not suffer harm from it," is probably the belief of most of us; but what we want is a tangible proof of the fact, in the same way as we have tangible proofs of the sufferings resulting from drink or gluttony. We also think Sir B. Brodie has strained very doubtful facts to prove his position as to what will be the effects of the present rage for tobacco on future generations. Surely the extinction of the Red Indian is a matter of course, quite independently of his addiction to fire-water. It is a simple universal historical fact,—the savage receding as civilisation advances. Then, again, the other instance of the Turk is not a happy one. Surely it must be by very doubtful analogy that his present "lazy and lethargic" state can be connected with tobacco, rather than with polygamy. Besides, we might ask, Did the Turk show any want of energy on the Danube, or in Asia Minor, during the Crimean war? And can anyone doubt, that if the Turk were once again excited to a religious war pitch, as he was in the days of Solyman, and as he was when he over-ran Eastern Europe in those days when his name was a terror to European nations,—can anyone doubt that we should equally find in him now the energy he showed in ancient days? The truth is, that in this matter of tobacco there appears to be always an unfortunate tendency to a stretching of facts,—a tendency evidently derived from the circumstance of a clear and positive want of facts to prove the case required. We call this tendency unfortunate, because it evidently injures the reasonable cause which it desires to defend, viz. the non-abuse of tobacco. It is clearly useless to attempt to arrest a torrent; the way to deal with it is to reduce its force. This we think may probably be effected by Sir B. Brodie's letter. It may lead many to reflect upon the dangers they incur by over-indulgence in this tobacco-vice; and if he had not stretched his illustrations to meet his case, he would not have left any opening for doubt and cavilling. We would also just remind would-be instructors of the public on Medical questions, that they are not to follow Sir B. Brodie's example, or think they are doing so, by writing letters to newspapers. Sir B. Brodie is a very eminent man in a very high position, and his motives are above all suspicion. But if what he does is to be taken as licence by smaller men, a very great abuse will be looked upon as authorised.

Mr. Soden, the venerable President of the Bath and Bristol Branch of the British Medical Association, made the following remarks on Gratuitous Medical Services in his last Presidential Address:—

"We may start with the axiom, that eleemosynary relief is an evil in every form; that it is a moral debaser, and is destructive of self-dependence. It may be urged, that relief in sickness is an exception to this rule; and, in the case of Hospitals, where alone severe accidents, fever, and acute disease, can receive the aid they require, by which means only public protection can be afforded by the isolation of infectious disorders, this may appear to be true; but I am not sure that the necessity of such institutions would not be more generally acknowledged, their usefulness increased, and the class that now avails itself of their shelter be infinitely extended, if the title of 'self-support' could be substituted over their portals for that of 'charity;' now so monumental of Pharisaical complacency, as well as of well-meaning benevolence. We have abundant evidence of its success, as applied to Dispensaries; there the difficulty is solved; the relief is received without obligation, and the Medical attendant is placed in a position of pecuniary independence—a mutually advantageous position, and one that should especially elevate the social status of young Medical men—remunerative employment, dependent on the faithful performance of their duty; extensive responsibility, to stimulate their professional zeal; and a certain road and opportunity of advancement to the full tether of each capacity. . . . With the general administration of the Poor-law, Medical relief is largely mixed up, and should form its most important element. The whole subject, therefore, comes properly under our consideration. I will say more; the moral responsibility of giving it our attention is as great towards the public as is our duty to forward any special branch of our science. My own feeling is, that we should work for the extension of the self-supporting system."

The appearance of the unfortunate boy Cancellor is thus described by the man who flogged him to death. A more complete picture of the external indications of a weakened frame of body and defective intellect could not have been drawn by a master of our Art:—

"He was rather short than tall for his age—his age being between 15 and 16 years. He was exceedingly fat, so much so as to attract considerable attention as he walked along the streets. His cheeks especially hung down most unnaturally towards his breast, completely concealing all appearance of neck. There were extremely uncomfortable-looking sores about his mouth and nose. There was a peculiar firmness of expression about his eyes. Chin bold. His hair was unusually thin, both in quantity and quality. His head was above the average size, and of a very peculiar shape, but by no means denoting deficiency of intellect; indeed the contrary was the case. Forehead very high and well-developed. Hands and feet small. Skin soft. Temperament bilious lymphatic. His father was very candid in drawing attention to various unfortunate habits which the boy had formed—

to the habit of biting the nails, the habit of picking the face, and to various other habits which it is not necessary to particularise. The father likewise mentioned that the lad in the winter time was wont to suffer very much from chilblains, both on the hands and on the feet."

THE USE AND ABUSE OF TOBACCO.

THE following letter by Sir B. Brodie is copied from the *Times* :—

"Sir,—Having been applied to some time since to join in a petition to the House of Commons that they would appoint a committee to inquire into the effects produced by the prevailing habit of tobacco smoking, I declined to do so; first, because it did not appear to me that such a committee would be very competent to discuss a question of this kind; and, secondly, because, even if they were so, I did not see that it would be possible for Parliament to follow up by any act of legislation the conclusions at which they might have arrived. Nevertheless I am ready to admit that the subject is one of no trifling importance, and well worthy the serious consideration of any one who takes an interest in the present and future well-being of society. From these considerations it is that I now venture to address to you the following observations.

"The empyreumatic oil of tobacco is produced by distillation of that herb at a temperature above that of boiling water. One or two drops of this oil (according to the size of the animal) placed on the tongue will kill a cat in the course of a few minutes. A certain quantity of the oil must be always circulating in the blood of an habitual smoker, and we cannot suppose that the effects of it on the system can be merely negative. Still, I am not prepared to subscribe to the opinion of those who hold that, under all circumstances, and to however moderate an extent it be practised, the smoking of tobacco is prejudicial. The first effect of it is to soothe and tranquillize the nervous system. It allays the pains of hunger, and relieves the uneasy feelings produced by mental and bodily exhaustion. To the soldier who has passed the night in the trenches before a beleaguered town, with only a distant prospect of breakfast when the morning has arrived; to the sailor, contending with the elements in a storm; to the labourer, after a hard day's work; to the traveller in an uncultivated region, with an insufficient supply of food, the use of a cigar or a tobacco pipe may be not only a grateful indulgence, but really beneficial. But the occasional use of it under such circumstances is a very different matter from the habit of constant smoking which prevails in certain classes of society at the present day.

"The effects of this habit are, indeed, various, the difference depending on difference of constitution, and difference in the mode of life otherwise. But, from the best observations which I have been able to make on the subject, I am led to believe that there are very few do not suffer harm from it, to a greater or less extent. The earliest symptoms are manifested in the derangement of the nervous system. A large proportion of habitual smokers are rendered lazy and listless, indisposed to bodily and incapable of much mental exertion. Others suffer from depression of the spirits, amounting to hypochondriasis, which smoking relieves for a time, though it aggravates the evil afterwards. Occasionally there is a general nervous excitability, which, though very much less in degree, partakes of the nature of the *delirium tremens* of drunkards. I have known many individuals to suffer from severe nervous pains, sometimes in one, sometimes in another part of the body. Almost the worst case of neuralgia that ever came under my observation was that of a gentleman who consulted the late Dr. Bright and myself. The pains were universal, and never absent; but during the night they were especially intense, so as almost wholly to prevent sleep. Neither the patient himself nor his Medical attendant had any doubts that the disease was to be attributed to his former habit of smoking, on the discontinuance of which he slowly and gradually recovered. An eminent Surgeon, who has a great experience in ophthalmic diseases, believes that, in some instances, he has been able to trace blindness from amaurosis to excess in tobacco smoking; the connexion of the two being pretty well established in one case by the fact that, on the practice being left off, the sight of the patient was gradually restored. It would be easy for me to refer to other symptoms indicating deficient power of the nervous system to which smokers are liable; but it is unnecessary for me to do so; and, indeed, there are some which I would rather leave them to imagine for themselves than undertake the description of them myself in writing.

But the ill effects of tobacco are not confined to the nervous system. In many instances there is a loss of the healthy appetite for food, the imperfect state of the digestion being soon rendered manifest by the loss of flesh and the sallow countenance. It is difficult to say what other diseases may not follow the imperfect assimilation of food continued during a long period of time. So many causes are in operation in the human body which may tend in a greater or less degree to the production of organic changes in it, that it is only in some instances we can venture to pronounce as to the precise manner in which a disease that proves mortal has originated. From cases, however, which have fallen under my own observation, and from a consideration of all the circumstances, I cannot entertain a doubt that, if we could obtain accurate statistics on the subject, we should find that the value of life in inveterate smokers is considerably below the average. Nor is this opinion in any degree contradicted by the fact that there are individuals who in spite of the inhalation of tobacco smoke live to be old, and without any material derangement of the health; analogous exceptions to the general rule being met with in the case of those who have indulged too freely in the use of spirituous and fermented liquors.

"In the early part of the present century tobacco smoking was almost wholly confined to what are commonly called the lower grades of society. It was only every now and then that any one who wished to be considered as a gentleman was addicted to it. But since the war on the Spanish Peninsula, and the consequent substitution of the cigar for the tobacco-pipe, the case has been entirely altered. The greatest smokers at the present time are to be found, not among those who live by their bodily labour, but among those who are more advantageously situated, who have better opportunities of education, and of whom we have a right to expect that they should constitute the most intelligent and thoughtful members of the community. Nor is the practice confined to grown-up men. Boys, even at the best schools, get the habit of smoking, because they think it manly and fashionable to do so; not unfrequently because they have the example set them by their tutors, and partly because there is no friendly voice to warn them as to the special ill consequences to which it may give rise where the process of growth is not yet completed, and the organs are not yet fully developed.

"The foregoing observations relate to the habit of smoking as it exists among us at the present time. But a still graver question remains to be considered. What will be the result if this habit be continued by future generations? It is but too true that the sins of the fathers are visited upon their children and their children's children. We may here take warning from the fate of the Red Indians of America. An intelligent American Physician gives the following explanation of the gradual extinction of this remarkable people:—One generation of them become addicted to the use of the fire-water. They have a degenerate and comparatively imbecile progeny, who indulge in the same vicious habit with their parents. Their progeny is still more degenerate, and after a very few generations the race ceases altogether. We may also take warning from the history of another nation, who some few centuries ago, while following the banners of Solyman the Magnificent, were the terror of Christendom, but who since then, having become more addicted to tobacco smoking than any of the European nations, are now the lazy and lethargic Turks, held in contempt by all civilized communities.

"In thus placing together the consequences of intemperance in the use of alcohol and that in the use of tobacco, I should be sorry to be misunderstood as regarding these two kinds of intemperance to be in an equal degree pernicious and degrading.

"The inveterate tobacco-smoker may be stupid and lazy, and the habit to which he is addicted may gradually tend to shorten his life and deteriorate his offspring, but the dram-

drinker is quarrelsome, mischievous, and often criminal. It is under the influence of gin that the burglar and the murderer become fitted for the task which they have undertaken. The best thing that can be said for dram-drinking is, that it induces disease, which carries the poor wretch prematurely to the grave, and rids the world of the nuisance. But, unfortunately, in this, as in many other cases, what is wanting in quality is made up in quantity. There are checks on one of these evil habits which there are not on the other. The dram-drinker, or, to use a more general term, the drunkard, is held to be a noxious animal. He is an outcast from all decent society, while there is no such exclusion for the most assiduous smoker.

"The comparison of the effects of tobacco with those of alcohol leads to the consideration of a much wider question than that with which I set out. In all ages of which we have any record, mankind have been in the habit of resorting to the use of certain vegetable productions, not as contributing to nourishment, but on account of their having some peculiar influence as stimulants or sedatives (or in some other way) on the nervous system. Tobacco, alcohol, the Indian hemp, the kava of the South Sea Islanders, the Paraguay tea, coffee, and even tea, belong to this category. A disposition so universal may almost be regarded as an instinct, and there is sufficient reason to believe that, within certain limits, the indulgence of the instinct is useful. But we must not abuse our instincts. This is one of the most important rules which man, as a responsible being, both for his own sake, and for that of others, is bound to observe. Even such moderate agents as tea and coffee, taken in excess, are prejudicial. How much more so are tobacco and alcohol, tending, as they do, not only to the degradation of the individual, but to that of future generations of our species.

"If tobacco-smokers would limit themselves to the occasional indulgence of their appetite, they would do little harm either to themselves or others; but there is always danger that a sensual habit once begun may be carried to excess, and that danger is never so great as in the case of those who are not compelled by the necessities of their situation to be actively employed. For such persons the prudent course is to abstain from smoking altogether.

"Trusting that you and your readers will excuse me for having occupied so large a space in your columns,

"I am, Sir, your obedient Servant,

"August 27. "B. C. Brodie."

REVIEWS.

Rational Medicine: its Position and Prospects. An Oration delivered before the Hunterian Society by Stephen H. Ward, M.D. Lond., M.R.C.P., etc. Pp. 52.

This is a very sensible discourse, and well worthy the perusal of the rising generation of Medical Practitioners. The author well points out the abuses made of the microscope and chemistry as applied to Medicine, showing how the discoveries made by those instruments have been unreasonably stretched in their application to the practice of Medicine. He also passes in review the value of observation, the numerical method, hypotheses, etc., in Medicine.

"Under the term Medicine," says Dr. Ward, "I embrace its different branches, and the art as well as the science; and I call that Rational Medicine which has its foundations laid in a recognition of Nature's resources in disease as well as in health; which feels that its object is science, not mystery; which, for its advancement, has recourse to philosophical appliances and methods of investigation, which acknowledges no means but such as are adequate to ends, which holds hypotheses upon uncertain tenure, ready to relinquish them as fresh compelling facts flow in; and which, eminently eclectic, avails itself of what is good in all systems, and is yet to slave none."

He also gives a very happy account of the modern treatment of disease, which is, happily for human flesh, daily taking deeper root in the Professional mind. This modern treatment is the *practical* admission, not the theoretical merely, of the *vis medicatrix Naturæ*,—the wisdom of Nature as a curer of disease. We hail all these efforts of our Professional brethren which will assist in throwing off the incubus of the drugging system, which still, alas! hangs heavily brooding over the couch of the sick man.

As a proof of what Nature can do without the assistance or incumbrance of therapeutics, Dr. Ward gives the following facts, which we recommend to the consideration of the lovers of polypharmacy:—

"Being resolved to test by my own experience the conclusions of the Physicians already cited, as to the non-treatment (in a special sense) of those inflammatory affections for which men of the Old School were wont to employ their more heroic remedies, I allowed the last seven cases of acute sthenic pneumonia, which came under my care, to run a perfectly natural course. I gave no drug whatever in any one of them, used neither leeching nor counter-irritation, but attended strictly to hygienic appliances, and they all did perfectly well. I draw no definite conclusions from so small a number of cases; I only say that, as far as they go, they lend support to the modern views of inflammation, and illustrate the curative powers of Nature."

On Diabetes, and its Successful Treatment. By J. M. Camplin, M.D., F.L.S. Second Edition. London: 1860. 8vo. Pp. 88.

We can cordially commend this enlarged edition of Dr. Camplin's very useful and unpretending little work. Short notes of cases are given in the present edition, with remarks on pepsine, iodine, etc., and additional illustrations of the effects of diet. The following formula for bran cakes we extract from the Appendix, as likely to be of great use in practice to many of our readers:—

"*Formula for Bran Cakes.*—Take a sufficient quantity (say a quart) of wheat bran, boil it in two successive waters for a quarter of an hour, each time straining it through a sieve, then wash it well with cold water (on the sieve), until the water runs off perfectly clear; squeeze the bran in a cloth as dry as you can, then spread it thinly on a dish, and place it in a slow oven; if put in at night let it remain until the morning, when, if perfctly dry and crisp, it will be fit for grinding. The bran thus prepared must be ground in a fine mill and sifted through a wire sieve of such fineness as to require the use of a brush to pass it through; that which remains in the sieve must be ground again until it becomes quite soft and fine (a). Take of this bran powder three ounces (some patients use four ounces, the other ingredients as follows), three new-laid eggs, one ounce and a-half (or two ounces if desired) of butter, and about half-a-pint of milk, mix the eggs with a little of the milk, and warm the butter with the other portion; then stir the whole well together, adding a little nutmeg and ginger, or any other agreeable spice. Bake in small tins (pattipans), which must be well buttered, in a rather quick oven for about half-an-hour. The cakes, when baked, should be a little thicker than a captain's biscuit; they may be eaten with meat or cheese for breakfast, dinner, and supper, at tea they require rather a free allowance of butter, or may be eaten with curd or any of the soft cheeses."

Radcliffe Infirmary, Oxford.—We have the pleasure to report the munificent gift from his Grace the Duke of Marlborough of £164 to this Institution. This sum, in addition to gifts in 1858 and 1859, has been derived from the payment of visitors to Blenheim-palace and gardens. The amounts in 1858 and 1859 were respectively £100 and £135.

Poisonous Millinery.—Erdmann and Ziureck have frightened the ladies of Leipsic and Berlin with the discovery that some green tarlatans were coloured with arseniate of copper. The colour was merely fixed on with starch paste, so that the least friction sufficed to remove it. Erdmann also speaks of a colouring matter known as cochineal red, which contains a good deal of arsenic in the form of arseniate of alumina. At Berlin Herr Ziureck was officially appointed to investigate the matter, and he found a good many specimens of green tarlatans which were coloured with the arsenical preparation applied superficially as described by Erdmann. Certainly the air of a ball-room in which many of such dresses were rubbed together would become rather strongly charged with poisonous matter.—*Chemical News.*

(a) This is particularly necessary in cases of irritable bowels.

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

AIME BONPLAND.

By M. DEMERSAY.

The history of the lives of some of the old travellers of the sixteenth century must be sought to discover a more adventurous existence than that of this celebrated botanist, the worthy *collaborateur* and constant friend of Alexander de Humboldt. He was born at Rochelle in 1773, where his father practised as a Physician, for which profession he himself was educated. He was sent to Rochefort to attend the lectures delivered at the Marine Hospital, in the hopes of counteracting his great predilection for a military career. He made rapid progress in the study of anatomy, and after four years' assiduous study, he was appointed second surgeon to the *Agricole* ship of war. After cruising in the North Sea and on the coasts of Spain, and serving honourably in several actions, he landed on the Isle of Aix. A few days afterwards a pupil had to be chosen by *concours*, who was to be sent to Paris to complete his studies at the expense of the Marine. He carried away the prize from all competitors. At Paris he had for fellow-students Alibert, Husson, Moreau de la Sarthe, and Dupuytren: he became one of Corvisart's most assiduous pupils, at whose house he first met Humboldt, then completing the scientific studies he had commenced in Germany. Attracted towards each other by a warm sympathy, the two young men became intimately attached, made one common stock of their scientific acquisitions, and associated destinies which were to prove so different. Bonpland gave lessons in botany and anatomy to Humboldt, who, on his part, initiated his friend in the secrets of mineralogy and physics. The latter was then preparing himself for a long scientific excursion, and when he found himself in a condition to put his great project into execution, he proposed to his friend to accompany him. The history of that hitherto unequalled voyage is well known, obtaining as it did such enthusiastic applause at the commencement of this century. The limits of this notice do not allow of our dwelling upon this encyclopædiacal expedition, which was signalised by discoveries of the highest order in every branch of human knowledge. By what a series of adventures the two *savants*, who had commenced their preparations for an excursion of eight months in Upper Egypt, there to join in the labours of the eminent men following in the suite of Bonaparte, and who then intended accompanying Baudin on his voyage of circumnavigation, found themselves taking a passage in a Spanish vessel for America! All this has been narrated by Humboldt, in that style which clothes the most serious subjects in the most attractive forms, in his "Voyage aux Régions équinoxiales du Nouveau Continent." During these travels Bonpland collected and dried more than 6000 plants, most of them unknown, describing, at the same time, their organisation, their uses in the arts, and their medicinal properties. Returning to France just at the time of the coronation of Napoleon, after five years of glorious labours, supported with an equanimity never at fault, the botanist, now suddenly become a celebrated character, presented his collection of plants to the Museum of Natural History, and received a pension in recompense of his disinterestedness. The Empress Josephine accepted with gratitude seeds which Bonpland had sent her, and had them sown in her beautiful garden at Malmaison. Bonpland repairing there frequently, the Empress soon perceived the excellent qualities of one who shared with her her passionate attachment to flowers. The post of Intendant at Malmaison falling vacant, it was conferred upon him, conjoined with other employments, which still gave him time to superintend the publication of his works. After the divorce disasters followed, but Bonpland was always found faithful to the cause of misfortune. Amid the contradictory opinions put forth in the presence of the dethroned Emperor, Bonpland urgently pressed him to withdraw to Mexico, and to watch from this central point of the globe the events of both worlds. A bold counsel this; and when we consider the part that has been since played in the commercial relations of nations by the isthmus so near this portion of the New World, and that which the future yet has in reserve for it, it is impossible not to admit the justness and appositeness of the advice tendered. A few weeks later he stood at the dying-bed of Josephine, to whom he had so devotedly attached himself. Determined now to return to America, he threw up his posts, and set sail in 1816 for Buenos Ayres, carrying with him a considerable collection of European plants and fruit-trees. Received with distinction, he was immediately nominated Professor, and loaded with flattering promises; but the influence of national jealousy soon made itself felt, until at last even the means of lecturing, and exhibiting his collection, was denied him. Little surprised at this ebullition, Bonpland resolved immediately to undertake a journey, which, crossing the Pampas, Santa Fé, and Bolidia, would bring him a second time to the foot of the Andes. By an unhappy fatality he was led in 1821 into some territory disputed by Paraguay against the Argentine Confederacy. The learned traveller at once put himself into communication with Dr. Francia, fully explaining to him that it was his intention to fabricate *maté*, or the Paraguay tea, for which purpose he had engaged Indians in his service. But the Dictator, always suspicious of spies, and fearing the competition of Europe in a commerce, the monopoly of which he was determined to secure, answered the respectful letters of the *savant* by a troop of armed men, who, falling upon the little body, killed some and wounded others, Bonpland among them. He was then dragged away in chains, and during his imprisonment for nearly ten years in the territory of the Missions, Francia obstinately refused to see him. His only means of living was by the exercise of his industry. He practised medicine and pharmacy, distilled liqueurs, and introduced into the practice of agriculture some of the improvements of Europe. With naked feet, clothed like a Creole in a loose shirt and *calzoncillo*, he visited the sick poor with inexhaustible charity; and to this day the inhabitants of Paraguay, remembering his services, never pronounce his name without respect. Neither the intervention of the Emperor Pedro or the demands of Chateaubriand, then Minister of Foreign Affairs, could induce the Dictator to relax his hold of the prisoner; and the chivalric attempt of M. Grandsire, who went to claim him in the name of the French Institute, only led to a still closer *surveillance*. Whether he owed his liberty to the urgent instances of the French Consul-General of La Plata, or, as Bonpland himself thought, to the menaces of his friend Bolivar, an end was at last put to his captivity in 1829, when he was unexpectedly informed that he might quit Paraguay. A few days only were allowed him for preparation; but after retracing his former route, and arriving at Itapsa, he was still detained twenty months before the Dictator made his will known to the authorities. He was again submitted to interrogatories, in order to ascertain his motives for forming an association with the Indians, and to ascertain whether he was not really a French or Argentine spy. At last, in February, 1831, his "Excellency the Supreme" (the title by which the despot was designated) allowed him to depart where he chose. Thus finished a sequestration utterly motiveless, which broke up Bonpland's career, and cost him his fortune; for want of the observation of formalities of whose existence he was unaware, and which he, moreover, could not have complied with, his pension had been stopped. Later, however, through the exertions of M. Delessert, it was restored to him.

The traveller directing his steps towards the *passo* of Uruguay, on leaving the little town of San Borja, stops with delight before a vast garden planted with orange trees and the shrubs of Europe. A hedge of bromelias separates it from other habitations, and in its midst arises a *rancho* of the simplest appearance. It was here that the old Intendant of the Empress Josephine consecrated to science the last years of a life, all benevolence and disinterestedness—only quitting his tranquil retreat to make short visits in La Plata. There the good old man, more than an octogenarian, but still endowed with unusual vigour and a remarkable memory, received with eagerness any of his countrymen whom chance, fortune, or the love of science led into these distant regions. I shall never forget the first interview I had with him. It was in this remote corner of the globe he received a token of the high esteem he was held in by the French Government, for the services he had rendered to the natural sciences. The correspondent of the Institute and the Museum, upon whom the Emperor, at the commencement of the century, had conferred a honourable competency, had never yet received the cross of the Legion of Honour. Informed of this, M. Falloux

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in 1849 hastened to repair the unjust neglect. Bonpland did not, however, terminate his long career at his favourite residence, the ancient mission of San Borja, in the Brazils, but expired without suffering at Santa Anna, a farm which he possessed on the banks of the Uruguay. Dr. Lallemand furnished Humboldt with some of the details of his last moments, which were communicated to the Académie des Sciences. The exact date of his death is not, however, known, although it took place some time in the middle of May, 1858. Shortly before his decease he wrote to the author of this sketch that he had made up his mind to revisit France, see his beloved Malmaison once more, present his valuable mineralogical and botanical collections to the Museum, and then return to the midst of his plantations in Uruguay. His dream has not been realised; he has died without revisiting France, almost forgotten by the country which half-a-century since resounded with his praises.

M. Bonpland has published two volumes in folio, illustrated with 140 plates on "Plantes Equinoxiales," two other illustrated folios on the "Mélastomes," and one on the "Plantes Rares" of Navarre and Malmaison. In conjunction with Humboldt he has also published the celebrated "Voyage," in thirteen volumes; the "Vues des Cordillères;" the "Mimoses du Nouveau Continent," and the "Nova Genera Plantarum." The production of these magnificent works, which have conferred upon their authors so exalted and deserved a reputation, only augment the regrets at the brutal interruption which Bonpland's scientific career received. These regrets will not be diminished by the papers which Bonpland has left behind him, and which the French Minister of Foreign Affairs has reclaimed at the hands of the Argentine Confederation. Having had them in my hands I am enabled to state their contents. There are numerous notes on the various parts of America he traversed, some geological researches, very numerous botanical descriptions, and observations on the preparation of the Paraguay tea, and the cultivation of tobacco; but there is among the manuscripts no work of considerable length, either commenced, or in course of execution.

EXCERPTA MINORA.

Ice as an Application in Diphtheria.—M. Grand-Boulogne, referring to the great success attending the practice of M. Blanc, of Strasburg, who states that he has scarcely ever failed in curing diphtheria by means of cold-water gargarisms, repeated twenty or thirty times in the hour,—states that he himself, during two bad epidemics of this disease in the Havannah, met with remarkable success from a still simpler procedure, viz. causing the patients to keep constantly in their mouths small fragments of ice, continuing the practice even into convalescence.—*Presse Méd. Belge*, No. 13.

On Syphilisation.—Professor Hebra, in giving an account of some trials he has made of syphilisation, states that without as yet being able to range himself either with the abettors or opponents of the practice, he is enabled to say that his syphilitic patients, during the employment of the repeated inoculations of the matter of chancre, continued very well, and of good appearance, increased in weight, and gradually lost all signs of syphilitic disease. The course of the symptoms much resemble that which they take under the action of mercury or iodine, but was somewhat slower. A series of comparative trials with various remedies has, however, convinced the author that for producing a rapid and certain cure the mercurial treatment deserves the most decided preference to all other means.—*Zeitschrift der Aerzte zu Wien*, No. ix.

Tracheotomy in Croup.—M. Henriette, of the St. Pierre Hospital at Brussels, in a note to Professor Thiry, states that having well nigh abandoned this operation, after repeated failures, his confidence in it has of late been restored by several instances of success, he having had four recoveries out of eight operations performed since the end of last year. He believes the chief cause of its failure is the great delay in resorting to the performance of the operation. As soon as Medical means have failed, and the early symptoms of asphyxia are present, when, indeed, we can otherwise only trust to chance for success, we should at once operate before the child's powers become too much exhausted.—*Presse Méd. Belge*, No. 34.

Arsenic in Chronic Dyspepsia.—M. Germain recently read a paper at the Academy of Medicine, in which he stated that remarkable success had attended his administering arsenious acid in chronic dyspepsia, and in some affections conjoined to, or dependent on, dyspepsia. He gives only a *milligramme* (one-seventieth of a grain) per diem, in the form of a pill, taken just before a meal.—*Gazette Hebdomadaire*, No. 29.

Adhesion of a separated Portion of a Finger.—M. Azam relates an additional case in proof of the desirableness of attempting to secure the reunion of separated parts. A man, while fashioning a piece of wood by means of a very sharp hatchet, chopped off an oblique slice of the index finger, three centimetres in length, the line of separation dividing the nail into two parts, and carrying away almost all the pulp of the finger. He fainted; but a neighbour who came to his aid ten minutes after the accident, bound on the separated part, and the most complete union promptly followed.—*Bull. de Thérap.* tome lix. p. 87.

GENERAL CORRESPONDENCE.

INDIAN MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—By the publication of an Order in the last Government *Gazette*, purporting to give effect to the Royal Warrant for the Medical Service, the Medical Officers are left in as unfavourable a position, with reference to pay, as ever; for now, instead of the pay and allowances of their relative military rank, they will draw that of the grade below them. The Assistant-Surgeon of six years' service, who ranks with a captain, will receive no more than his junior under six years' service, who ranks with a lieutenant. This state of matters exists only in India, the climate, one would think, excepting, perhaps, the coast of Africa, where a Medical Officer should be most valuable, and is hardest worked.

In all Her Majesty's dominions, excepting India, the Surgeons receive the pay and allowances of their corresponding military grades; indeed, they have more. In India they are to have less; and as to allowances, even less than those of the next step in military rank below them.

The wording of the Order is specious, and, at first sight, may convey an idea of fairness to those who do not understand the items of the Indian officer's pay-bill; but a little investigation will show how unfairly the rule will operate; for, while it leaves the Assistant-Surgeon, of less than six years' service, in the receipt of the pay and allowances of a lieutenant, it gives no more to an officer above six years' service who ranks as a captain, and the pay and allowances of a captain only to a Surgeon who ranks as a major. These officers, in any other part of the world in which they serve, receive not only as much, but considerably more than their corresponding military ranks (*vide* Her Majesty's Warrant).

The ordinary remuneration that every officer receives in India is made up of a series of items, the aggregate being the Rs. 256 10a. of a lieutenant, Rs. 415 6a. of a captain, Rs. 789 3a. of a major; and this they draw when in India, whether employed or not, provided they are in full batta stations, the amount being a little less if on half batta. Gazetted to any appointment, regimental or staff, they become the recipients of some additional staff, company, or command allowance; and to pretend that the items which make up the totals are the extra allowances, and not part of the regular pay, is simply unfair; and we would ask, if they be necessary for the Military, why not for the Medical Officer?

An illiberal construction of Her Majesty's Warrant must excite much disappointment and discontent throughout the Medical Service in India, and it cannot but tend to increase the difficulty of obtaining candidates for the Service. The Medical Officers have but recently been rated at a higher valution, both as to rank and pay, by Her Majesty's Government at home and in the colonies, and why it should be otherwise in India it is difficult to understand.

The Surgeons of the Army seek only for a fair and just construction of Her Majesty's Warrant; if their emoluments and rank have been increased everywhere else, in justice they should be so in India also. I am, &c.

AN INDIAN OFFICER.

P.S.—However plausible the Order may appear to those ignorant of Indian pay-tables, the fact remains, that the Surgeon

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is only to draw captain's, the Assistant-Surgeon above six years, as well as he below six years' service, lieutenant's pay, or, rather, emoluments.

COMPARATIVE STATEMENT OF RANK AND PAY OF MILITARY AND MEDICAL OFFICERS IN INDIA, ACCORDING TO THE RECENT GOVERNMENT ORDER.

Corresponding Military Ranks.	Amount of Remuneration to each when unemployed or otherwise.	Items.								
		Pay and Indian Allowance.			Horse Allowance.			Tentage.			Extra Batta.		
	Rs. a. p.	Rs. a. p.			Rs. a. p.			Rs. a. p.			Rs. a. p.		
Major	789 3 0	410	14	6	30	0	0	120	0	0	228	4	6
Surgeons	415 6 0	249	1	0	—			75	0	0	91	5	0
Captain	415 6 0	249	1	0	—			75	0	0	91	5	0
Assistant-Surgeon above 6 years' service	256 10 0	145	12	0	—			50	0	0	60	14	0
Lieutenant	256 10 0	145	12	0	—			50	0	0	60	14	0
Assistant-Surgeon under 6 years' service	256 10 0	145	12	0	—			50	0	0	60	14	0

The above are the sums paid to Military and Medical Officers, and are the fixed salaries of their ranks. It will be seen that by this Order the Medical Officers, though they have received higher rank, are still to draw the old rate of emoluments; but, to make it appear otherwise, part of the allowances have been subtracted and the amount transferred to the column of pay. Thus, though the Medical Officer has had his emoluments increased with his rank in England and the colonies (in the latter the colonial allowances being in proportionate rates to his pay and rank), yet in India the pay is to be increased, but at the expense of the allowances, which really form part of the fixed salary, leaving him in the receipt of the same sum that he drew before his rank was raised by the Warrant, and in no way better off than he was before. For example:—An Assistant-Surgeon above six years' service with a regiment, or on the staff, draws Rs. 256 10a., and Rs. 30 a-month palki allowance; a captain,—the equivalent rank,—receives Rs. 415 6a., and the company allowance with a regiment, making more than half as much again as the sum drawn by the Assistant-Surgeon. In any other part of Her Majesty's dominions the Assistant-Surgeon above six years would be receiving more than a captain.

COPY OF THE ORDER ABOVE REFERRED TO.

No. 112 *of* 1860 *Calcutta Government Gazette of Wednesday, February* 1, 1860.

1. With reference to such portion of Her Majesty's Warrant, dated 1st October, 1858, as relates to the pay and allowances of Medical Officers of Her Majesty's Army, it is notified that, in accordance with the instructions received from Her Majesty's Government, all claims to pay authorized by that Warrant will be adjusted on the principle invariably observed under similar circumstances,—viz. by increasing the amount of pay proper, and making a corresponding deduction from the amount of allowances.

2. The pay proper of Medical Officers of Her Majesty's Army, as payable in Indian currency, is—

	Per Mensum, for any Month. Rs. a. p.
Assistant-Surgeon—Under 5 years	149 1 4
,, Above 5 ,, ...	171 7 1
,, ,, 10 ,, ...	193 12 11
Surgeon—After 10 years	223 10 0
,, ,, 15 ,, ...	268 5 7
,, ,, 20 ,, ...	327 15 8
,, ,, 25 ,, ...	372 11 3

3. When pay is drawn with Indian allowances, the total for each grade is not to exceed the aggregate heretofore authorized as consolidated salary, or pay and allowances.

(Signed) F. D. ATKINSON, Major,
Official Secretary to the Indian Government.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed the Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, August 30:—

Clarke, Alfred Frederick Strafford, Manchester
Cotton, Thomas, Spalding, Lincolnshire
Faull, John Vivian, Bristol
Gayton, William, London
Jenkins, John Thomas
Maurice, Oliver Calley, Marlboro', Wilts

The following gentlemen also on the same day passed their First Examination:—

Bowes, William, London Hospital
Marsdin, Frederick, King's College
Passmore, Thomas Henry, Guy's Hospital.

DEATHS.

BUSHBY.—August 29, suddenly, at Omberaley, Droitwich, Worcestershire, Charles Edward Busigny, M.R.C.S. Eng., L.S.A. Lond.

DOOLAN.—August 24, at Bath-house, Totterdown, Bristol, John Livesey Doolan, M.R.C.S. Eng., formerly Surgeon of the Royal Navy, aged 63.

GOSSET.—August 29, at 3, Atlingworth-street, Brighton, Daniel Gosset, M.D. St. Andrew's, M.R.C.S. Eng., L.S.A. Lond., formerly of Leicester, and of Reading, Berks, aged 66.

HEY.—September 1, at Ellesborough Rectory, Bucks, Richard Hey, of York, Fell. (Hon.) and M.R.C.S. Eng., L.S.A. Lond., Consulting Surgeon to the York County Hospital, etc.

KELAART.—August 31, suddenly, of disease of the heart, on board the Steamship *Ripon*, on the evening before her arrival at Liverpool, Edward Frederick Kelaart, M.D. Edin., M.R.C.S. Eng., Staff Surgeon in the Army, aged 41.

MACCROSSAN.—August 29, at Dublin, Thomas MacCrossan, M.D., M.R.C.S. Ireland.

MEERES.—September 3, at 19, King-street, Finsbury-square, Thomas Meeres, M.R.C.S. Eng., L.S.A. Lond., aged 63.

MORRIS.—June 30, at Lucknow, Charles Frederick Morris, Assistant-Surgeon 23rd Foot (Royal Welsh Fusileers), aged 30.

SCOTT.—August 30, at 139, Falkner-street, Liverpool, Roger Wakefield Scott, M.D. Univ. Edin., aged 59. He was in succession Physician to the Liverpool Dispensary and Northern Hospital, and Lecturer on Medicine at the Royal Institution Medical School.

THE first Medical Charity of South Africa, supported by voluntary subscriptions, is about to be established in the shape of a Dispensary at Cape Town for the relief of the sick poor.

THE establishment of a Sanitarium at Cape Town, while it is likely to be the means of restoring the health of many men of her Majesty's forces who have suffered from long service in unhealthy tropical climates, cannot fail to be productive of many advantages to the colony.

TWELVE MONTHS OF BAD WEATHER.—From the 1st of September, 1859, to the 31st of August, 1860, the number of days on which rain or snow has fallen is 194, the proportion of wet to dry days being ·53, or more than half. The majority of the remaining days have been dull, even though they have been dry.

THE Cholera, according to the "Siglo Medico" of Madrid, has taken up permanent residence in Spain since 1854. It gives, as proof, the official statistics of cholera patients who have died at Malaga this year between May 1 and June 29. They amount to 2267. The cholera has also shown itself in other parts,—in the province of Jaen, at Linares, at Baylen, in Grenada, etc.

A MODIFICATION (after our English fashion) has been introduced into the examinations for degrees at the Medical School of Strasbourg. The examinations have been divided. At the end of the first year's study the aspirant is examined in chemistry, physicks, and natural history; at the end of the second year in anatomy and physiology; pathology, internal and external, or, as we call it, Medicine and Surgery, in the third year. The fourth and fifth examinations and the thesis are to be fought through at the end of the scholastic term.

M. LUCA has made a chemical analysis of the liver of a patient who died with atrophy of the pancreas. He found glycogenic matter in the liver; showing thereby that the disease of the pancreas had not sensibly interfered with the glycogenic action of the liver. He also found on examining a mixture of the different substances, solid and liquid, taken from the right cavity of the heart, and from the inferior vena

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cava near the diaphragm, that the mixture contained no free fatty acids, and that the fatty matter was not decomposed. This fact may be explained by the disease of the pancreas, in accordance with the function given to that organ by M. Bernard.

A HINT TO THE IATRO-CHEMISTS.—"I shall protest," says Dr. Paris, "against the prevailing fashion of examining and deciding upon the pretensions of every Medical compound to our confidence, by a mere mechanical investigation of its composition, and by rejecting as fallacious every Medical testimony which may appear contradictory to the results of the laboratory; there is no subject in science to which the maxim of Cicero more strictly applies than to the present case; let the ultra-chemist, therefore, cherish it in his remembrance, and profit by its application—*'Præstat naturæ voce doceri, quam ingenio suo sapere.'* Every rational Physician must feel, in its full force, the absurdity of expecting to account for the phenomena of life upon principles deduced from the analogies of inert matter; and we, therefore, find that the most intelligent physiologists of modern times have been anxious to discourage the attempt, and to deprecate its folly."

VITAL STATISTICS OF LONDON.

Week ending Saturday September 1, 1860.

BIRTHS.

Births of Boys, 944; Girls, 905; Total, 1849.
Average of 10 corresponding weeks, 1850-59, 1585·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	523	495	1018
Average of the ten years 1850-59	596·7	579·8	1178·5
Average corrected to increased population..	..	..	1149
Deaths of people above 90	..	1	1
Deaths in 15 General Hospitals	33	13	46

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	9	8	1	4	7	20
North ..	490,396	1	8	7	1	1	8	16
Central ..	393,256	1	5	3	..	6	2	13
East	485,522	3	15	12	1	6	8	22
South ..	616,635	1	6	7	..	3	13	20
Total.. ..	2,362,236	7	43	37	3	20	33	91

TO CORRESPONDENTS.

Mr. Hulke's Report of Twenty-six Cases in which Iridectomy was performed shall appear next week.

Mr. H. Wilson.—M. Claude Bernard does not practise. He resides in Paris. Address, "College de France."

B. A. Oxon.—We know of nothing more suitable than the chapters in Johnson and Martin, "On the Influence of Tropical Climates."

Mr. Steele.—It is not a misprint. Perchloric Acid is intended. The question as to such remedies as Battley's Liquor Opii, Squire's Bimeconate of Morphia, Chlorodyne, and other proprietary medicines is a very wide one; not to be disposed of in a short note.

Fiat Justitia.—1. It is necessary to state in the certificate when the patient was last seen. 2. No Medical man is justified in certifying anything upon the report of another person. He can only certify as to what he knows. 3. The certificate must be in the regulated form. 4. No fee is allowed by Government for the certificate. Some Practitioners make a charge upon the family, but it is not usual to do so.

THE HEAVIEST CHILD BORN ALIVE(?).

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—You were good enough a few weeks ago to publish in your Journal the details of the birth of, what I then believed to be, the heaviest child ever born alive, namely 18¼lbs. Since then I have been informed by Mr. Davies, of Pershore, that he attended many years ago a woman who was delivered safely of a living child weighing 19lb. 2oz. Forceps were employed to effect delivery, the labour (as may be supposed) having been very tedious; but both parent and child did well and are still living.

You will greatly oblige by giving insertion to this, as my former statement though correct as to recorded cases was not so otherwise.

I am, &c. A. MEADOWS, M.D.

9, Cavendish-place, Cavendish-square.

FŒTAL AUSCULTATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—With reference to the note of your correspondent of last week under this title, permit me, in self-defence, briefly to state that when Dr. Halford has settled the question,—on the one hand with Dr. Druitt, whether the presence of a living fœtus *in utero* be indicated by 160 double "heart-beats" or 160 double "heart-sounds";—and on the other with the Aberdeen authority, who contends for 160 single "heart-sounds," I shall admit that there is some prospect of settling the matter in dispute between us. Until then I feel confident every person of sense will admit it would be premature (not to say "absolute folly") to maintain that "the audibility of fœtal heart-sounds (?) is a firmly established fact," or to have any confidence in "fœtal auscultation." I am, &c.

Bamchory, August 28. FR. ADAMS.

IPECACUANHA *v.* OPIUM.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—If Mr. Sharman had published his reasons along with his conclusions, his communication would have been much more complete and certainly more instructive. After six weeks of anxious thought he has arrived at the following conclusion in reference to the case published by me in your Journal of July 30, viz. "That the convulsive attack was the result of gastric or intestinal irritation, rather than the unusual effect of Dover's powder, and might have been prevented by the opportune use of a gentle purge." In the first place I will state for Mr. Sharman's information that a "gentle purge" was administered to the little patient twelve hours before the Dover's powder, and that it acted very satisfactorily.

If Mr. Sharman was well acquainted with the writings of Orfila, Chavret, Christison, and Taylor, all of whom mention convulsions among the general symptoms of poisoning by opium, especially in young subjects; he would not express such surprise, either at the smallness of the dose, or at the rapidity of its action. Dr. Christison mentions a case where a child, aged fourteen months, took three drops of laudanum in diarrhœa mixture, which was followed by coma, convulsions, and death in six hours. Dr. Kelso met with a case where a child of nine months old was killed in nine hours by four drops of laudanum, it was much convulsed before death. Dr. H. C. Stewart informs me that he was once called to see an infant, a few days old, the patient of another Medical man, which was much convulsed in an hour and a-half after taking one-tenth of a grain of Dover's powder. This great susceptibility to the influence of opium is not confined to young children, as the following cases will shew:—Dr. Starkey states that a well-formed man, aged thirty-two, took two pills containing two and a-half grains of the extract of opium, "he was immediately afterwards attacked by a convulsive fit and died." In the *Journal de Médecine*, for October, 1846, is published the case of a soldier, who accidentally swallowed an ounce of laudanum; he died in convulsions three-quarters of an hour afterwards. Drs. Coote, Layman, and others, mention similar cases. Surely Mr. Sharman is not prepared to say that the convulsions which occurred in the above cases were due to "gastric or intestinal irritation, rather than to effects of opium;" if not, why should my case form an exception? I am, &c.

42, Grove-road, N.W. THOMAS CHAMBERS.

COMMUNICATIONS have been received from:—

Sir JOHN LIDDELL, Kt.; Professor SIMPSON; M. CLAUDE BERNARD; Dr. GOODFELLOW; Sir RANALD MARTIN, C.B.; Mr. WHARTON JONES; Mr. SYMONDS; Mr. HULKE; Dr. THUDICHUM; Professor CZERMAK; Dr. CHANCE; Dr. A. MEADOWS; Mr. LAWSON; Dr. W. D. MOORE; Dr. CARTER; Dr. MCGHIE; Dr. FRIPP; Dr. MAPLETON; Dr. W. ARDING; Mr. LAMBERT; Mr. SHARMAN; Mr. L. Captain TAGE; Mr. SWEET; Mr. W. DALE; Mr. W. S. COOPER; Mr. HAYWARD; Mr. I. ROMELLY, M.A.; Professor HERAPATH; Mr. S. THORPE; Dr. J. S. BUSHMAN; Dr. SYKES, Southampton; "E. W."; Dr. E. W. ROWDEN; and Mr. SYMONDS.

APPOINTMENTS FOR THE WEEK.

September 8. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

10. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

11. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

12. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

13. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

14. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

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Surgeons' Hall, Edinburgh.—Winter

SESSION, 1860-61.—The following COURSES of LECTURES on MEDICAL and SURGICAL SCIENCE, and also those delivered in the University, qualify for Examination for the Diploma of the Royal College of Surgeons. All the Courses are for Six Months, if not otherwise specified.

CLASSES OPEN ON TUESDAY, NOVEMBER 6.

Materia Medica and Dietetics	9 a.m.	Dr. Douglas Maclagan.
Surgery	10 a.m.	Mr. Spence.
Surgery (4, High School-yards)	10 a.m.	Dr. P. H. Watson.
Surgery (5, High School-yards)	10 a.m.	Mr. A. M. Edwards.
Chemistry	10 a.m.	Dr. Stevenson Macadam.
Analytical Chemistry, Practical Chemistry (Three Months' Course)	9 a.m till 4 p.m.	Dr. Stevenson Macadam.
Physiology	11 a.m.	Dr. Sanders.
Medical Jurisprudence (Course commences on December 1)	2 p.m.	Dr. Littlejohn.
Clinical Medicine (Royal Infirmary)	1 p.m.	Drs. Keiller (Diseases of Women), W. T. Gairdner, and Warburton Begbie.
Clinical Surgery (Royal Infirmary)	12 noon	Mr. Spence.
Anatomy	2 p.m.	Dr. John Struthers.
Anatomical Demonstrations	4 p.m.	
Practical Anatomy	9 a.m. till 4 p.m.	
General Pathology	4 p.m.	Dr. Rutherford Haldane.
Pathological Anatomy (Saturdays)	11 a.m.	Dr. Rutherford Haldane.
Practice of Physic	3 p.m.	Dr. W. T. Gairdner.
Practice of Physic (4, High School-yards)	3 p.m.	Dr. Warburton Begbie.

By Order of the Royal College, JOHN SCOTT, Secretary.

The INTRODUCTORY ADDRESS will be delivered by Dr. SANDERS, on MONDAY, November 5, at One o'clock.

Diseases of Children	2 p.m.	Dr. Keiller.
Natural Philosophy (Three Months' Course, commencing in February),	1 p.m.	W. Lees, A.M.

PRACTICAL INSTRUCTION.—Royal Infirmary; 12 till 2 p.m.; Perpetual Ticket, at one payment, £10; Annual, £5 5s.; Half-yearly, £3 3s.; Separate payments for two years and a-half entitle the Student to a Perpetual Ticket. Sick Children's Hospital, Ticket, Three Months, £1 1s.; Perpetual, £2 2s. Dispensary Visit—Royal Public Dispensary, and New Town Dispensary, each, Six Months, £3 3s. Practical Midwifery—Royal Maternity Hospital, Royal Public Dispensary, New Town Dispensary, Ticket, £1 3s. Diseases of the Eye—Eye Dispensary, and Eye Infirmary. Diseases of the Ear—Dispensary, Lawnmarket. Diseases of the Teeth—Dispensary, Drummond-street. Practical Pharmacy—Royal Public Dispensary, New Town Dispensary, Six Months, £3 3s.

FEES.—For the First of each of the above Courses, £3 5s.; for the Second, £2 4s.; Perpetual £5 5s. To those who have already attended a First Course in Edinburgh, the Perpetual Fee for that Class is £2 4s. The Fees for the following Courses are,—Natural Philosophy, £2 2s.; Practical Chemistry and Practical Anatomy, £3 3s.; Anatomical Demonstrations, £2 2s.; Practical Anatomy with Demonstrations, £4 4s.; Analytical Chemistry, £2 a Month, or £10 for the Winter Session.

During the SUMMER SESSION, 1861, the following Three Months' Courses will be delivered:—

Midwifery—Dr. Keiller.
Midwifery—(4, High School-yards)—Dr. J. Matthews Duncan.
Medical Jurisprudence—Dr. Littlejohn.
Clinical Surgery—Mr. Spence.
Clinical Medicine—Drs. Keiller, W. T. Gairdner, and W. Begbie.
Botany—Mr. Bayldon.
Practical and Analytical Chemistry—Dr. Stevenson Macadam.
Practical and Comparative Anatomy, Diseases of the Eye, Pathological Anatomy—Dr. Rutherford Haldane. (Dr. John Struthers.)
Natural Philosophy—W. Lees, A.M.
Histology—Dr. Sanders.
Insanity—Dr. Skae.
History of Medicine—Dr. Warburton Begbie.
Dental Surgery—Dr. John Smith.
Venereal Diseases—Dr. P. H. Watson.
Surgical Appliances—Mr. Edwards.

The above Courses qualify for Examination at the Royal Colleges of Physicians and Surgeons of Edinburgh; the Royal College of Surgeons, and the Apothecaries' Society, London; the Royal Colleges of Physicians and Surgeons of Dublin; the Faculty of Physicians and Surgeons of Glasgow; the Boards of the Army, Navy, and Indian Medical Service; and also, so far as required, for the Universities of London, Oxford, Cambridge, St. Andrew's, Aberdeen, and the Queen's University in Ireland.

In accordance with the Statutes of the University of Edinburgh, one-third of the entire Medical Classes required for Graduation may be attended under any of the above Teachers; and one of the four years of Study required for the University Degree may be constituted by attendance, in one year, on two of the above Six Months' Courses, or on one of these and two Three Months' Courses. The Regulations require that, in this case, the Fee for any of the above Classes shall be the same as that for the corresponding Class in the University. When Surgery and Clinical Surgery are taught, as at present, by the same Lecturer, they do not qualify for Graduation at the University of Edinburgh, but for every other Public Board.

JOHN STRUTHERS,
Secretary to the Medical and Surgical School.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, YORK PLACE, BAKER STREET, PORTMAN SQUARE, for the extraction of Mercury, and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, OCTOBER 1st, at Eight o'Clock, p.m., with an INTRODUCTORY ADDRESS by Dr. TYLER SMITH, after which a Conversazione will be held in the Museum.

It is a distinctive characteristic of St. Mary's Hospital that its Medical Appointments are conferred upon the Pupils without additional fee. Three Resident Medical Officers are appointed for Twelve Months, and one, the Obstetric Officer, for Six Months, all of whom board free of every expense in the Hospital. The money-value of these Five Appointments far exceeds as many Scholarships of £50 each. Four non-Resident Medical Officers are also selected from the best-qualified Students.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. James Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee. Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Clinical Medicine—Dr. Alderson, Dr. Chambers, and Dr. Sibson. Clinical Surgery—Mr. Coulson, Mr. Lane, and Mr. Ure. Medicine—Dr. Chambers and Dr. Sibson. Surgery—Mr. Coulson and Mr. Spencer Smith. Physiology and Morbid Anatomy—Dr. Markham and Mr. James Lane. Anatomy—Mr. James Lane and Mr. Gascoyen. Operations upon the Dead Body—Mr. Walton. Dissections—Mr. Gascoyen and Mr. Davy. Chemistry and Practical Chemistry—Mr. Field. Midwifery—Dr. Tyler Smith and Dr. Grailly Hewitt. Materia Medica—Dr. Sieveking. Botany—Dr. Dresser. Medical Jurisprudence—Dr. Sanderson. Ophthalmic Surgery—Mr. White Cooper. Aural Surgery—Mr. Toynbee. Dental Surgery—Mr. Sercombe. Comparative Anatomy—Dr. Grailly Hewitt. Natural Philosophy—Mr. Smalley.

The In-Patients are visited daily by the Medical Officers and the Out-Patients are also attended daily by the Physicians and Surgeons in charge of them. During the past year relief was afforded to 1549 In-Patients and to 13,727 Out-Patients. A Maternity Department is also attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers, in each session, during the last two years of their curriculum.

SCHOLARSHIP, PRIZES, ETC.—In addition to the Medical Appointments mentioned above, a Scholarship in Anatomy of the annual value of £25, is offered to the Students. Examinations for Prizes will take place at the end of each Session.

The Fee for the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, is £89 5s., which may be paid by instalments.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in Practice near the Hospital willing to receive Pupils to reside with them.

GEO. G. GASCOYEN, Dean of the School.

St. Mary's Hospital, August, 1860.

King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION will commence on MONDAY, October 1, with an INTRODUCTORY LECTURE by Dr. JOHNSON, at Eight p.m.

Anatomy—Professor Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—Professor Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson.

KING'S COLLEGE HOSPITAL.

Physicians: George Budd, M.D., F.R.S.; George Johnson, M.D.; Lionel S. Beale, M.B., F.R.S. — With care of In-Patients.
W. A. Guy, M.B., F.R.S. — With care of Out-Patients.

Assistant-Physicians—C. Murchison, M.D.; Conway Evans, M.D.; A. B. Duffin, M.D.; E. S. Thompson, M.B.

Physician—A. Farre, M.D.
Assistant-Physicians—T. H. Tanner, M.D.; A. Meadows, M.D. — For Diseases of Women and Children.

Surgeons: W. Fergusson, F.R.S.; Richard Partridge, F.R.S.; William Bowman, F.R.S.; Henry Lee, F.R.C.S. — With care of In-Patients.
With care of Out-Patients.

Assistant-Surgeons—J. Wood, F.R.C.S.; J. W. Hulke, F.R.C.S.

The Hospital is visited daily. Clinical Lectures are given every week by the Physicians and by the Surgeons. The Physicians' Assistants, Clinical Clerks, the House-Surgeons, and Dressers, are selected by examination from the Students of the Hospital.

WARNEFORD SCHOLARSHIPS.—Students who enter the Medical Department of King's College in October, 1860, will have the exclusive privilege of contending for the Scholarships founded by the late Dr. Warneford, for the encouragement of the previous education of Medical Students. There will be five, of £25 each, given this year—two to be held for three years, and three for two years.

The subjects of examination are the usual branches of school education—viz. Divinity, Classics, Mathematics, Modern History, and Foreign Languages; but any subject, except Divinity, may be omitted. The classical subjects are the same as those fixed for the Matriculation Examination at the University of London in July, 1860.

For full particulars, apply to J. W. Cunningham, Esq., King's College, London, W. C.

R. W. JELF, D.D., Principal.

H. Silverlock's Medical Label Ware-

HOUSE, Letter-Press, Copper-plate, and Lithographic Printing Offices, Wardrobe-terrace, Doctors'-commons, London, E.C.

H. SILVERLOCK'S stock of Labels for Dispensing purposes having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., at per book or dozen: a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d. Priced Catalogues of the above may be had, post free, on application. Printing of every Description at Moderate Prices.

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Grosvenor-place School of Medicine,

No. 1, GROSVENOR-PLACE (Adjoining St. George's Hospital).

The WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st.

The INTRODUCTORY LECTURE will be delivered at Three, p.m. by Dr. BLOXAM.

General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Dr. Halford.
Practical Anatomy—Dr. Arlidge.
Chemistry—Dr. Thudichum.
The Principles and Practice of Medicine—Dr. Cockle and Dr. Leared.
The Principles and Practice of Surgery—Mr. Spencer Wells and Mr. William Adams.
Military Surgery—Mr. Blenkins.

The following Prizes and Honorary Certificates will be awarded at the termination of the Session:—

Gold Medal, for General Proficiency.

A Prize of Ten Guineas, to be given by T. Scott, Esq., M.R.C.P. Ed., of the Indian Army (late a Pupil of the School), for an Essay, the Subject of which is to be chosen by the Faculty and announced in October. This Prize is open for Competition to all unpassed Students of the School.

The Lecturers' Prize of Ten Guineas, for competition by Students of first year only.

Certificates of Honour, for distinguished position in the individual classes.

The Dissecting Room and Museum of Anatomy are open to the Students during daylight, where their Studies are superintended by the Lecturers on Anatomy.

Instruction in Pathological Anatomy is given by the Lecturer on Physiology.

Midwifery cases are provided for the Pupils of the Midwifery Class.

General Fee to all the Lectures required by the Universities of London and St. Andrews, the Royal College of Surgeons of England, and the Society of Apothecaries, Thirty-five Guineas.

Further information may be obtained at the Theatre, 1, Grosvenor-place; of Dr. Richardson, 12, Hinde-street, Manchester-square, W.; or at the Residences of the different Lecturers.

The Middlesex Hospital Medical

COLLEGE.—The INTRODUCTORY LECTURE will be delivered by Dr. CHARLES COOTE, late Fellow of Pembroke College, Oxford, at Eight o'Clock on Monday Evening, October 1.

The Middlesex Hospital contains 305 beds, and has Special Wards for Cancer, for Venereal, and Uterine Diseases.

STAFF:—Dr. A. P. Stewart, Dr. Goodfellow, Dr. H. Thompson, *Physicians;* Dr. R. T. Frere, *Physician-Accoucheur;* Dr. F. Weber, Dr. C. Coote, *Assistant-Physicians;* Mr. Shaw, Mr. De Morgan, Mr. Moore, Mr. Henry, *Surgeons;* Mr. Nunn, Mr. Flower, *Assistant-Surgeons;* Mr. Tomes, *Dental Surgeon.*

LECTURERS IN THE MEDICAL COLLEGE:—Dr. A. P. Stewart and Dr. Goodfellow, on Medicine; Mr. Shaw, on Surgery; Mr. De Morgan, on Physiology; Mr. Moore, on Anatomy; Mr. Nunn and Mr. Flower, on Practical Anatomy; Mr. Taylor and Mr. Heisch, on Chemistry; Mr. Sibley and Dr. Murchison, on Pathological Anatomy; Dr. Priestley, on Midwifery; Dr. H. Thompson, on Materia Medica; Dr. Woodham Webb, on Minute Anatomy; Mr. Henry and Dr. C. Coote, on Forensic Medicine; Dr. Lawrence, on Botany; Mr. Taylor and Mr. Heisch, on Practical Chemistry; Dr. T. Spencer Cobbold, on Comparative Anatomy. Instruction in Modern Languages by Dr. Buchheim, Ph.D. Vienna.

The opportunities for gaining practical knowledge have been recently increased. There are now FIVE APPOINTMENTS, with residence within the Hospital, and free commons, for which Students who have completed their education in the College are, under certain conditions, eligible.

In addition to Prizes for General Proficiency, the Governors' Prize of Twenty Guineas is given for excellence in Clinical Reports.

For the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, the fee is £88 4s, payable by yearly instalments, of which the two first are £25 each. A full prospectus forwarded on application.

T. W. NUNN, Dean.
C. DE MORGAN, Treasurer.

Manchester Royal School of Medicine

AND SURGERY, GROSVENOR-STREET, PICCADILLY.

SESSION 1860-61.

The WINTER TERM will COMMENCE on MONDAY, OCTOBER 1st, when the INTRODUCTORY ADDRESS will be delivered by Mr. LUND, at Twelve o'clock.

WINTER LECTURES.

Physiology, by Mr. Turner and Mr. Smith.
Descriptive Anatomy and Dissections, by Mr. Lund, and Mr. F. A. Heath.
Chemistry, by Mr. Stone.
Principles and Practice of Medicine, by Dr. Browne.
Principles and Practice of Surgery, by Mr. Dumville and Mr. Southam.
Anatomy, Physiology, and Pathology of the Eye, by Mr. Hunt and Mr. Lund.

SUMMER LECTURES.

Obstetric Medicine, by Mr. Heath.
Pathology, by Dr. Roberts.
Materia Medica, by Mr. Somers.
Forensic Medicine, by Mr. Greaves and Mr. Morley Harrison.
Botany, by Mr. Grindon.
Practical Chemistry, by Mr. Stone.

Hospital Practice at the Royal Infirmary, where Clinical Lectures on Medicine and Surgery are regularly delivered by the Physicians and Surgeons of the Institution.

SCHOLARSHIPS.—In addition to Prizes for General Proficiency and Certificates of Honour, three Scholarships for Perpetual Students will be offered for competition: one of £20, for third year's Students; one of £15, for second year's Students: one of £10, for first year's Students.

Further particulars may be obtained from Mr. Southam, 21, Lever-street.

August, 1860.

Anderson's University, Glasgow.—

The WINTER SESSION will COMMENCE on TUESDAY, the 6th NOVEMBER.

Anatomy and Practical Anatomy—Dr. George Buchanan.
Chemistry and Practical do.—Dr. Penny.
Surgery—Dr. Hunter.
Practice of Medicine—Dr. Anderson.
Materia Medica—Dr. Morton.
Midwifery—Dr. Paterson.
Institutes of Medicine—Dr. Watson.

IN SUMMER.

Medical Jurisprudence—Dr. Cowan.
Botany—Dr. Bell.

The Fees admitting to all the Classes and Hospital Practice required for Licences in Medicine and Surgery amount to £40.

ANDREW ANDERSON, M.D.,
2, Woodside-crescent. Secretary.

Guy's Hospital.—The Medical Session

commences in October. The INTRODUCTORY ADDRESSES will be given by Dr. WILKS, on Monday, the 1st of October, at Two o'clock.

MEDICAL OFFICERS.

Physicians—G. H. Barlow, M.D.; Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F. W. Pavy, M.D.
Surgeons—Edward Cock, Esq.; John Hilton, Esq., F.R.S.; John Birkett, Esq.
Assistant Surgeons—Alfred Poland, Esq.; Cooper Foster, Esq.; T. Bryant, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—Braxton Hicks, M.D.
Surgeon Dentists—T. Bell, Esq., F.R.S.; J. Salter, Esq.
Surgeon of the Eye Infirmary—John F. France, Esq.

LECTURERS.—WINTER SESSION.

Medicine—Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Surgery—John Hilton, Esq., F.R.S.; John Birkett, Esq.
Anatomy—Alfred Poland, Esq.; Cooper Foster, Esq.
Physiology—F. W. Pavy, M.D.
Chemistry—Alfred Taylor, M.D., F.R.S.
Experimental Philosophy—Arthur Durham, Esq.
Demonstrations on Anatomy—Arthur Durham, Esq.; and Walter Moxon, Esq.
Demonstrations on Morbid Anatomy—S. Wilks, M.D.

Gentlemen desirous of becoming Students, must give satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance, or £100 in one payment entitles a Student to a Perpetual Ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year. A Resident House-Surgeon is appointed every six months from those Students who have obtained the College Diploma.

Six Scholarships, varying in value from £25 to £40 each, will be awarded at the close of each Summer Session, for general proficiency.

Two Gold Medals will be given by the Treasurer—One for Medicine, and One for Surgery.

A Voluntary Examination will take place at entrance, in Elementary Classics, and Mathematics. The three first Candidates will receive respectively, £25, £20, £15.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

Guy's Hospital, July, 1860.

St. Bartholomew's Hospital and

MEDICAL COLLEGE.—The WINTER SESSION will COMMENCE on OCTOBER 1st, with an INTRODUCTORY ADDRESS by Mr. SAVORY, at Eight o'clock, p.m.

LECTURES.

Medicine—Dr. Baly and Dr. Kirkes.
Surgery—Mr. Lawrence.
Descriptive Anatomy—Mr. Skey and Mr. Holden.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Frankland.
Superintendence of Dissections—Mr. Callender and Mr. Smith.

SUMMER SESSION, 1861, commencing May 1st.

Materia Medica—Dr. F. Farre.
Botany*—
Forensic Medicine—Dr. Black.
Midwifery, &c.—Dr. West.
Comparative Anatomy*—
Practical Chemistry—Dr. Frankland and Mr. Atfield.

* The Lectureships on Botany and Comparative Anatomy have been recently vacated, but the names of the Lecturers will be shortly announced.

HOSPITAL PRACTICE.—The Hospital contains 650 beds, and relief is afforded to more than 90,000 patients annually. The in-patients are visited daily by the Physicians and Surgeons, and Clinical Lectures are delivered—On the Medical Cases, by Dr. Burrows, Dr. Farre, and Dr. Black; on the Surgical Cases, by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skey. The out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

COLLEGIATE ESTABLISHMENT.—Students can reside within the Hospital walls, subject to the rules of the Collegiate system, established under the direction of the Treasurer and a Committee of Governors of the Hospital. Some of the teachers and other gentlemen connected with the Hospital also receive students to reside with them.

SCHOLARSHIPS, PRIZES, &c.—At the end of the Winter Session, examination will be held for two Scholarships of the value of £45, for the year. The examination for Prizes and Certificates of Merit will take place at the end of the Winter and Summer Sessions.

Further information may be obtained from Mr. Paget, Dr. Kirkes, Mr. Holden, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

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London Hospital Medical College,

MILE-END. JULY 26, 1860.—The next WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st, 1860, when the INTRODUCTORY LECTURE will be delivered by Dr. BARNES, at Three p.m.

LECTURERS:

Medicine—Nicholas Parker, M.D.
Surgery—T. B. Curling, F.R.S., and George Critchett.
Descriptive and Surgical Anatomy—John Adams.
Physiology and General and Morbid Anatomy, Practical Histology—Andrew Clark, M.D.
Practical Anatomy—John Cooper.
Chemistry and Practical Chemistry—Henry Letheby, M.B. Lond.
Anatomy and Pathology of the Teeth and Dental Surgery—H. J. Barrett.
Midwifery, and Diseases of Women and Children—F. H. Ramsbotham, M.D.
Forensic Medicine—F. H. Ramsbotham, M.D., & H. Letheby, M.B. Lond.
Materia Medica and General Therapeutics—Herbert Davies, M.D.
Ophthalmic Surgery—George Critchett.
Botany—Christopher Dresser, Ph.D.
Comparative Anatomy—J. Langdon and H. Down, M.D.

General Fee qualifying for the Examinations of the London University, Royal College of Surgeons, and Apothecaries' Hall, 84 Guineas, payable in two instalments of 42 Guineas each, at the commencement of the two first Winter Sessions of attendance.

Perpetual Fee to the Lectures alone, £50.

Students can make special entries to Lectures or Hospital Practice.

Further particulars and prospectuses can be had on application to Dr. Parker, Hon. Secretary, 22, Finsbury-square, E.C.; or at the College.

University College, London.—Faculty

OF MEDICINE.—SESSION 1860-61.—The SESSION will open on MONDAY, the 1st OCTOBER, at Three p.m.

The Courses of Lectures, &c., will commence on Tuesday, October 2.

Classes in the order in which Lectures are delivered during the day:—

WINTER TERM.

Anatomy—Professor Ellis, at 9 a.m.
Anatomy and Physiology—Professor Sharpey, M.D., F.R.S., at 10 a.m.
Chymistry—Professor Williamson, F.R.S. at 11 a.m.
Comparative Anatomy—Professor Grant, M.D., F.R.S., at 3 p.m.
Surgery—Professor Erichsen, at 4 p.m.
Practical Physiology and Histology—Professor Harley, M.D., (Wednesday) at 4 p.m.
Medicine—Professor Walshe, M.D., at 5 p.m.
Dental Surgery—Mr. G. A. Ibbetson.
Practical Anatomy—The pupils will be directed in their studies during several hours daily by Professor Ellis, and Mr. I. B. Lyon, Demonstrator.

SUMMER TERM.

Materia Medica—Professor Garrod, M.D., F.R.S.
Pathological Anatomy—Professor Jenner, M.D.
Medical Jurisprudence—Professor Harley, M.D.
Practical Chemistry—Professor Williamson, F.R.S.
Midwifery—Professor Murphy, M.D.
Palæozoology—Professor Grant, M.D., F.R.S.
Ophthalmic Medicine and Surgery—Prof. T. Wharton Jones, F.R.S.
Botany—Professorship Vacant.
Practical Instruction in Operative Surgery—John Marshall, F.R.S.
Analytical Chymistry—Professor Williamson, throughout the Session.

Logic, French, and German Languages, Natural Philosophy, Geology and Mineralogy, according to announcement for the Faculty of Arts.

CLINICAL INSTRUCTION.

Hospital Practice daily throughout the year.
Physicians—Dr. Walshe, Dr. Garrod, Dr. Jenner, Dr. Hare.
Obstetric Physician—Dr. Murphy.
Assistant Physician—Dr. Reynolds.
Surgeons—Mr. Quain, F.R.S., Mr. Erichsen, Mr. Marshall, F.R.S.
Consulting Surgeon to the Eye Infirmary—Mr. Quain, F.R.S.
Ophthalmic Surgeon—Mr. Wharton Jones.
Assistant-Surgeon—Mr. Henry Thompson.
Dental Surgeon—Mr. G. A. Ibbetson.

Medical Clinical Lectures by Dr. Walshe, Dr. Garrod, and Dr. Murphy, also by Dr. Jenner, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease, and who gives a series of Lessons and Examinations on the Physical Phenomena and Diagnosis of Disease to classes consisting of a limited number, and meeting at separate hours.

Surgical Clinical Lectures, especially by Mr. Quain, and by Mr. Erichsen.

Lectures on Ophthalmic Cases by Mr. Wharton Jones.

Practical Instructions in the Application of Bandages and other Surgical Apparatus, by Mr. Marshall.

Practical Pharmacy.—Pupils are instructed in the Hospital Dispensary.

Prospectuses may be obtained at the Office of the College.

Prizes.—Gold and Silver Medals for excellence in the Examinations at the close of the Courses in most of the Classes.

Liston Gold Medal for Clinical Surgery.

Dr. Fellowes' Medals for Clinical Medicine, two Gold and two Silver.

Pilliter Exhibition for Proficiency in Pathological Anatomy, £30.

Longridge Exhibition for general Proficiency in Medicine and Surgery, £40.

An Atkinson Morley Scholarship for the Promotion of the Study of Surgery, £45; tenable for three years.

Residence of Students.—Several of the Professors receive Students to reside with them, and in the Office of the College there is kept a Register of parties, unconnected with the College, who receive boarders into their families. Among these are several Medical gentlemen. The Register will afford information as to terms and other particulars.

JOHN E. ERICHSEN, Dean of the Faculty.
CHAS. G. ATKINSON, Secretary to the Council.

August, 1860.

The Lectures to the Classes of the Faculty of Arts will commence on Tuesday, 16th October.

The Junior School will open on Tuesday, the 25th September.

St. George's Hospital Medical School.

—The WINTER SESSION will commence on MONDAY, the 1st of OCTOBER, with an INTRODUCTORY ADDRESS by Dr. PITMAN, at Two p.m.

LECTURERS.

Practice of Physic—Dr. Pitman.
Practice of Surgery—Mr. Tatum.
Descriptive and Surgical Anatomy—Mr. Pollock and Mr. Gray.
Physiology, General and Comparative Anatomy—Mr. A. Johnson.
Chymistry—Dr. H. M. Noad.

The Hospital contains 350 beds. Clinical Lectures will be delivered every week by one of the Physicians and Surgeons.

A Ward is devoted to Diseases peculiar to Women. Pupils have ample opportunity to attend Midwifery cases.

Fees for Hospital Practice and Lectures to qualify for

The College of Physicians....£81 18s.
The College of Surgeons ....£87 3s.
The Society of Apothecaries..£67 4s.
The College of Surgeons and Society of Apothecaries.. } £96 12s.

Pupils who prefer to spread the payment of the fees for the College and Hall over a period of three years, may do so, by payment of £42 the first year, £42 the second year, and £12 12s. the third year. Perpetual Pupils of the Surgeons, have to pay an additional sum of 30 guineas the first year; or of the Physicians, 8 guineas. Separate Entries may be made to ny one Course of Lectures, or to the Medical or Surgical Practice.

Perpetual Pupils of the Surgeons are alone eligible to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months, without additional fee. Students of this Hospital are eligible to the office of Obstetric Assistant, who resides and boards in the Hospital, with a salary of £100 a-year. The Obstetric Assistant gives instruction in Vaccination.

EXHIBITIONS AND PRIZES.

The William Brown Exhibition of £40 per annum, tenable for three years, will be open to Students entering to the Hospital as Perpetual Pupils during the Winter Session 1860.

The following Prizes will be offered at the termination of the Session, viz.—

The Thompson Silver Medal, for Clinical Reports.
Sir Charles Clarke's Prize for Good Conduct.
Sir Benjamin Brodie's Prize for Surgical Reports of Cases.
Mr. Lewis Powell's Prize for Medical Reports of Cases.

A Prize of Twenty Guineas, for general proficiency in Medical Studies, for Students who enter to the Hospital Medical School for the Session 1860.

And for the encouragement of Clinical Study—

A Prize of Twenty Guineas, for Surgeons' Pupils in their second year.
A Prize of Twenty Guineas, for Physicians' Pupils in their second year.

*** Further information may be obtained from Mr. Pollock, the Treasurer of the School; or from Mr. Hammerton, the Resident Medical Officer of the Hospital.

Westminster Hospital School of

MEDICINE.—The INTRODUCTORY ADDRESS of the Session 1860-61, will be delivered by Mr. POWER, on MONDAY, OCTOBER 1, at Eight p.m., and after the Address a CONVERSAZIONE will be held in the Board-Room.

The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 175 Beds, and affords relief to about 20,000 Out-Patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Marcet, Dr. Reynolds.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr. Hillman, Mr. Power.
Surgeon-Dentist—Mr. Clendon.

LECTURES.

Descriptive and Surgical Anatomy—Mr. Holthouse.
Practical Anatomy—Mr. Heath and Mr. Gray.
Dental Surgery—Mr. Clendon.
Chemistry—Dr. Marcet, F.R.S.
Surgery—Mr. Barnard Holt and Mr. Brooke, M.A., F.R.S.
Physiology and Physiological Anatomy—Mr. Power.
Medicine—Dr. Basham.
Botany—Mr. Syme, F.L.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.
Materia Medica and Therapeutics—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Practical Chemistry—Dr. Marcet, F.R.S.
Midwifery—Dr. Frederic Bird.

Clinical Lectures.—In addition to the instruction given by all the Medical Officers during their Visits, Courses of Lectures on Clinical Medicine and Surgery, in accordance with the New Regulations of the Examining Boards, will be delivered during the Winter and Summer Terms by the Physicians and Surgeons.

Clinical Appointments.—The offices of House-Physician and House-Surgeon, are open to competition solely amongst Gentlemen who have been educated at the Hospital, and who are qualified to practise. They are appointed without the payment of any fee, and are provided with Board and Lodging in the Hospital free of expense. They hold office for one year.

Clinical Clerks and Dressers are selected from the most qualified Students, without additional fee.

The entire Course of Study (including Hospital Practice and Lectures) required by the College of Surgeons and the Society of Apothecaries, may be attended on payment of 75 guineas. Perpetual, 80 guineas.

Further information may be obtained on application to

F. J. WILSON, Secretary to the Westminster Hospital.

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Leeds School of Medicine.—Thirtieth

SESSION, 1860-1.—PLAN of LECTURES.—The WINTER SESSION will commence on MONDAY, OCTOBER 1st, 1860, when T. SCATTERGOOD, Esq., President, will deliver the INTRODUCTORY LECTURE at Twelve o'clock.

Physiology, General Anatomy, and Pathology, by Mr. Ikin and Mr. C. G. Wheelhouse. The First Lecture, Tuesday, October 2nd, at Twelve	Monday, Tuesday, and Thursday, at Twelve o'clock.
Anatomy, by Mr. Wm. Nicholson Price and Mr. T. Pridgin Teale, jun. The First Lecture, Tuesday, October 2nd, at Ten a.m.	Tuesday, Ten a.m., Wednesday, Friday, and Saturday, at Twelve o'clock.
Principles and Practice of Surgery, by Mr. Nunneley and Mr. S. Hey. The First Lecture, Wednesday, October 3rd, at Eight p.m..	Monday, Wednesday, and Friday, at Eight p.m.
Chemistry, by Mr. Morley and Mr. Scattergood. The First Lecture, Wednesday, October 3rd, at Six p.m.	Monday, Wednesday, Thursday, and Friday, at Six p.m.
Principles and Practice of Physic, by Dr. Chadwick and Dr. Heaton. The First Lecture, Monday, October 1st, at Five p.m..	Monday, Tuesday, Wednesday, and Thursday, at Five p.m.

Demonstrators Mr. T. Pridgin Teale, jun. and Mr. Hall.

SUMMER SESSION, 1861, Commencing May 1st.

Materia Medica and Therapeutics, by Mr. Bishop.	Monday, Tuesday, Wednesday, Thursday, and Friday at Half-past Five p.m.
Midwifery and Diseases of Women and Children, by Mr. Smith and Mr. Braithwaite...	Daily at Seven a.m.
Forensic Medicine and Toxicology, by Dr. Pyemont Smith.	Monday, Tuesday, Wednesday, Thursday, and Friday, at Twelve o'clock.
Botany, by Mr. William Hall	Monday, Tuesday, Thursday, and Friday at Ten a.m.
Practical Chemistry, by Mr. Scattergood.	Monday and Thursday, Four p.m.

Operative Surgery, by Mr. Nunneley, and Mr. Samuel Hey.

Fee to all the Courses required by the Examining Bodies, except Practical Chemistry, £42. Entrance fee to Library and Reading Room, £1.

*** Application for Tickets may be made to the Treasurer, Mr. Samuel Hey, Albion-place.

Registrar—Dr. Pyemont Smith.

N.B.—Attendance at the above Lectures will confer the same qualification for Examination as is obtained in the Medical Schools of London. The Terms of attendance on the Practice of the Infirmary, the House of Recovery, the Dispensary, and the Eye and Ear Infirmary may be known on application to the Officers of those Institutions.

Clinical Lectures, in conformity with the regulations of the College and Hall, will be given at the General Infirmary; in Medical Cases by Dr. Chadwick, Dr. Heaton, and Dr. Hardwick; and in Surgical Cases by Mr. Smith, Mr. T. P. Teale, and Mr. Samuel Hey.

Clinical Clerkships and Dresserships.—Three Clinical Clerkships and Three Dresserships are at the disposal of the Physicians and Surgeons to the General Infirmary, and are gratuitous.

Clinical Lectures are also given on Ophthalmic and Aural Practice at the Eye and Ear Infirmary, by Mr. Nunneley.

Medical Libraries are connected both with the School and the Infirmary.

*** Notice to Students.—By a Regulation of Apothecaries' Hall, attendance on no Lectures will be recognised unless entered to within seven days after their commencement.

Bristol Medical School.—The Winter

SESSION of 1860-61 will COMMENCE on MONDAY, OCTOBER 1.

The following COURSES of LECTURES will be delivered:—

Anatomy—Mr. Coe and Mr. C. Leonard.
Physiology—Dr. Martyn and Dr. H. Fripp.
Chemistry—Mr. Herapath.
Medicine—Dr. Brittan.
Surgery—Mr. Clark and Mr. Prichard.
Dissection—Superintended by Mr. T. E. Clark, Mr. H. Ormerod, and Mr. F. P. Lansdown.

At the conclusion of the Session, Prizes will be awarded in accordance with the regulations of the School.

Certificates of attendance upon the Lectures of this School are received by the University of London, the Royal College of Surgeons, the Apothecaries' Society, the East India Medical Board, and the Army and Navy Medical Boards.

The hours of attendance on the Medical and Surgical Clinical Lectures and Practice of the Bristol Royal Infirmary, and of the Bristol General Hospital are so arranged as to suit those of the Medical School.

Further particulars may be known on application to the Hon. Secretary,

H. E. FRIPP, M.D., Hon. Sec.

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St. George's Hospital.—

COMMENCEMENT of SESSION 1860-61.—An INTRODUCTORY ADDRESS will be delivered by Dr. PITMAN, at Two o'clock, on MONDAY, the 1st of October.

The friends and former pupils of St. George's Hospital will DINE together, at WILLIS'S ROOMS, King-street, St. James's, at Six o'clock. Tickets, One Guinea each, including wine and all extras, may be obtained from Mr. Thomas Holmes, Assistant Secretary, at the Hospital.

LIST OF STEWARDS.

THOMAS ARTHUR STONE, Esq., in the Chair.

PHYSICIANS TO THE HOSPITAL.

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SURGEONS TO THE HOSPITAL.

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Manchester Royal Infirmary and

DISPENSARY.—WANTED, in consequence of a vacancy about to occur, an Unmarried Gentleman as PHYSICIAN'S ASSISTANT to these Charities. Every Candidate for the office will be required to produce a diploma from one of the Royal Colleges of Surgeons in London, Edinburgh, or Dublin, and be a Licentiate of the Worshipful Society of Apothecaries, London, or he shall be a Graduate of Medicine of the London University. The gentleman who may be elected will be required to remain in the situation for a term of not less than two years, to reside in the house, and devote the whole of his time to the duties of the office; which duties consist in visiting and prescribing for the home and out-patients. Salary, 60 guineas a year, with board and lodging. Letters from candidates, with their diplomas and other testimonials, must be sent (free of charge) on or before Saturday, the 15th September, to the Secretary, at the Royal Infirmary.

By Order of the Board,

ROBT. THORPE RADFORD, Secretary.

Pau, South of France.—An English

SCHOOL has been established for the last three years at this town, for the purpose of giving a classical, mathematical, and general education to the children of English resident in Pau, or of visitors.

The plan of the School includes Latin, Greek, Euclid, Algebra, German, French by a native, and a thorough course of English.

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Further information may be obtained from the Rev. John Hattersley, 82, Haute Plante, Pau, Basses Pyrénées, or from Messrs. Williams and Norgate, Booksellers and Publishers, Henrietta-street, Covent-garden, W.C.

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Attendance from 11 till 4.

Evening Demonstrations of Anatomy. Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will Resume his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT on Wednesday, the 3rd of October. The Demonstrations take place on Monday, Wednesday, and Friday evenings, during the Winter Session, from Seven to Nine o'clock, at the Westminster Hospital. Entrance fee (perpetual), Five Guineas.

Stockport Infirmary. — Wanted, as Assistant to the House-Surgeon, a YOUNG MAN who has been engaged two years at least in the study of the Profession. His duties will be to assist the House-Surgeon generally, and to take part in the Dispensary. Salary £30 a-year, with board and lodging. Applications with testimonials must be sent to the Honorary Secretary at the Infirmary, before the 12th of September next.

Board Room, August 29, 1860. S. W. WILKINSON, Hon. Sec.

Stamford-hill, Clapton, Stoke NEWINGTON, KINGSLAND and DALSTON DISPENSARY.—The Committee of the above Dispensary hereby give Notice, That a VACANCY has occurred in the OFFICE of HONORARY SURGEON, and that they will be glad to receive applications for the appointment (accompanied by testimonials), on or before the 24th of September next. Candidates must be Members of the Royal College of Surgeons.

Stoke Newington, August 30, 1860. EDMUND BADEN, Hon. Sec.

Royal General Dispensary. — An Extraordinary General Meeting of the Governors will be held at the Dispensary-house, 25, Bartholomew-close, on Wednesday the 24th day of September next, at Ten o'clock a.m., for the purpose of ELECTING a PHYSICIAN in the room of Dr. Edwards, resigned. Gentlemen desirous of offering themselves as Candidates are requested to attend the Medical Sub-Committee of the Institution on Wednesday, 17th day of September next, at One o'clock precisely.

JOHN SEWELL, Hon. Sec.

J. FAULKNER, Jun., Assist. Sec.

Hants County Asylum.—The Appointment of ASSISTANT MEDICAL OFFICER to this Institution is now VACANT. Candidates, who must be unmarried, and duly Qualified Medical Men, are requested to forward their Letters of Application, stating age, together with their Testimonials, to the Chairman of the Committee of Visitors, Asylum, Fareham, Hampshire, on or before Thursday, September 27. Salary £100 a-year, with Board, Residence, and Washing. Such candidates as may be selected to appear before the Committee will receive due notice of the same, and the gentleman elected will be required to enter on his duties on or about the 10th of October. Particulars as to the duties of the Office, may be obtained from the Clerk of the Asylum. Dated September 3rd, 1860.

Dispenser of Medicine Wanted.—The Guardians of MILE-END OLD TOWN require, for the Workhouse Dispensary, an experienced DISPENSER of MEDICINE, who will have to reside in close proximity to the Workhouse. Salary, £100 per annum. Applications in the Candidate's own handwriting, endorsed "Dispenser," stating age, and where previously engaged, accompanied by not exceeding three testimonials of recent date must reach me before Twelve o'clock on Thursday, the 13th inst., on which day at Three, applicants must attend. A selection will then be made and the appointment take place at Six in the Evening of the 13th. No one need apply whose character for ability and integrity will not bear the strictest investigation. Canvassing the Guardians is prohibited. By Order,

E. J. SOUTHWELL, Clerk.

Workhouse, Bancroft-road, N.E., September 1, 1860.

To Parents and Guardians.—A Married Gentleman, who has had great expereince in TEACHING, is attached to two Hospitals, and who resides in an agreeable part of London, can offer a comfortable home to a gentlemanly Student who is desirous of acquiring a thorough knowledge of his Profession. Terms, £10 11s. per month. Address, M. B., Scadding's Library, Belgrave-road, S.W.

Hartfield, Sussex.—To Let.—A Comfortable HOUSE in the Village of Hartfield, conveniently situated for a Medical Man, in a district containing a population of above 3000, will be vacant at Michaelmas next. There are three rooms on the ground-floor, and ample bedrooms, with Surgery, stables, outhouses, garden, and eight acres of good pasture-land. Hartfield is situated eight miles from Tunbridge Wells, eight from Edenbridge, and seven from East Grinstead. —Apply to Mr. Edward Little, Lanhill, Chippenham, Wilts; or Mr. Treherne, Withyham, near Tunbridge Wells.

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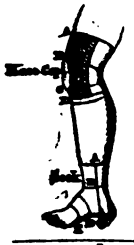

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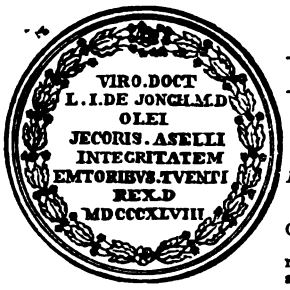

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ORIGINAL LECTURES.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,

DELIVERED AT
The College of France,
DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture XXVI.
EXPERIMENTAL PATHOLOGY— ON POISONS: EFFECTS OF WOORARA.

Summary: Extensive Variations in the Intensity with which certain Poisons act on the different Classes of Animals—Differences in this respect between Animals of the same Class—Between the Adult and the Young Animal—Between the same Animals before and after Birth—The Effects of Woorara adduced as an Example of this—Acting upon the Motor Nerves, this Poison paralyzes the Respiratory Movements, and the Subject dies of Asphyxia—Recovery of the Animal through Artificial Respiration, when the Dose is not too large—In Animals, the Respiration of which exists independently of all Motion, the Effects of Woorara are not Fatal—Such is the Case in the Embryotic State—The Intensity of the Action of Woorara proportioned to the Activity of Respiration in each individual Case—Birds occupy the First Place in this Scale; next, Mammals, Reptiles, Fishes, and last of all, the Embryo—Pregnant Females being poisoned with Woorara, the Embryo therefore survives—Experiments on Young Fishes—Actions of Upas Antiar and Woorara contrasted—In the Fœtus, this latter Substance does not even paralyze Muscular Contraction—The Reason of this Anomaly explained—Action of Woorara upon the Lower Orders of the Animal Scale—Its Destructive Powers entirely disappear, when the Nervous System ceases to exist—Its Absorption by the Internal Surface of the Pulmonary or Bronchial Apparatus—Experiments made upon Frogs and Rabbits—Rational Autopsy of the Subjects after Death—No Lesion visible in the Paralyzed Nerves—Opinions of Professor Jacubowich on this Subject—Various Explanations ventured on this Point by different Observers—Experiments of Betzold on the Rapidity with which the Nervous Fluid is transmitted in the healthy State—Modifications superinduced in this Property by the Effects of Woorara.

Gentlemen,—In the eyes of the physiologist and Medical philosopher the effects of poisons are, as we have recently proved, exactly similar to those of disease. You will not, therefore, be astonished to hear that a wide difference exists between the various degrees of intensity with which poisons act upon the animal frame under given conditions: a circumstance which clinical observation easily enables us to foresee, by pointing out the greater or lesser liability of individual patients to peculiar diseases; old age, for example, is the favourite field of certain affections, and childhood that of others; and it even appears that some few disorders are exclusively confined to a limited period of life.

A similar predilection (so to speak) is exhibited by toxic agents for animals placed under particular circumstances: the young are sometimes destroyed by poisons which exert no influence whatever upon the adult; at other times the reverse takes place; the first stage of life remains uninjured, while fatal effects are produced in animals which have already attained their full development. Woorara, the substance which must occupy our attention to-day, stands prominently forth among this latter class of poisons. The fearful effects to which this agent gives birth in full-grown animals are never observed during the embryotic state, and within a few moments the experimental proof of this assertion will be placed before you; but previously to doing this, we think it proper to furnish you with an explanation of the fact.

When the tissues of animals destroyed by woorara are examined, it is easily ascertained that the motor nerves have been deprived of their physiological properties, and that having lost the power of producing muscular contraction under the influence of the will, they remain equally insensible to the action of nervine stimulants. All the other tissues of the body being found uninjured, it is plain that asphyxia has been the cause of death, the respiratory motions being altogether paralyzed; and in consequence, when artificial respiration is had recourse to, life is kept up for a sufficient space of time to allow the poison to be expelled: when this has been accomplished the animal is out of danger.

But in administering this substance in small quantities the intensity of its effects may be reduced to the very lowest degree, although their nature remains identically the same. The respiratory motions may thus be slackened without being altogether suspended, when woorara is instilled, drop by drop, into the vessels; and in this manner the animal may be reduced to five or six inspirations per minute—a quantity just sufficient to support life. Let us now suppose for an instant the process of respiration to be entirely independent of muscular action in a given case: it is clear that woorara could not, under such circumstances, paralyze any of the functions indispensable to life. Now such are precisely the conditions in which the embryo is situated; it breathes by means of a temporary apparatus, and the revivification of the blood is absolutely independent of muscular power. Such is the rational explanation of this singular fact, which fully confirms our former ideas with respect to the part played by the motor nerves in all cases of poisoning by this substance.

The preceding reflections afford an ample demonstration of the fact that the destructive powers of woorara are proportioned to the physiological activity of the respiratory functions in each given case. Of all living beings birds are those which most speedily experience its fatal effects: mammals come next; reptiles and fishes occupy a much lower place in the scale; and last of all we find the embryo, which as it breathes in a totally different manner from the adult animal, escapes altogether unharmed from the action of this formidable agent. The result is that on injecting woorara into the veins of a pregnant female the mother is destroyed, while the fœtus survives, and only dies after a certain space of time, in consequence of the total cessation of the parental circulation.

You are aware that young fishes exhibit for some weeks after birth a very singular appearance: an enormous tumour occupies the ventral region, and offers a far more considerable size than the small streak which lies on its upper surface, and represents the principal part of the animal's body. Now, this voluminous globe is merely the umbilical vesicle, which has not yet been absorbed; as long as this change has not taken place, the little animal neither feeds nor breathes in the ordinary sense of the word: its gills are motionless, but the numerous vessels which ramify over the surface of the umbilical vesicle absorb oxygen by a direct process, without any motion taking place. Little fishes, therefore, remain in the fœtal state long after birth, with reference to the respiratory process; and we are happy to seize upon so favourable an opportunity to show that on animals organised in this manner the action of woorara is altogether powerless. In the basin which we now place before you, several little fishes, in the state we have just described, are freely swimming in an aqueous solution of woorara, and do not appear to suffer the slightest inconvenience from the presence of this agent. The case is widely different with respect to the gudgeon contained in this other vessel; you see that the animal is already dead: for in adult fishes the respiratory process is connected with the gills, which are set in motion by a special muscular apparatus. In this case, the poison has been absorbed by their internal surface, the animal having been plunged into the liquid without the slightest incision being made to allow the deleterious substance a direct passage. The same phenomena takes place in mammals, when woorara is directly brought into contact with the inner surface of the pulmonary apparatus.

In order to render the contrast still more striking, if possible, we have placed some other little fishes in a solution of upas antiar; and death has been, as you perceive, speedily produced. How is this difference to be explained? The action of upas, instead of paralyzing the motor nerves, destroys the properties of the muscular fibre itself, and arrests, in the first place, the contractions of the heart,—a cause of destruction from which the embryo itself cannot of course escape.

Nor is this all. Our little fishes, as you may see, rapidly swim about in the liquid impregnated with woorara, and freely make use of their muscles, which this poison has not been able to paralyze. We meet here with a second difficulty: how can we understand the prodigious difference in the effects produced in the embryo and in adult animals? The reason is, that during the fœtal state the muscular apparatus enjoys an independent power of contrac-

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tion, and does not obey the motor nerves. Take a hen's egg during the latter part of the process of incubation; break the shell, and place it on a warm stove: the heat provokes distinct motions in the limbs of the young animal, which offer some analogy with those of the fœtus *in utero;* yet, if the nerves are laid bare and then galvanised, no contraction whatever is the result. The fact is, that in the fœtal state the separate existence of the various systems is the rule; while the reverse takes place in the adult being. The embryo's heart beats long before nervous influence is brought to bear upon its contractions; and its muscles are capable of acting long before they have assumed the fibrillary state, and while merely composed of a series of cells. There exists, in this respect, a striking analogy between the embryo and animals belonging to the lower degrees of the scale, in which the nervous system either does not exist, or exerts no visible influence on voluntary motions: thus, when leeches are poisoned with woorara, they remain motionless for a time, when left undisturbed; but when stimulated, immediately set forwards: after a few hours, the animal resumes its pristine activity. In polypi, the action of this substance altogether disappears; for in such beings there exists no nervous system for the poison to work upon.

The action of woorara upon the motor nerves is, therefore, a positive fact, which now lies beyond the reach of all objections; and by observing the results which follow its introduction into the system, each animal's position in the scale of life may in some manner be ascertained. In order to convince you of this, we shall simultaneously poison a frog and rabbit before you; the influence of woorara will in the first case be slow to exhibit its effects; while, in the second, it will almost instantaneously be felt.

(The experiment is performed. A few drops of a strong solution of woorara are introduced under the skin of a rabbit. A large and vivacious frog is simultaneously poisoned with a proportionate quantity of the same substance. During the first three minutes the rabbit does not appear to feel the slightest inconvenience, and when set at liberty jumps down from the table and endeavours to make its escape. At the expiration of three minutes and a-half it grows weak, and can hardly stand on its legs; after five minutes, the animal is completely motionless, and respiration no longer takes place; the heart does not, however, cease to beat before ten minutes have elapsed. The phenomena produced in the frog are identical, but death does not take place before seventeen minutes.)

We shall now, gentlemen, examine in succession the various tissues of these two animals; and you will find that the nerves alone have been affected. We shall then consider the results of this lesion, and you will perceive that scientific analysis, even when carried as far as possible, frequently remains powerless to explain the phenomena which daily meet our eyes.

Since the period when my labours on this subject were first placed before the public (in 1850), the question has attracted the notice of several distinguished physiologists; it is directly connected, in fact, with one of the most important points in the science of life, viz. the respective independence of the muscular and nervous elements. There exists in all muscles a contractile property, which Haller described under the name of irritability. This power obeys the nervous impulse in the normal state, and yet enjoys a separate existence. The movements of the embryo are a proof of this; and the action of woorara, after absolutely destroying the stimulating property of motor nerves, does not prevent the muscles from acting as usual under a direct stimulus. Before these experiments were known, it was contended that in galvanizing the muscle itself, the minute nervous filaments disseminated in the contractile tissue were excited, and that in this manner alone contraction was produced; but the effects of woorara, and other poisons, enable us to lay down an absolute distinction between the properties of the two systems concerned in locomotion.

We take a healthy frog out of this jar. The skin being removed, we lay bare the sciatic nerve, and galvanize it; convulsions are instantly produced in the corresponding posterior limb. The experiment being repeated on the frog we have just poisoned, exhibits the complete indifference of the muscles to excitations brought to bear upon the nervous system. Where is the difference between these two sets of nerves, the physiological properties of which are so completely opposed? Let the paralyzed nerve be placed under the microscope: no alteration appears in its intimate structure. Let its chemical composition, and physical properties be in their turn examined: no modification whatever is found to have taken place. We cannot foresee the ultimate results which science may possibly attain to some day, and the efforts of anatomists will, perhaps, at some future period be rewarded with the discovery of the precise alteration produced in the nerves by the effects of woorara; but up to the present moment, no satisfactory solution of the difficulty has been propounded.

Professor Jacubowich, whose remarkable labours on the structure of the nervous centres are perfectly well known to you, has deeply studied the question, as far as microscopical anatomy is concerned, in animals killed with woorara, prussic acid, and other toxic agents, which exert an immediate influence on the nervous system; and he states that in all such cases, he has met with ruptured nerve-cells, and broken cylinders, in the spinal chord, concurrently with other lesions of the same kind. It has also been supposed that woorara is chemically combined with the nervous substance, and acts upon it in the same manner as oxyde of carbon on the blood-globules; but neither of these ingenious explanations appears adapted to the facts of the case, when it is borne in mind that artificial respiration, kept up for a space of time, enables the animal to recover. How could a similar result be obtained if the nervous system had undergone a complete disorganization; or if a chemical compound of a peculiar nature, but no longer apt to transmit the nervous fluid, had been the result of the experiment? The nervous system in this case would never be able to recover its physiological properties.

Others have expressed the opinion that the nerves themselves are not the real seat of the injury produced, but that a peculiar tissue which serves as a medium between the muscular and nervous elements has been affected by poison, but the same objections as before are applicable to these views; if a permanent change has been produced, how is it that the effects of the poison vanish as soon as the noxious substance has been eliminated from the system? Besides, if the nerves are no longer capable of transmitting the voluntary impulse, the fact is sufficiently explained by the disorganization of their ultimate extremities, without having recourse to the destruction of an intermediary tissue, the existence of which is far from being established.

We are indebted to M. Betzold for some beautiful experiments upon this subject. The rapidity with which the nervous system transmits the impulsions which it has received has been calculated by Professor Helmholtz; he ascertained that it oscillates between sixty and eighty metres per second (190 to 240 feet). When the nerve is of considerable length, as in the case of the sciatic trunks, a sensible difference is perceived in the swiftness with which contractions are produced, when the stimulus is applied to its root, or its distant extremities. The normal rapidity of the phenomenon having been carefully ascertained in a sound animal, M. Betzold slowly poisons it with a weak solution of woorara, and carefully notes the progressive diminution which succeeds in the swiftness with which the nervous fluid is transmitted to a distant point; it falls from sixty metres per second (the absolute minimum in the healthy state) to five metres: below this point, the transmissive property disappears altogether.

But however deep the perturbation occasioned in the motor nerve, with respect to its physiological activity, all its physical properties remain intact; the electric currents described by M. Dubois-Raymond still continue to exist, and retain the same degree of intensity of action. The same is the case as far as other properties of a merely physical order are concerned.

In conclusion, it is evident that the physical, chemical, and physiological characteristics of the tissues which compose the animal organisation, are entirely distinct, and exist independently of each other; and, in this particular case, the action of woorara would appear to be strictly confined to the physiological properties of the nervous system; for, in every other respect, the injured nerve is perfectly identical to the sound one. There remains, therefore, an extensive field for future investigations; and the discovery of the secret still withheld from us cannot fail to interest the working physiologist in the highest degree; for a strong light will, in this manner, be thrown on the most intimate properties of the nervous system.

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ORIGINAL COMMUNICATIONS.

TWO CASES OF EPILEPSY IN WHICH THE OPERATION OF TRACHEOTOMY WAS PERFORMED.

By A. WYNN WILLIAMS, M.D. M.R.C.S.E.

As there have not been many recorded cases of epilepsy in which the operation of tracheotomy has been performed, as recommended by the late Dr. Marshall Hall, the particulars of the two following cases may possibly be of some interest.

The first case is that of T. P., aged 18, son of a cabinet-maker, who consulted me in September, 1855, on account of epileptic fits, for which I had attended him from time to time, since he was ten years of age. The fits, to which he was liable at all hours of the day and night, had latterly increased in frequency and duration; and it appeared not improbable that they would in a short time have rendered him idiotic. He had tried every remedy likely to benefit him, without having derived any permanent relief. He had, it is true, derived temporary benefit from several remedies prescribed; but the benefit, if, indeed, it can be considered such, was merely illusory, as the paroxysms had only been postponed to recur in greater severity. It seemed as though the medicines administered had prevented the paroxysms breaking forth until the system had become charged, so to speak, with a number of small paroxysms, which, when united, became strong enough to obtain the mastery, and had then broken forth with redoubled fury. The same effect I have seen produced in other cases.

Such being the state of my patient I proposed to his parents to open his trachea, and they, as well as the patient himself, willingly assented.

On September 10 I proceeded to operate. The patient was placed in a chair, my assistant holding back his head, so as to draw out, and make tense, the trachea and its coverings. I then plunged Mr. H. Thompson's tracheotome into the trachea, between the first and second rings,—gave a few turns to the screw to separate the blades,—with very little difficulty introduced the tube between them, and withdrawing the tracheotome, left the tube in the trachea. There was not much blood lost during or after the operation. Unfortunately the tube, on the following day, slipped out, and I was unable to reintroduce it without the assistance of the tracheotome; but on carefully inserting this into the opening, and dilating it by means of the screw in the blades, I easily got the tube between them into the wind-pipe. For four or five months after the operation, I thought my patient would really have been benefited by it. The fits became far less in frequency and severity; indeed, he at one time remained several weeks without a fit at all. My hopes, however, were again doomed to be blighted. In six months the fits began to recur nearly as often as before the operation. He wore the tube in the trachea about three years, readily taking it in and out himself. I then removed it; I saw him a few weeks ago; the opening is still patent, and he breathes freely through it. He goes about and assists his father a little in the workshop. It is possible that this case might have terminated more satisfactorily had not the patient been addicted to habits of intemperance, as I afterwards learned he was, both previous to and after the operation. Had I been previously made aware of this circumstance I should not have proposed the operation.

The second case is that of T. F., aged 25, a quarryman, who consulted me in July, 1856. He had been subject to epileptic seizures in the night for many years, but had only been subject to them in the day for two years. He had in consequence been obliged to relinquish his employment. He had undergone a good deal of treatment previous to coming under my care. His object in coming to me was that I might perform the operation of tracheotomy upon him, he having heard of the previous case. Considering him a good subject for the operation, I, on July 9, proceeded to operate in the same manner as in the preceding case. I do not think half-a-dozen drops of blood were lost. The patient went on very satisfactorily after the operation. The epileptic seizures became gradually less severe and less frequent, and for the last two years he has had no attacks during the day-time, and only very slight ones at night. I saw him a few weeks ago in apparently good health, although he informed me he had occasionally, though very rarely, slight fits when in bed. He now goes about by himself, and works in the fields, but has not ventured to resume his work in the quarries. He still wears the tube in his windpipe, and will not hear of its being left out, for fear the hole should close up. Both he and his friends firmly believe he has been benefited by the operation.

20, King-street, Portman-square.

SOME SUGGESTIONS FOR THE IMPROVEMENT OF PARACENTESIS ABDOMINIS IN CASES OF ASCITES.

By THOMAS ALBERT CARTER, M.D., M.R.C.P.L.

Formerly Senior President of the Royal Medical Society, and Resident Physician to the University Wards of the Edinburgh Royal Infirmary.

The operation of paracentesis abdominis is now seldom or never resorted to in cases of ascites depending on organic disease, except with the view of alleviating certain symptoms, which arise as a consequence of the accumulated fluid interfering by its pressure with the physiological actions of the abdominal or thoracic viscera. The operation must, therefore, be regarded as a mere palliative, and not as a curative agent in the treatment of structural lesions; and as such I have to speak of it in the present instance.

At one time much discussion prevailed touching the relative merits of early and late tapping in cases of abdominal dropsy, and even at the present day some difference of opinion is maintained; but the great majority of Physicians are now, I think, agreed that the operation should only be resorted to when such symptoms appear as indicate dangerous interference with the performance of some function necessary to life; or, when the sufferings of the patient are so acute as urgently to demand the temporary relief attainable by surgical aid. This opinion, then, which is based upon observation, may be fairly interpreted as signifying that tapping, though sometimes a necessary expedient, is always a very dangerous one; and every Practitioner who has profited by opportunities of witnessing the effect of this palliative measure upon ascitic subjects, will be able to cal to mind cases in which, judging from the previous general condition of the patient, life might long have been carried on, could relief have been obtained by the employment of a milder remedy. In those instances, therefore, in which paracentesis is imperatively demanded on account of the powerlessness of our hydragogue remedies, it behoves us to take every precaution for the avoidance of those procedures which physiological and pathological science point out as likely to exercise an injurious influence upon the already enfeebled constitution of the patient. Now, it has appeared to me that sufficient attention has not hitherto been paid to the teachings of physiology and pathology in the performance of this operation, and that to this cause must, in some measure, be ascribed the rapidly fatal results by which it is so frequently followed.

In order that I may be enabled to point out, and comment upon, what I consider to be the chief defects of this operation, as well as to offer some suggestions for its improvement, I shall briefly describe the manner in which it is usually conducted. The patient being placed in a sitting posture is encircled with a broad flannel bandage, the ends of which are held by two assistants, who, by this means, exercise pressure upon the abdominal walls. The operator having determined upon the most suitable point for the puncture, makes an aperture in the bandage at this spot, and then proceeds to thrust a full or medium sized trocar and canula perpendicularly through the abdominal walls. This done, the trocar is withdrawn, and the entire quantity of fluid (often amounting to several gallons) is removed. In the meantime, the patient's strength is supported and syncope prevented by the administration of alcoholic stimuli. On the canula being withdrawn, the wound closed, and the bandage carefully adjusted, the operation is complete.

The marked and immediate relief afforded by this very

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simple procedure is, of course, highly satisfactory to both patient and Practitioner; but in estimating the value of this remedy, as of some other for the time being satisfactory remedies, such as blood-letting, it is necessary not only to direct our attention to the present benefits which they confer, but also to take cognisance of the remote consequences by which they are followed.

It too frequently happens a few hours after the system has partially recovered from the inevitable shock which it has sustained, that pain and tenderness on pressure are felt over the abdominal region, followed by re-distension, which together call for the relaxation or entire removal of the bandage. The distension continuing to increase, often occasions the opening up of the canula-track, and the escape of a quantity of serum, which not merely tends to weaken the patient, but by its saturating the bed-clothes proves a source of great annoyance and discomfort. This state of affairs is generally, however, of but short duration, for the pulse grows rapidly quicker and weaker, exhaustion progresses, and death soon closes the scene. The patient dies of acute traumatic peritonitis, induced, unquestionably, by the operation which I have described.

The first and gravest objection which I have to urge against the operation is the removal of the entire quantity of fluid contained in the cavity of the abdomen, a practice which is, in my opinion, not only unnecessary, but in the highest degree prejudicial to the patient. It is unnecessary, because, as I have before said, our object in tapping is but to alleviate a symptom, or series of symptoms, arising from the pressure of the ascitic fluid, and this end will be as effectually attained by the abstraction of a small portion of the fluid as by the withdrawal of its entire quantity. The practice is injurious because the most abundant experience testifies to the fact that all large and sudden evacuations of any kind, especially of albuminous fluid, produce, in addition to the temporary shock, a secondary depressing effect, which is sometimes even of long continuance. The complete evacuation of the peritoneal sac is, furthermore, injurious in consequence of the blood-vessels losing the equable support afforded by the ascitic fluid, the result being a tendency to congestion and re-effusion into the abdominal cavity.

The evils to which I have just alluded are, doubtless, to some extent, successfully combated by the exhibition of cordials and the application of the bandage; but it admits of question whether the bandage, especially if tightly drawn, does not of itself often produce mischief by bringing roughly in contact organs which have long been separated by a layer of fluid, and thus operate as an exciting cause of peritonitis.

As I have been unable to discover any advantages likely to be derived from the employment of a large or moderate-sized trocar in tapping for ascites, and as several valid objections may be raised against their use, I would suggest a modification of the operation in this particular also. The only sufficient reason, indeed, that can be offered for the use of large instruments in any case of paracentesis is, that the fluid to be drawn off may be so viscid or gelatinous, as to be incapable of running through a canula of narrow bore. But as this condition is never observed in examples of pure peritoneal dropsy, and as we know that the liability of wounds to inflame and become dangerous is, *cæteris paribus*, exactly proportionate to their extent, it must be evident that the smaller the instrument employed in puncturing the abdominal walls the better; for the less will be the chances of peritonitis. What further remarks I have to make on the practice of tapping as usually adopted, will be reserved until the modification which I am now about to propose has been described.

Let the patient, then, instead of being encircled with a flannel bandage, be simply placed in the sitting posture, and directed to take a deep inspiration, and hold the breath until the puncture has been made. Let the operator, after having selected the smallest size of trocar, thrust it obliquely upwards and inwards through the abdominal walls, and, allowing the canula to remain, draw off just so much fluid as will relieve the prominent symptoms. This being accomplished, the canula must be withdrawn, and a piece of strapping placed over the external wound. A little wine or brandy may be administered during the operation.

I have here dispensed with the bandage as being unnecessary, because the abdomen will be sufficiently tense for the purpose of puncturing, and the shock to be apprehended from the operation so slight as not to require us to resort to such an expedient.

My object in recommending that the trocar should be made to traverse the abdominal parietes obliquely is, that by this contrivance the leakage which sometimes occurs after tapping in the ordinary fashion may be avoided; for it will be readily understood that if the trocar-track be made oblique, the outward pressure of the residuary fluid will completely obliterate the passage as soon as the canula is withdrawn; whereas, if the passage be made at right angles to the abdominal walls, the tendency of the accumulated fluid will be to open up the track of the canula, and so escape. Whether this precaution will be found necessary in tapping with the very fine trocar which I have recommended, must be left for experience to decide; this much, however, is certain, that large quantities of fluid do sometimes trickle away after tapping in the usual manner, with a trocar of not more than one-tenth of an inch in diameter. A simpler, and perhaps more effectual method of giving obliquity to the trocar-track would be to draw the skin upwards, and push the trocar directly through the abdominal walls, a little below the point where tension is being exercised. On withdrawing the canula and allowing the tissues to resume their ordinary relations the wound would necessarily assume the desired obliquity.

It is of course impossible to lay down any strict rules concerning the quantity of fluid that should be withdrawn, as this must vary somewhat in each individual case; but I am disposed to believe that from one to two pints will be amply sufficient to relieve the symptoms arising from pressure, such as dyspnœa and the suppression of urine; and I think that in every case the evacuation of fluid should be suspended as soon as the stream from the canula begins to exhibit the slightest indications of flagging; for as no artificial compression is exercised by means of the bandage in this operation, the retardation of the stream will indicate that all dangerous pressure has been removed; and this, as I have before said, is the sole object to be gained by performing paracentesis in cases of ascites depending upon the existence of organic disease.

In conclusion, let me remark that if the modification of paracentesis, which I have now proposed, be found upon trial to be as free from danger as I am led from theoretical considerations to suppose that it will, I would suggest that the operation should be resorted to at a much earlier period than has hitherto been customary in these cases—so soon, indeed, as the hydragogue remedies have ceased to produce the desired effect, and before the viscera have become compressed and displaced, and the blood saturated with urea and other excremental poisons. And I would further submit for the consideration of those interested in the amelioration of our art, whether it would not be preferable to draw off a small quantity of fluid in the way I have proposed, and thus afford the kidneys an opportunity of resuming their functions, and so of ridding the system of water through its natural channels, than to attempt its removal by the employment of drastic purgatives, which frequently operate with such violence, as of themselves seriously to jeopardise the life of the patient.

Leamington.

CASE OF PUERPERAL CONVULSIONS IN A PRIMIPARA—RECOVERY.

By JOHN CANDY, M.R.C.S. etc.

Resident Surgeon-Accoucheur to the General Dispensary, Birmingham.

Mary Ann C., aged 20, residing in Great Barr-street, Birmingham, was taken in labour of her first child on the evening of January 4. I was first sent for the following morning. I found my patient was a stout, plethoric young woman, of a nervous temperament, but there was nothing about her general aspect to cause me any anxiety as to the successful termination of the case. On making a vaginal examination I found the os uteri quite high up in the pelvis, and about the size of a sixpence, and the labour pains were regular but feeble. I ordered her ol. ricini ʒss, and took my leave. About eight p.m. in the evening I was sent for again, but found that the process of dilatation had gone on very slowly, the os being a little larger than a shilling. The pains being feeble, and

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my patient anxious for sleep, I gave her tinct. opii, ♏ xl., and ordered her to be put to bed, hoping that, after a few hours sleep, labour would progress more rapidly. About half-past eleven at night I was sent for in great haste, as my patient had been suddenly taken sick, and shortly afterwards had a fit, in which she bit her tongue. This was soon followed by a stronger attack, which induced her attendants to send for me in such haste. I found her in a semi-conscious state, with rather a quick but feeble pulse, and complaining of pain across the forehead. I applied rags dipped in cold vinegar and water to the head, which soon brought her round, and she was able to walk gently about the room. Labour had made but little progress, and finding my patient wished to sleep, I gave her tinct. opii, ♏ xx., and after waiting two hours, I left her comfortable. The next morning, between eight and nine, I was again summoned, as the fits had returned after she awoke from a sound sleep. Finding such to be the case, I asked Dr. Warden, the Honorary Surgeon for the district, to accompany me, being duly provided with instruments, if necessary. We found her in a semi-conscious state, with the os uteri fully dilated, and the head of the child low down in the cavity of the pelvis. Dr. Warden and myself agreed that it would be desirable to terminate the labour as soon as possible, so accordingly the long forceps were applied by him; but almost directly afterwards she had another fit, during which the head was delivered; the shoulders and breech were expelled during the next pain. The child (a male) was remarkably well-developed, and appeared asphyxiated, but rallied on the application of cold water sprinkled on its face and chest. About five minutes after its birth the mother had another rather severe fit; but finding her pulse rapid and feeble, I judged it improper to bleed her, but trusted to the application of cold to the head, and allowed a free ventilation through the room. The placenta was expelled naturally, in about ten minutes, and there was little or no hæmorrhage. During the next hour she had several severe fits, but after the last she fell into a dull, heavy state, from which she did not quite recover till four or five o'clock in the afternoon. I remained with her for two or three hours, but finding the fits had ceased I left her, giving directions for the application of cold to the head to be continued and the room to be darkened, and as soon as consciousness returned to give her some beef-tea or arrow-root.

On calling to see my patient the following morning, I found she had passed a quiet night, having slept three or four hours. She complained of severe pain across the forehead, and a dimness of sight, the results of the nervous disturbance and altered circulation through the brain. I prescribed an aperient mixture, containing magnesia sulphatis ʒj., infus. senna co. ʒiv.; infus. gentianæ co. ʒvj., of which she was to take three table-spoonsful every four hours, and a pill containing hyd. chloridi gr. iij, pulv. opii gr. j., h. s. s.

January 8.—Her bowels have been freely opened, the pain in the head is relieved, and her vision somewhat clearer. I drew off some of her urine to take home with me, for the purpose of ascertaining the presence of albumen, but I could not discover a trace of it after careful examination.

10th.—The pain in her head has nearly gone, and there is a tolerable amount of milk in her breasts. She complains of a troublesome cough, which causes an increased flow of the lochial discharge. I ordered tinct. camph. co. ʒss., æther chlor. ʒij. syrupi tolut. ʒj., ex decoct. Senega ʒvij., two table-spoonsful three times a-day.

12th.—Her cough is not so troublesome, but her headache has returned. Tongue foul; pulse 130; sharp and full. Ordered her liq. ammon. acetatis, ʒiv., vin. ant. pot. tart. ʒij., mist camph. ʒiv., two table-spoonsful to be taken every four hours, and a powder of hyd. chlor. gr. iij., pulv. rhei gr. xv. at bed-time.

13th.—She is much better to-day; the bowels have been freely opened. To continue her mixture.

16th.—She got up yesterday for an hour or two, but found her head became giddy on walking.

In conclusion, suffice it to say she is going on favourably; and if the headache returns she finds relief from taking some of her aperient mixture.

Remarks.—1. I have my doubts whether the fits were induced by the opium I administered during labour, or whether they resulted from exhaustion consequent upon a lingering first stage of that process. 2. The case is interesting from the fact of the absence of albumen in the urine, which has been observed in many cases. 3. In the rapid recovery of the patient. 4. In the simplicity of the treatment, compared with that which would be adopted by many in similar cases.

Birmingham.

DEODORISATION IN OBSTETRIC MEDICINE.

By THOMAS SKINNER, M.D.

Physician to the Northern Dispensary, Liverpool.

(Concluded from p. 232.)

WHILE in attendance upon a lady during her confinement lately, I observed her snugging the bedclothes under her chin and around her neck. I asked her if she felt cold; she replied no, but that she did so in order to enable herself to breathe a purer air than that coming from beneath the bedclothes. Upon hearing which, I immediately bethought myself of a deodorant of the lochial discharge, and for this purpose I instituted a number of experiments with oil of tar and other well-known deodorants.

Deodorant Preparations. — It would be needless for me to give the details of the various means adopted and of the different substances used, so I shall content myself with stating the composition of a powder, which I have found in every way well suited to the purpose:—Calcined oyster shells, lb. j.; oil of tar, gr. lxiv.—Mix. This powder may be variously applied, the following method will be found effectual, if not the best that can be adopted:—One table-spoonful of the powder is to be mixed with from two to four tablespoonfuls of the finest dry bran, and spread between the folds of the ordinary pudendal napkin, so that one ply only shall be left between the powder and the patient; the napkin may be stitched along either extremity if required on account of the escape of the powder; and it is to be pinned before and behind to the ordinary obstetric binder. The powder and napkin must be renewed as often as the nurse thinks proper.

The advantages of this powder over that of any other, and over the much-talked-of one of MM. Corne and Demeaux in particular, is,—1. That it does not cake or set, and adhere to the napkin like powders prepared from the sulphate of lime. 2. That its absorbing property is not inferior to, nor is it more caustic than, those prepared from sulphate of lime. 3. That powders prepared from sulphate of lime and tar, or oil of tar, retain the peculiar penetrating odour of tar; whereas, the powder prepared from calcined oyster-shells and oil of tar, has not any smell of tar, but a mild, agreeable, and fragrant smell of the finest oil of peppermint; and, although the oil of tar is so altered in smell by the calcined shells, its deodorising property is rather increased than otherwise.

Practical Remarks.—The experience I have had of this powder warrants me in making the following remarks:—If the application of the powder is properly managed (and it only requires the exercise of common sense), as soon as the lochial discharge comes in contact with the napkin, it is deodorised; not only so, but from the great affinity which the lime has for water, the discharge is rapidly absorbed towards the particles of bran, which in their turn act the part of a sponge, besides extending the deodorising surface. When the powder is used in combination with proper ventilation and attention to cleanliness, the napkin, the bed, the patient, and the apartment, will be found to smell quite sweetly, so that the most fastidious could not find fault.

The nurse who was in attendance upon the lady previously alluded to, and who has seen twenty years of service, informs me that the napkins are generally put into a tub of water to steep before washing, that the water has invariably a most offensive smell; but in the present case, the first in her long experience, the tub, water, and napkins, were all equally free from smell.

I think it proper to give a practical hint here, and nurses should be informed of it—namely, that it is necessary to shake the loose powder out of the napkins before putting them into water, and they ought to be rinsed out in hot or cold water once or twice before putting them to the wash, because the lime will so harden the water that it will be impossible to get up a lather with any amount of soap. It may be supposed that the quick lime will injure the napkins

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or the patient; there need be no fear of either accident, as no such misfortune has happened hitherto. The powder may be placed upon the tongue without producing any caustic effect; besides, I beg to state that the oyster shells are not thoroughly calcined, they are simply rendered red hot for one hour in an ordinary fire, without any blast.

There is one other purpose to which I apply this powder, mixed with bran, namely, the deodorisation of fæcal matter, particularly if *en masse*. All that is necessary is, that the surface shall be covered with a layer of the powder; the instant that this is accomplished, all smell ceases as if by magic.

Liquid Deodorant Preparation.—For the deodorisation of liquid fæces, or where a fluid form is preferable, as, for instance, as a vaginal injection in cancer of the uterus, I use the following preparation, and one great advantage of it is, that it may be dispensed by chemists, the same as any other prescription: ℞ Tinct. camphoræ, tinct. myrrhæ, āā, ʒiij.; lin. saponis, ʒij.; acidi acetici glacialis, ɱxx.; ol. picis, ʒj. Add the liquids in the above order and agitate. The product ought to be of a pale sherry-wine colour, and perfectly clear. Each teaspoonful contains about ten minims of oil of tar.

Rationale of the Preparation.—The tinctures of camphor and myrrh dissolve both tar and the oil of tar; the myrrh makes the camphor much more miscible with water, and the soap causes the whole to mix more readily with water. The camphor, myrrh, rosemary, and the acetic acid render the strong odour of the oil of tar not only less objectionable but positively agreeable. The proportions in the formula are the result of very many careful experiments.

Directions for Using the Preparation.—1. One teaspoonful of the tincture added to a liquid stool, and slightly agitated, however fetid, it is deodorised it instantly. Solid fæces require sufficient water added to cover them. 2. One teaspoonful added to a pint of water and briskly shaken for a few seconds, forms tar-water, or a deodorant lotion, gargle, or vaginal injection. The atmosphere of a room may be deodorised in a few seconds by moistening a towel with this lotion and waving it about the apartment, or by evaporating or burning a teaspoonful of the tincture in a saucer or plate. 3. One teaspoonful added to a pint of water forms an invaluable enema, the chief advantage of which, in a lying-in chamber or sick-room is, that it deodorises the stool before it is passed into its extra-intestinal existence. (For this exceedingly ingenious application of deodorisation, I am indebted to my much esteemed friend Dr. Andrew Fyfe, of this town. As I have already tried the plan, I can state that the effect has been completely successful.) 4. Stools requiring to be kept for Medical inspection, whether in Hospital or in private practice, may be made perfectly free from smell by adding to them a teaspoonful of the tincture.

Practical Remarks.—Let me add one or two remarks on other conditions in which I have used both the Powder and the Tincture. (a) In cancer of the uterus or rectum, when the passages become blocked up by cancerous deposition, and when deodorant injections and suppositories are used at a disadvantage, the powder mixed with bran and used as directed for the *post partum* management of labour, already described, leaves almost nothing to be desired. (b) In cases of incontinence of urine from organic disease, from malformation or functional derangement of the bladder in the female, the powder, used as directed, will be found to be a *sine quâ non*. It dries up both the urine and the discharges, and deodorises them at one and the same time. As a matter of course, fresh powder and napkins must be renewed, but not nearly so frequently as by any other plan. (c) In some forms of leucorrhœa and menorrhagia, until the condition is cured on which the loathsomeness of the discharges depends, and in some cases of healthy (but fetid) catamenia in strumous subjects, I have found the powder a great boon to the female. When the stools of infants are offensive, the same simple means, only using the hippen or diaper cloth instead of the pudendal napkin, will effectually deodorise them. (e) In puerperal fever, when there is a fetid discharge, I should undoubtedly use vaginal injections of tar-water as well as the powder; and deodorising enemata, if the bowels require moving. (f) In the consulting and dissecting-rooms, tar-water as prepared in direction No. 2 will be found a most agreeable and effectual deodorant for the hands, when used with a little soap and soft or warm water; and a bottle of such tar-water poured down any bad-smelling waste-pipes or such like, will render good service. (g) As an injection into the veins to preserve subjects for dissection, I think that water saturated with the tincture or the oil of tar mixed with soap and water, would be certain to deodorise, if it did not stop decomposition; but as its deodorising action depends chiefly upon its power of stopping decomposition, I almost feel certain of its success in this particular; it only requires a trial. (h) I have in my possession a uterine fibroid polypus and an aborted fœtus with the secundines, in the highest state of preservation in nothing but tar-water (*Aqua Picis Liquidæ D.*). When they were first put up as wet specimens, two months ago, decomposition had already begun; but the instant that they were immersed the smell disappeared, because the action of decomposition was stopped. One great advantage in the use of tar-water as a preservative fluid is, that it has no action on the tissues. If it be found successful for dissecting purposes, there is one thing certain, that it will neither corrode the scalpel, like the ordinary metallic solutions, nor will it be found objectionable on account of its smell, like solutions of creosote. (k) In incontinence of the fæces, from whatever cause, the powder and a napkin will be found of the greatest benefit.

In introducing a new practice into midwifery, the cost must always be a weighty consideration, cheapness being a great recommendation. Mr. Wharrie, chemist and druggist, of 50, Berry-street, in this town, has prepared the Powder and Tincture alluded to in this paper in a wholesale quantity; and he agrees to retail the Tincture at one shilling per two fluid ounces, bottle included, and the Powder at sixpence per pound in paper, or ninepence per pound in glass. The proper quality of bran he also supplies at twopence per pound. At this rate, an ordinary labour can be deodorised for about sixpence, or at most one shilling. I may state, that the preparations are sold by Mr. Wharrie under the title of "Deodorant and Antiseptic Powder" and "Tincture."

In conclusion, I will again borrow from the writings of my friend, and distinguished preceptor, Professor Simpson. In November, 1850, he made the following observation:—"I do believe that if any man should ever have the good fortune to detect, or suggest any simple and practicable measures, either to avert and prevent, or to mitigate and cure, surgical and puerperal fever, he would, in doing so, confer one of the greatest of all possible benefits upon the advancement of Surgery and Midwifery, and be the means of saving numerous lives in operative and obstetric practice. The discovery of any such measure or measures would undoubtedly form a most important era in the march of professional discovery. Nor does it seem utterly hopeless to expect the possible detection of some such measures, in the way of prevention at least, if not in the way of cure."—"Obstetric Memoirs," vol. ii. p. 15.

Seeing that the prevention of puerperal fever is so desirable an object, I have thought that the introduction of deodorisation into the hygiene of the obstetric art might be a step, however small, in the fulfilment of Dr. Simpson's suggestive remarks; and, so far as my knowledge of Medical literature extends, I am not aware that any previous attempt has been made to deodorise the lochial discharge, or to render the patient in the lying-in room, or Hospital, free from the odours arising from the decomposition of effete animal fluids. I will only add, that the practice of deodorisation in Obstetric Medicine does not only exist in idea, but it is *un fait accompli* (a).

Liverpool.

ON TURNING IN ALL CASES OF LABOUR.

By E. G. FIGG, M.D.

(Continued from page 235.)

We will test the uterine characteristics by the former standard, before placing the act of version in comparison with the other. It may be seriously controverted whether the uterus be a maternal or a fœtal organ. Its prominent position in the corporeal system, its peritoneal complication, its supply of nerves of organic existence from the sympathetic and its tax on the circulatory resources of the mother in the gravid state might be advanced for the former view. Its

(a) A few months having elapsed since this paper was written, I am enabled to state that my faith in the utility of the practice, and my confidence in the means here recommended, grow with my experience.

limited supply from the cerebro-spinal system so as to induce the conclusion that its action was reflex, only when unimpregnated or in the earlier stages of pregnancy, favours the latter. Uterine excitement can be produced by manipulating the breasts before and for some months subsequent to conception. Every woman is, moreover, conscious of the phenomenon of after-pains cotemporaneously with the primary act of lactation. Why then, I demand, can we not enlist this feature in the natural history of obstetrics into our service in imparting energy to the torpid uterus in painless labours. Because the nervous contribution from the sacral plexus is not increased in proportion to uterine development, and is therefore inadequate to the reflex control of the enormous viscus, though it becomes perfectly amenable to the influence, when the expulsion being over, it assumes the capacity of an infant's head, or later still that of a hen's egg. Again, electricity which, in animal organisations acts by exciting the function of the cerebro-spinal nerves, and which in protracted syncope, where life hangs in the balance, frequently yields vigour to the pulseless heart (although its nervous apparatus of this character is also insignificant), is perfectly inert in midwifery. It may be argued, however, that if the sympathetic supply merely maintain the vitality of the uterus without interference with its function, that the excruciating agony and powerful uterine action must be referrible to the cerebro-spinal nerves, and that it will not obviate my difficulty to say that the seat of suffering is inguinal, parietal, dorsal, or gastric, and only partially uterine, inasmuch as the impression produced on the uterus is delivered in transfer to these localities, securing a general co-operation in the labour. I allow that a common consent of the muscular system is secured by the uterus in its effort. I am aware, moreover, that the special stimulant for their united action is pain imparted by reflex nerves. But the nervous impression is originated, not in the internal aspect of the uterus, not in its parenchyma, nor its abdominal surface, but by the mechanical irritation of the surrounding structures on the contraction of the uterus, which at the period of gestation monopolises the abdomen and oppresses the adjoining viscera. For example's sake, the uterus in its motion affects the small intestines, they generate in turn an impression on the external aspect of the stomach which, conveyed synchronously along the motor nerves back to the stomach, produces vomiting, and to the abdominal muscles contraction. If reflex action in its own nerves governed the operation of an organ extending from the pubes to the epigastrium of a primipara of full stature,—such nerves exhibiting a force required to produce an infant weighing seven pounds, what a source of danger would that organ prove when, immediately after the event, reduced to one-fifth of its dimensions by the transmission of its surplus blood through the spermatic and hypogastric vessels into the general circulation, it still retained its powerful nerve-battery; and that, too, where inflammatory reaction was to be anticipated after the violent excitement of the process. If reflex action were the solitary, or even the principal, excitant in the crisis of labour, and during the later months of pregnancy, we could scarcely calculate on an attainment of the full period. The violent collision of the fœtal limbs with a viscus of high nervous susceptibility would ensure an expulsive contraction of the muscular fibre with as great certainty as titulation of the hand would result in palmar contraction. Again, the impregnated uterus becomes the favoured object of the system. It rapidly hypertrophies, while surrounding tissues diminish. Granting that where there is no special exception,—that which is true as a whole is true in each of its parts,—the uterus would appropriate the greater portion of the blood, exhibit a greater muscular, vascular and nervous structure than other organs, while the specific property or functional principle should be proportionately increased in each of these departments. Were this the case, it would be rendered the great central point in which the radii of calamity would converge,—every digestive impropriety of the stomach, every injury in the thoracic, abdominal, or dorsal regions would be telegraphically there transferred, and vicariously there endured in the person of its tenant.

But has fœtal existence this precarious tenure? We know that the morbid catalogue of pregnancy does not act prejudicially in the uterus. We know that fractures, contusions and amputations have been borne without the result of abortion. I have no faith in the utero-stimulant powers of colocynth, savine, or aloes. If they effect parturition at all, it is not through a nervous medium, or a direct operation on the uterus; but by first destroying the fœtus through the circulation vitiated by the drug, or depressed by the abstraction of the fluid constituents of its current in supply of the alvine discharges. The professional mode of ensuring it prematurely, is mechanical; and whatever variety of means may be adopted, the *rationale* of all is ultimately the same, viz. the forcible aperture of the os, so as to render the cavity inadequate to retain the contents. Were we credents in our own technical faith, would we avail ourselves of such a plan when the extraction of a carious tooth, or even the judicious application of a blister, afforded an easy alternative. Common sense, however, tells us that such is not the position of affairs. We know that the amputation of the placenta—for it is an amputation and one performed much nearer to the great vital centres than a femoral—is followed in ninty-nine per cent. of cases with impunity. That rural mothers are frequently convalescent in two days, their systems manifesting as little lesion as a tree exhibits, the physiological prosperity of which is not compromised in the lopping of a large bough. Further examination carries out the idea that the uterus is not so intimately associated with, or identified in, the maternal system as some individuals suppose. In the lower grades of vegetable and animal life the womb, or rather its representative, is often a detached structure:—the capsule round the seed of plants; the fibrous receptacle enclosing the embryo of the Ophidiæ, and that of oviparous fish; the eggs of birds, etc., are the uteri of less perfect systems, destined to discharge a less important part in production. As we rise in the scale, we find it anatomically combined with the mother's frame, but capable of complete excision without the sacrifice of life; and even in the human female I have often seen the cervix amputated, and the os freely divided with a bistoury, or dilated with sponge-tents not only without pain, but with great ultimate benefit. From these considerations I conclude that some occult natural principle predominated over the nervous one, in communicating function to the uterus in parturition; such an agent, perhaps, as causes the closure of the bivalves of the vegetable *Dionea Muscipula*, or otherwise such as governs the phenomena of early embryo life before a single nerve-fibre exists.

The advocates of reflex action as the ruling principle of labour may refer to the power of mental emotion in arresting uterine contraction to substantiate their cause. If the brain, say they, constitute the medium of communication between the duplex essences of our nature; if the brain, moreover, be the nave of the great cerebro-spinal wheel, surely by its agency alone can a perfectly immaterial influence be brought into operation on a material organ. I cannot dispute it; for though I believe that the mental impression is not carried directly along the nerve cord to the muscular fabric of the womb,—still it will not alter the general truth of the argument, to say, that the mental emotion first affects the circulation by depressing it; and that through this intermediate agent, the conditions of action being withheld, the function of the uterine reflex nerves is suspended.

This concession, however, does not militate against my theory, but tends to establish it. In the initiatory period of labour there are two sources of uterine stimulation acting in alliance, though distinct in nature. One reflex: one contractile on some undefined law. The amount of force deducible from each is nearly on a par. Their united effort being barely adequate to the production of the slight contractions characteristic of the stage, the advent of a strange Medical man producing alarm arrests the former, and the latter is unable to act efficiently unaided, until, concentrating its energies in the lapse of time, it effects the expulsion on its independent strength, or at least with a very small amount of co-operation in its ally. Would the arrival of a stranger at this crisis suspend the contractions? No. Not even were he an object of perfect detestation. For while she adjured him in terms pathetic not to approach her, the case would still progress to its termination.

Opium given in heroic doses in the early pangs of labour, causes an intermission of some hours. Immediately subsequent to which the womb wakes to action, not with the courteous flying pain at half-hour intervals, but with the full vigour of an organ determined to do its duty without favour or affection. I formerly attributed its energy under these circumstances to renovation of the patient's strength under the temporary tranquillity. A little reflection might

have taught me that in the state of reaction after opium the bow of the system is unstrung; that torpidity and nausea are prejudicial to the exhibition of nervous or muscular effort. I now believe that while the narcotic held the cerebro-spinal nerves in control, that the influence referred to not amenable to it, was insidiously incubating and accumulating strength for the period when, if the dose were repeated to the extent of coma, the womb would remain unaffected. The cessation produced in complete anæsthesia under chloroform might be assumed as a positive proof of the sole agency of the cerebro-spinal nerves in parturition. Chloroform is a narcotic poison. The perfect operation of all narcotics is manifested in arresting organic function by rendering the governing cerebro-spinal influence inert.

If uterine action can be so controlled, must we not conclude that no other agent but the cerebro-spinal system accomplished its contractions? I reply, that the law by which chloroform suspends uterine action is distinct from the law by which it suspends sensation.

In the former case, including the uterus in muscles generally, it produces a temporary *ramollissement* of its muscular fibre alone by a direct transfer of the drug through the circulation, in virtue of an inherent and peculiar property, just as other therapeutic agents have their peculiar properties, ergot in stimulating the uterus, belladonna in retracting the iris, etc. Opium, as I have just stated, arrests early labour by ennervating the cerebro-spinal system. Chloroform suppresses later labour by rendering muscular fibre incapable of sthenic contraction, even though it had been supplied with nerves of normal power. I think that all accoucheurs will coincide in the sentiment, that, in the condition of ordinary health, there is a remarkable regularity in the progressive events of labour; the early contractions occurring at definite intervals, gradually increase in frequency, in accordance with the advance of the head, till, with a single and double impulse alternately, two distinct contractions take place in six minutes. This manifestation occurs with as perfect regularity as the first and second sound of the heart, or the inspiration and expiration of the lungs. Now, Physiology accounts rationally for the two latter.

Respiration is primarily attributable to reflex action, produced by atmospheric irritation of the thoracic surface and pulmonary cells. Would an analogous explanation solve the uterine problem? It cannot be reflex action from atmospheric contact with the abdominal parietes externally and the presence of the fœtus internally; both these causes existed for nine months antecedently without this special effect. It must be the operation of the law I have mentioned, which, imperatively bounding the period of gestation to the limited time, superintends and governs the labour. We have each been appealed to in the case of false pains endured sometimes a month previous to delivery; when, torpifying the nerves of the cerebro-spinal system with laudanum, or relieving the pressure on the sacral or lumbar plexus with castor-oil, we have calmed the anxiety of the patient, and removed her idea as to the advent of labour. Submitting that idea to scientific investigation, I inquire, had she just grounds for the conclusion of being "in strong labour." In the evidence of two witnesses she had; her own sensation in this instance infallibly identifying the throe with that endured in the later stages of parturition; and the testimony of her attendant, who, on experiment, will find that, consentaneous to the thrill of pain, the os and cervix will transmit a slight impulse to the examining finger.

It is labour in the pioneer character of its operations which by contractions barely perceptible distends the cervical folds and expands the os sometimes to the dimensions of a shilling, and thus effecting an advance of the head towards the pelvic cavity assists in sinking the fundus of the uterus previously at the epigastrium, half way to the umbilicus a fortnight before delivery. But it is labour of a single agency of a reflex nervous origin, which taking the initiative in a process which it is unable to conduct to a termination, yields precedence to the peculiar influence mentioned developing its action at the termination of the nine months' period. A change of government involves an alteration of measures, consequently we at once see the incessantly experienced false pains (as we amusingly term them) metamorphosed into the flying pains at half-hour intervals. In other words, the orbicular fibrous arrangement of the os and cervix having been to a certain extent retracted and deprived of its rigidity by the reflex action of its sensory and motor nerves, of which of all the organ it possesses the greatest amount, is now nearly quiescent, while the longitudinal fibres are thrown into energy under the special uterine principle. If true, the explanation of the occurrence of labour being due to the impression produced on the sensory nerves of the inner uterine surface, producing contraction through its motor branches; such contractions would be strongest when they are weakest, and weakest when they are strongest. To exhibit the enigma. When in the access of labour the area of the uterine cavity is largest, and as a matter of course prominently presenting its greatest amount of sensory nerves to receive impressions from the undiminished mass of the fœtus in the membranes, we might logically calculate on a greater effort on the part of the organ, because motor nerves in proportion to the sensory impressions would act on its muscular structure; and when in the partial occlusion of the organ on the rupture of the membranes and passage of the head into the pelvic cavity, the surface nerves assumed a deeper position in the contracted tissue, the irritating cause being less, the contraction should abate in violence. Such would be the rule in functional nervous action. But the result in parturition being distinct, I consider parturition as an effect of a distinct cause.

We know that the conditions of animal life can be maintained in an organ independently of nervous influence of any kind; not the simple endosmose and exosmose of the ruder types of existence, but nutrition, absorption, functional exercise and rapid structural development on principles of beauty and complication that will endure comparison with the most perfect of Nature's productions. You inquire where? —In the human placenta, with its yard-long cord, double circulation, and exquisite vascular arrangement—the great fœtal avenue of life.

If individual maintenance and infantile nutrition can be ingeniously and artistically carried on by it without nerves, why not the simple uterine function of contraction to the exhibition of physical force; and that, too, in an organ which in its office, whether procreative, conservative, or expulsive, is identified with the fœtal rather than the maternal interests resembling the placenta in another particular? That as the latter originates after conception and ceases to exist at birth, so the former springs into importance with the increase of the fœtus, and approaches annihilation thirteen days after delivery. In the introduction of one of the editions of Quain's "Anatomy" (I quote from memory of its perusal fifteen years ago), the author refers to the doubts entertained by some leading physiologists as to the function of the heart being effected on stimulation purely nervous. They concluded, on scientific observation, that cardiac action was altogether beyond proportion of the minute cerebro-spinal supply, therefore attributing its contraction and expansion to local irritation of its lining membrane in contact with the blood: an opinion borne out by the fact of its acting, if irritated, when completely removed from the thorax after sudden and recent death.

Ere I leave the reader to form his own inference on the evidence adduced as to the resemblance in the structure and principle of action in the two viscera, let me refer to the additional point of analogy exhibited in posthumous operation of the uterus. Writers on Forensic Medicine have produced many well-authenticated cases of the expulsion of full-timed fœti several hours after death. To what cause is this effect assignable? Certainly not to nervous impulse; not to the operation of an inorganic or mere mechanical law,—that law contracting and condensing all porous substances by the extraction of their caloric, thereby partially obliterating cavities and expressing their contents. Under such a law, iron, in a fluid condition, from wide separation of its particles at white heat becomes merely flexible in their closer approximation in the lower temperature of red heat, and solid or condensed in the complete abstraction of its caloric. Such a law, acting on the thoracic and abdominal muscles after dissolution, would in contraction compress the stomach or pulmonary cells to the exhibition of their contents at the nostrils or mouth. This explanation, however, could not reveal the mystery of fœtal production after death, inasmuch as the rigor mortis would produce an equable constriction of the whole uterine envelope, effecting a proportionate reduction of the infant's body, not from uterine pressure, but the application of the condensing principle of caloric extraction to its mass independently considered. Thus, if the uterus

did contract, the internal object of resistance synchronously contracted. Moreover, if the contraction of the body and fundus of the womb were expulsive in their tendency, the contraction of the os and cervix, the inferior half of the ovoid capsule of the uterus were antagonistically retentive; and not only so, but the natural difficulty of the pelvic passage and the opposing character of the perinæal muscles would be materially increased. For these cogent reasons, we are forced to attribute the ejection of the infant to a functional exercise of the organ *sui generis*, in which the nerves do not participate, and being, moreover, perfectly distinct from posthumous influences affecting the body generally. In further proof of the action of this nerveless force, I have had my hand lately in fifty-nine uteri, *ante partum*, and in most cases without chloroform, without the sensation of pain referrible to the spot. Moreover, failing to come in contact with the feet, and retaining my hand in the uterus with a hope that a contraction would bring them within reach, I have frequently attempted to produce such contraction by rubbing the inner uterine paries with my fingers, without appreciable result.

With regard to the other parts concerned in delivery by turning, in ordinary cases, I need only state, that the pelvic structures ought not, in the proper performance of the operation, to be subjected to contusion. The vagina is a cavity abounding with folds of muscular fibre and mucous membrane of easy and painless extensible capacity; in this particular resembling the oviduct of the domestic hen, which, spirally corrugated, emits the egg by a rapid peristaltic motion. The perinæum also is naturally intended to expand till it almost presents the consistency of parchment. The vaginal entrance and immediate vicinity of the clitoris is abundantly supplied with nerves of sensation, as all will infer who have heard the cry of a mother on the instant of the emission of the head under a natural effort. In a former communication to this Journal I pronounced the act of version comparatively painless to the mother, and not fraught with danger to the child. I delivered this opinion, authorised by the successful termination of a large number of cases thus conducted, six of which declined chloroform. The members of the Profession who held an opposite view asserted that the system and constitution of the patient must have suffered under the process, although the violent pain that would have indicated the extent of the injury was suppressed by anæsthesia.

Before I illuminate their intellects on the subject, allow me to detail an event which illuminated my own. About seven months ago I attended a lady of this vicinity in confinement with her third child. Her first, born three years previously, had been naturally expelled, but a little difficulty was experienced in detaching the placenta. Her second, thirteen months subsequently was turned under chloroform, the placenta again occasioning trouble. The third I also turned under chloroform, delivering with ease, but the placenta had to be detached in minute portions, several fragments remaining adherent. In four days violent after-pains were succeeded by subacute peritoneal inflammation; that again by puerperal fever of a typhoid character, marked by disappearance of the milk, and substitution of fetid discharge for the lochia, delirium, copious sweats alternating with hectic exacerbations, tumid abdomen, swollen left leg, saphena painfully varicose, and death. Pathology at once identifies the case as one where absorption of the decomposing placental *débris* having taken place resulted in uterine phlebitis, and its melancholy concomitants. Such an explanation was lost, however, with the public, who came to an opposite conclusion on very different data. She had inhaled chloroform; she had spoken incoherently during inhalation, complaining of a slight headache subsequently. Her final malady was preceded by headache, and during its course she also spoke incoherently. *Ergo*, it was at once decided that as chloroform was the cause of the former aberration, it must have been of the latter. In vain I proved to demonstration that chloroform had no connexion with the disaster. My patients obstinately insisted in their opinion, some declining my services altogether, while those who employed me expressly stipulated against the administration of chloroform, such stipulation being equivalent to an interdiction of version, as I then believed it inexpedient, and barely practicable, without anæsthesia. A month's interval found me by the side of a parturient patient, built on an Amazonian scale, into whose vagina I gradually introduced my hand up to the union of the thumb with the carpal bones. Finding that pain to an extraordinary extent was not experienced, I availed myself of the instant of retrocession, after the next uterine contraction, passing the whole hand rapidly through the ring formed by the pelvic arch, and posterior commissure, thence forward, through the well-dilated os, deep into the cavity of the uterus, where I rested the expanded palm on the soft mass formed by the liquor amnii within the membranes, through which also the fœtal limbs could be felt. My patient gave one brief cry at the moment that the widest diameter of the hand entered beneath the arch, but after that instant neither she nor her female attendant were conscious of any departure from ordinary routine. In the uterus my first idea was retreat at the termination of the next contraction, remaining passive in the interim. After a short interval it took place, bowing the portion of the limbs in apposition with my hand till at the culminating point of the contraction I recognised both feet within my grasp. To change my mind, to seize them, to invert the fœtus, was the work of an instant. When, with an expenditure of strength that a child five years old might have been equal to, I carried the feet out of the uterus and through the vagina without a pause, suspending further effort till the next pain. That, however, not taking place within the period, I passed the nates through the vagina by traction, without attempting further progress for a few minutes; a contraction, however, not then occurring, by a final and almost effortless act I produced the head, the finger of my left hand being placed in the mouth, and traction being exercised in the proper direction. I have since attempted it in fifty-eight cases, forty-two of which were not under anæsthesia.

My hand has entered the uterus in every instance. In a few cases I deemed it advisable not to make the effort to turn; in three I failed, though I made the effort. The mothers all recovered; one child died before I completed the delivery. I broke the arm of one, and slightly contused the arms of three. When summoned to a patient in labour, I arm myself with a bottle of chloroform, a little ergot, a pair of medium-sized forceps, and a short chamois-leather strap, with an aperture at either extremity. I see that hot and cold water be provided, two soft towels, white cord and scissors, being at hand, with a capacious vessel to bathe the infant if required. Ascertaining that the bladder is empty, I place the patient on her left side, her body semi-rectangular to the bed, and an assistant occupying the concavity produced by her flexed form, to do the double duty of keeping the patient in position and supporting the right knee. If the patient had taken chloroform previously, or is favourably disposed towards it, there being no suspicion of organic disease or cardiac inheritance, I at once give it—the object being not to facilitate the delivery, as version can, in the majority of cases be effected without it, but to combat vulgar prejudice and to generalise the use of an invaluable blessing destined to inaugurate a new era in Medicine, and make the name of Simpson parallel the existence of the world. If, however, my proposition is peremptorily declined, or if there be a spontaneous expression of antipathy, I change the subject.

Abstaining from interference till the pains occur at intervals of eight minutes, and the os dilate to the diameter of a florin, I carefully wash my hands, lubricate the right with the vaginal secretion, and pass two fingers into the vagina, in the axis of the outlet, pressing on the perinæum synchronously with the culmination of the contraction. Withdrawing the hand in the intervals, and repeating the act in the pangs, I gradually introduce four fingers and the hand up to the diameter of the metacarpal bones, completely exclusive of the thumb. If the os uteri be dilated to the diameter of two inches, I bring the extremity of all the fingers as near to a point as possible, not contracting their length so as to make the extremity of the thumb on the same grade as those of the fingers, but placing the thumb longitudinally on the palmar aspect of the index. I now pass the hand, when lubricated on its dorsum, up to the knuckles, into the vagina, the little finger tangent to the mesial line of the perinæum, the dorsum of the thumb and lateral aspect of the index under the pubic arch. At the culminating point of the uterine contraction, when the pain is naturally severest, I press the broadest portion of the hand into the cavity of the vagina, and making it revolve a quarter circle, so as to direct the dorsum towards the sacral hollow, I at once pass it between the posterior uterine lip and the fœtal head, a little on either side of the promontory, displacing the

head upwards and forwards, while the hand goes deep into the uterus. The hand now lies perfectly motionless—at ease, in the military sense of the term—that is to say, with flexors in slight operation, so as to diminish the tension of the biceps fascia on the forearm, lessening its bulk, and the amount of pressure on the vaginal outlet. After a minute's pause, without moving the hand proper, and merely acting with the fingers, I subject the parts within reach to examination. Whatever the natural presentation may be, I am nearly sure to come in contact with a limb, two parts of its circumference enveloped by the membrane, while immediately subjacent a softness and resilience, indicative of inclosed fluid, is found. Placing my fingers gently on it, in a way best adapted for following its continuity to the termination, I patiently await a pain. It comes, contracting the organ, bending the limbs in apposition with the body, and communicating to the mass—fœtus, fluid, and membranes—an ovoid form. Availing myself of the incident, I now extend my fingers alone along the additional portion of the limb placed within reach, exploring its character. It may be a hand, and I at once abandon it, after ascertaining by its position the relative direction of the feet.

On the retrocession of the next contraction, I press my hand forwards and upwards in the mesial line, never failing to manipulate one of the feet in presentations of the first and second (Naegele). This I never grasp, but explore a little higher for the other, which, having found, I abandon all idea of further co-operation from the pains. Both feet are now seized, the membranes simultaneously ruptured, a slight draw downwards and backwards inverts the child on its own axis in the fluid medium of the waters partially rushing out by the side of my retiring arm as it relinquishes its obstruction to the os uteri, producing a current in the proper direction, while the independent contractile power of the womb formerly spoken of, materially assists in readjusting the rotating infant in the longitudinal axis. Carrying the feet out of the vagina in the semicircular course of the brim cavity and outlet, I do not cease traction till a peculiar characteristic jerk informs me the revolution is complete, and that the head ceases to lie bowed on the trunk. At this period the nates will be exterior to the vagina, the head occupying the cavity of the uterus, the pubic arch and commissure belting the waist. Pausing for a minute, I examine the cord as to the strength of its pulsations and its immunity from pressure; then, with a towel interposed, spanning the lumbar vertebræ with the right hand, and the upper portion of the trunk with the left, I press the head out of the uterus into the pelvis, then in the axis of the outlet right under the pubic arch. If chloroform has been administered, I remove the placenta at once. In such a case as I have now described, excepting that the shortness of the cord has caused partial detachment during the operation, I wait a few minutes for its expulsion under natural circumstances. However, we have not always such a happy concatenation of events, nor so brilliant an execution of the operation. In thirty per cent. of the cases the head will present in the third (Naegele), the face being to the left obturator foramen; consequently, the direction taken by the hand in entering the uterus between the head and posterior lip will conduct it along the dorsum of the fœtus, precluding the possibility of both feet being seized at once. Under anæsthesia this is of slight importance, for then the muscular structure of the womb being completely relaxed in virtue of specific action of the drug upon its muscular fibre without the intervention of nervous influence, the practitioner's hand could be carried round to the abdominal aspect of the uterus, and the presentation by rotation easily transformed to a second. Without chloroform, however, having no experience, and possessing, moreover, a decided objection to motion of the arm, excepting when advancing or receding,—not that I believe that the os could be injured, but a suspicion might be engendered in the patient's mind of the adoption of abnormal measures,—consequently I know not how far this rotation may be practicable. On one occasion I withdrew my hand from the uterus, re-entering by the anterior lip, seizing on the feet and drawing in the axis of the brim; but this implied the adoption of a retrograde movement before the object of advance was effected; and it were better, if possible, to make each measure result in its quota of positive success. By following the steps mentioned above in the presentation of a first or second, we may, in a presentation to the obturator, effect a lateral hold of the proximate foot, while the distal one is far beyond our reach. English authorities have stated that the act of version is as easy when one foot is grasped as when both are secured. To this I give an unqualified negative, declaring it at issue with every law of natural philosophy.

(To be continued)

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

A CLINICAL REPORT ON THE RODENT ULCER.

(Continued from page 238.)

ST. BARTHOLOMEW'S HOSPITAL.

RODENT ULCER—EXCISION—DEATH FROM ERYSIPELAS.

In the early part of 1857 a case occurred at St. Bartholomew's in which a man, under the care of Mr. Lloyd, had a small rodent ulcer excised from the face. The patient, aged 40, was of highly nervous temperament. Death, from erysipelas of the head and face, occurred three weeks after the operation.

This case is recorded in our Statistical Reports of Operations, at page 8, vol. i. for 1857, but its details are unfortunately very imperfect(a). The result must, however, be borne in mind when recommending free excision in this disease.

DR. JACOB'S ORIGINAL CASES.

The particulars of the three following cases are gathered from Dr. Jacob's paper in the *Dublin Hospital Reports*, vol. iv. 1827. These cases are, I believe, the earliest on record in which the distinctive features of this disease were recognised. Dr. Jacob's accurate description of the ulcer I have already quoted at length in an earlier part of this Report (see *Medical Times and Gazette* for August 18, page 187). The reader who wishes to do so may see the whole paper in one of the recent numbers of the *Dublin Medical Press*, in which it has been reprinted. The three cases subjoined comprise, I believe, the whole of those which Dr. Jacob has placed on record. Their facts are of course very greatly abbreviated from the original.

Case 37.—A woman, aged 50. The disease followed a blow, and commenced on the temple, near the eye, and had, when the note of its condition was made, existed four years. During the six months it was under observation, no remarkable alteration was noticed. The eyeball was exposed and dissected out by the ulceration.

Case 38.—Mary S., an unmarried woman, aged 55, in whom the disease had existed twenty-three years without having ever healed. Her eyeball was exposed by the ulceration for nearly a year, but was not totally destroyed. It commenced in a kernel under the skin, over the eyebrow, which was not rough like a wart, and which had existed for two or three years before it came to a head, when she pricked it, after which it never healed. Of this Dr. Jacob says, "It was probably an encysted tumour." "A burning cancer-plaster" had been applied to it seventeen years before.

Case 39.—A gentleman, aged about 60. The disease commenced nine years before his death, which took place from a different cause. The disease began in an old cicatrix, the consequence of confluent small-pox. It was at the inner angle of the eye, and was always moist, the puncta being closed. The ulcer was once healed by caustic, applied by Mr. Travers, but it broke out again. A quack applied a solution of the muriate of mercury in nitric acid, and "in a short time excavated a hideous cavern, extending from the orbital plate of the frontal bone, to the floor of the maxillary sinus below, and from the ear on the outside to the septum narium within." As long as the gentleman survived, the disease preserved its original and characteristic features.

(a) On account of the imperfection of its details, this case is not included in the Tabular Statement.

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TABULAR STATEMENT OF FORTY-TWO CASES OF RODENT ULCER.

In the following Table are arranged all the cases of Rodent Ulcer which I have been able to collect, including all those previously mentioned in this Report,—three others (Cases 40, 41, and 42) given by Mr. Middlemore in his work on Diseases of the Eye, and one (Case 36) which has recently come under my own care. By a glance at the several columns indicating the duration of the disease and the state of the lymphatic glands, the reader will be able at once to see how markedly this disease differs from true cancer. With regard to the duration, it must be borne in mind that the periods here assigned are those given at the time the notes were taken, and

No.	Name, Hospital, Surgeon, etc.	Age — Date of Notes.	Part affected.	Duration of the Ulcer.	State of Patient's Health.	History of Hereditary Tendency to Cancer.	Degree of Pain in the Ulcer.	If any Enlargement of the Glands.	Remarks as to Treatment, etc.
1	Charles L.—St. Bartholomew's Hospital: Mr. Paget	46 1853	The greater part of the nose was destroyed	10 years	Good	No note	Trifling	None	Mr. Paget excised the ulcer freely. The wound healed in a few weeks, and the man went into the country. The disease returned, and extended deeply. He lost the greater part of his tongue, the right cheek, the right eye, and right upper maxilla. He died eighteen years after the commencement of the disease.
2	Mrs. M. — St. Bartholomew's Hospital: Mr. Paget	55 1853	On the middle of the nose, a little above its tip	3 years	Good	No note	No note	None	She was two years under observation. Caustics were repeatedly tried, but failed to arrest. It was then freely excised, and did not return during the few months she was under observation.
3	John F. — St. Bartholomew's Hospital: Mr. Paget	70	Right cheek and side of nose, just below the eyelid	3 years	Very good	None	None	None	Mr. Paget freely excised the ulcer, and the cicatrix was quite sound three years afterwards.
4	Mary Ann B.—Hospital for Diseases of the Skin: Mr. Startin	40 1852	The right eyebrow	11 years	General health good	No note	....	None	Several years under observation. Caustics several times applied.
5	Eliza E. — Hospital for Diseases of the Skin: Mr. Startin	53 1854	On the cheek, near the nose, the size of a half-penny	6 years	Feeble and declining	None	No note	Slightly at times	It had often been treated by caustics, and had often cicatrized for a time.
6	William McE.—Hospital for Diseases of the Skin: Mr. Startin	51 1851	The whole left side of the upper two-thirds of the nose, extending to the inner angle of the eyelids, involving the upper and lower lids	9 years	Health very good	No note	Sometimes considerable	None	Five years before his admission it nearly healed after the application of caustics. He was four years under observation, and generally received benefit from caustics.
7	Valentine B.—Hospital for Diseases of the Skin: Mr. Startin	51 1850	The whole of the nose was destroyed, and the right eyebrow was undermined	17 years	....	None	He had occasional shooting pain, but it had not interfered with his sleep	None	He was four years under observation. The disease appeared to be retarded by the application of Dupuytren's escharotic paste. During the latter part of the time he had attacks of hæmorrhage, after one of which he died.
8	J. De C.—The Royal London Ophthalmic Hospital: Mr. Poland	77 1860	Two tubercles over lachrymal sac. Cicatrix size of a fourpenny-piece below the tubercle; not ulcerated	13 years	Good	None	None	None	It was once destroyed (?) by caustics, and healed, but broke out again.
9	Ann K.—The Royal London Ophthalmic Hospital: Mr. Dixon	66	The inner canthus of the right eye. The size of half-a-crown	3 years	A stout, pale, and flabby-looking woman; not old-looking for her years	No note	None except a slight pricking	None	The chloride of zinc was applied, and under this treatment the appearance of the edge very greatly improved.
10	Martha T. — Royal London Ophthalmic Hospital: Mr. Bowman	63 1854	The inner angle of the eye	..	Good	....	....	None	
11	Mrs. H.—Royal London Ophthalmic Hospital: Mr. Poland	41 1860	It began at the inner canthus: it extended all round the orbit; the eye was ultimately removed	7 years	Impaired for the last few years	None	A good deal, but never kept awake by it	None	The disease had been several times excised.
12	Mary N.—Royal London Ophthalmic Hospital: Mr. Critchett	88	Right side of the nose	6 years	Healthy	No note	None	None	Improved by caustics.
13	Robert L. — Royal London Ophthalmic Hospital	64	The upper eyelid	..	Very good	None	Very little	None	
14	Mrs. K.—Royal London Ophthalmic Hospital	77	Inner angle of right eye, cheek, and side of nose	10 years	Very good	None	None	None	Repeated applications of chloride of zinc, etc.
15	Eliz. F. — St. Bartholomew's Hospital: Mr. Paget	76	Upper lip	..	Good	None	No note	One gland enlarged	The part was excised, and two years afterwards the patient remained quite well, the enlarged gland having wholly disappeared
16	Thomas D.—St. Bartholomew's Hospital: Mr. Paget	45	Lower eyelid, extending on to the eye	2 years	Very good	No note	No note	None	Free excision, after which a healthy cicatrix remained.
17	A gentleman under the care of Mr. Paget	55	The tragus of the left ear	6 years	Good	No note	No note	None	It was first destroyed by chloride of zinc, but returned three years afterwards. Freely excised in 1857, the cicatrix remained quite sound in 1860.

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No.	Name, Hospital, Surgeon, etc.	Age — Date of Notes.	Part affected.	Duration of the Ulcer.	State of Patient's Health.	History of Hereditary Tendency to Cancer.	Degree of Pain in the Ulcer.	If any Enlargement of the Glands.	Remarks as to Treatment, etc.
18	A lady under the care of Mr. Paget	58	The nipple and areola	9 years	Good	Her mother died of cauliflower excrescence of the uterus	None	None	
19	A gentleman under the care of Mr. Paget	65	The right cheek, by side of nose	4 years	Good	No note	None	None	Caustics were applied.
20	A gentleman under the care of Mr. Paget	53	Lower eyelid	7 years	Sallow and feeble looking, "but not unhealthy"	No note	....	None	Application of the acid nitrate of mercury.
21	A lady under the care of Mr. Paget	63	The right side of the nose	7 years	Feeble	No note	No note	None	Treated with an arsenical escharotic. A healthy scar resulted. The scar remained healthy until her death took place from other disease.
22	James N.—St. Thomas's Hospital: Mr. Macmurdo	52	Extended from the outer angle of the eye to the ear	3½ years	Did not look ill	No note	Not great	None	
23	Michael H.—The Metropolitan Free Hospital: Mr. Childs	60	Left side of nose; ala partly destroyed	5 years	Good health	None	Sometimes painful	None	Caustics had been applied.
24	An Irishwoman. — The Metropolitan Free Hospital: Mr. Hutchinson	55 1854	A patch the size of a shilling, situated about half-an-inch from the outer commissure of the right eye	3 years	No note	No note	No note	None	No note.
25	Jane W.—The Metropolitan Free Hospital: Mr. Hutchinson	57 1856	Left cheek and upper lip	10 years	Good	No note	Painful	None	Actual cautery, the patient being under the influence of chloroform.
26	Leon L.—The Metropolitan Free Hospital: Mr. Hutchinson	63	The inner angle of the left eyelid, and side of nose	4 years	Good	No note	None	None	Excision and plastic operation.
27	A gentleman under the care of Mr. Hutchinson	63	Cheek and side of nose	4 years	Good	None	Very little	None	Caustics have been used, but never with the effect of wholly destroying the diseased parts.
28	A gentleman.—Clinical Lecture by Mr. Cæsar Hawkins.—Medical Gazette, vol. xxix.	..	The side of the face, forehead, eyelids, and nose	25 years	His general health was not in the least affected	No note	Not great	None	A tumour the size of an egg had grown and had been removed. It returned, and was again removed. It afterwards assumed the character of the rodent ulcer.
29	Mary P. — St. George's Hospital: Mr. Tatum. (Mr. Cæsar Hawkins's Clinical Lecture)	50 1840	Each cheek: the largest on the right side, the size of a sixpence	6 years	No note	No note	Little pain	None	Chloride of zinc was applied. The ulcer afterwards cicatrised.
30	Sarah G. — St. George's Hospital: Mr. Babington. (Mr. Cæsar Hawkins's Clinical Lecture)	51	Below the inner angle of the eye, involving the lid	20 years	No note	No note	At one time severe acute pain	None	It was destroyed by the chloride of zinc, and at the last note the ulcer was nearly cicatrised.
31	— Riley. — St. George's Hospital: Mr. Cæsar Hawkins. (Mr. Cæsar Hawkins's Clinical Lecture)	61	Below the inner angle of the right eye	2½ years	He had tremulousness of the right hand, but otherwise looked in good health	No note	No note	None	Improved by caustics.
32	Edward C. — Royal London Ophthalmic Hospital: Mr. Dixon	50	The right lower eyelid	7 years	Good	None	None	None	Has had caustics applied, never so as to produce a healthy surface.
33	A man.—King's College Hospital: Mr. Fergusson	48	Outer commissure of the right eyelids	10 years	Good	No note	No note	None	Mr. Fergusson excised the whole freely.
34	Mary S. — Addenbrooke's Hospital, Cambridge: Dr. Humphry	55	Inner commissure of the eyelids	5 years	Good	No note	None	None	It was excised in February, 1857, and a second time in October, 1858. Since the latter excision the cicatrix has remained sound.
35	Robert M.—The Hull Infirmary	46	The cheek, close to the lower eyelid	5 years	Good	No note	No note	None	It had been several times treated by escharotics, and was finally excised.
36	A gentleman under the care of Mr. Hutchinson	46	The bridge of nose, and cheek, on the right side of the nose	4 years	Very good	None	None	None	No escharotic treatment has as yet been adopted.
37	A woman. — [From Dr. Jacob's paper]	50	On the temple, near the eye	4 years	No note	No note	No note	None	No note.
38	A woman. — [From Dr. Jacob's paper]	55	The ulceration extended all round the eye, involving both lids, etc.	28 years	No note	No note	No note	None	
39	A gentleman. — [From Dr. Jacob's paper]	60	The inner angle of the eye	9 years	No note	No note	No note	None	Caustics were once applied by a quack, and although they made frightful ravages, the disease preserved its original character.
40	Frances S.—Middlemore "On Diseases of the Eye," vol. ii. p. 751	84	Inner canthus of the right eye	14 years	Good	No note	Painful towards the end of her life	None	She died at the age of 84, "of irritation and pain."
41	Thomas S.—Middlemore, *op. cit.* p. 752	59	Inner canthus of the left eye	8 years	Very good	No note	Very slight	None	Improvement followed the use of the black and yellow washes.
42	Mary F. — Middlemore, *op. cit.* p. 754	74	Lower eyelid	9 years	Health good	No note	Scarcely any	None	Improvement followed the use of the black wash. She died of an affection of the chest.

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in many instances while the disease was in an early stage. The average duration of the rodent ulcer before causing the death of the patient it would be difficult to assign, since it varies according to the treatment pursued. As yet very few cases, indeed, are on record in which death from the disease itself occurred. The fact that this ulcer is almost restricted in its occurrence to the skin of the eyelids and face, comes out in a strong light in the tabular statement. Upon these and other points of importance I propose to comment in more detail next week.

(To be concluded.)

KING'S COLLEGE HOSPITAL.

UNUNITED FRACTURE OF HUMERUS—TREATMENT BY THE WIRE SETON, AND AFTERWARDS BY EXCISION OF THE ENDS OF THE BONE.

(Under the care of Mr. FERGUSSON.)

C. H., aged 35, was admitted for ununited fracture of the humerus. The patient is a native of Kingston-upon-Thames, and states that he has always had good health. About three months prior to his admission into the Hospital he was driving a cart, which came violently in contact with an omnibus, and was turned over. He says that the cart fell on his left arm. It was fractured about the middle of the shaft of the bone. He applied to a Medical man, who put up the fracture in splints for six weeks, and at the end of that time, as union did not seem to have taken place, the splints were reapplied for a time, but with the same result. He was therefore sent to this Hospital on January 15.

On admission it was noted the patient was a stout, healthy-looking man. On examining the left arm a distinct false joint was found to exist. He was ordered full diet, with six ounces of gin daily, and splints were reapplied.

25th.—The splints were removed to-day. There seems to be some union between the ends of the bone. Mr. Fergusson ordered a plaster of Paris bandage to be applied.

March 8.—The bandage was removed; no improvement had taken place, the union still remaining very imperfect.

10th.—The patient being placed under the influence of chloroform Mr. Fergusson proceeded to pass a curved needle, armed with a double wire, between the fractured ends; the needle was withdrawn, and the wire allowed to remain. The arm was then put up in three splints.

11th.—Has passed a restless night; and complains of great pain in the wound. Pulse 110; tongue slightly furred.

14th.—Is much better; the excessive pain has left him; the discharge begins to be very offensive. Splints removed and readjusted.

24th.—The splints have been removed to-day; union seems much firmer; but still in an unsatisfactory condition.

For the further notes of this case we are indebted to Mr. Wickham, the present House-Surgeon. The above were supplied us by Mr. Francis Mason, late House-Surgeon.

March 28.—Discharged to go into the country.

During the next three or four months he visited the Hospital occasionally as an out-patient, and, as there was no improvement in the arm, he was re-admitted on July 19.

At this time the arm was in much the same condition as when discharged in March. The ends of the bones being quite moveable upon one another, and the arm perfectly useless.

July 26.—Chloroform having been administered, Mr. Fergusson cut down upon the seat of fracture from the outside of the arm, and then, having broken through some connecting fibrous bands, he sawed off the ends of the bones (about three-quarters of an inch above and below the fracture). The pieces removed presented very smooth and rounded surfaces, and the humerus was found to be remarkably small for a man of his large stature. The external wound, the extent of which was about four inches, was then brought together by silk sutures, and the whole limb placed on a rectangular splint, with two small splints on the front and outside of the arm.

28th.—There is a free discharge of a healthy character from the wound. The operation was followed by no pain, nor any other constitutional disturbance. The position of the arm was very good.

August 7.—There is less discharge from the wound, which has nearly healed. Some callus is being thrown out around the ends of the bone.

16th.—There is now scarcely any discharge. There is considerable firmness of the arm; the ends of the bone cannot be made to move on one another; and in every other respect the patient is progressing very favourably.

ST. THOMAS'S HOSPITAL.

MILLSTONE-MAKERS' PHTHISIS—SILICEOUS MATERIAL FOUND IN THE LUNGS.

(Under the care of Dr. PEACOCK.)

In the January number of the *Medico-Chirurgical Review* for the current year is an important paper by Dr. Peacock, on "French Millstone Makers' Phthisis." It appears that there are in London a certain number of masons whose special avocation it is to prepare for use a peculiar kind of millstone known as the French Burr. This stone consists essentially of flint, and has for centuries been quarried at La Ferté, on the Marne, to the east of Paris. The peculiar hardness of this stone renders it much more dangerous to work, and it is much more liable to chip into small particles of extreme sharpness than are the stones more commonly employed in grinding, such as the Yorkshire or Derbyshire grit, the Scotch granite, or the German basalt. The "picking" of these "burrs" is effected by a steel chisel struck by a hammer, and every stroke is attended by a flash of light and a cloud of dust and small particles of stone.

There are, it seems, only four shops in London where these stones are worked, and Dr. Peacock estimates the whole number of those employed upon it as probably not more than fifty. Having seen many of these men as patients at the Victoria-park Hospital on account of chest affections brought on by their employment, he was led to make extended inquiries at the places of work, the results of which he embodied in the paper to which I have referrred. The subjoined are the principal of his conclusions:—

1. That the average age of those engaged in this occupation is very low indeed. Of twenty-three who had been apprenticed to it the average age was only 24·1 years; and one of the foremen stated that the longest period he had ever known a man to work at it was thirteen years.

2. That the fatality among these men is directly due to their inhalation of particles of silex; but that the injurious influence of the latter is much aggravated when the men are intemperate.

3. That the form of the disease induced may be either chronic bronchitis or phthisis, according to the predispositions of the patient.

4. That the presence of the siliceous particles in the lung-tissue may be proved by chemical examination.

Dr. Peacock records two fatal cases in the paper referred to, and to these we now add a third, of which the following are the details:—

Richard J., a millstone maker and builder, aged 48, was admitted into St. Thomas's Hospital, on August 3. He stated that he had served his apprenticeship to the trade of a miller, and ten years ago went to work at the millstone-making or building, at which occupation he had continued till shortly before his admission into the Hospital. He regarded himself as a temperate man, and said that he had been in the habit of taking only two or three pints of beer daily, and had rarely drank spirits. His indisposition commenced with the ordinary symptoms of cold three years before, and he had continued to suffer from cough, expectoration, and difficulty of breathing ever since, his symptoms being aggravated during winter. Two years ago he was under Dr. Peacock's care as an out-patient, and was much relieved. His present attack had lasted since October, and he was much prostrated. He had never spat any large quantity of blood, but the sputum was occasionally streaked or tinged with blood. He complained of the cough and expectoration, and the sputum was copious and of a deep green or black colour. He had much difficulty of breathing. His voice was very feeble, and somewhat husky. His appetite and digestion were much impaired, but the bowels were regular. The skin was harsh and dry, and he did not suffer from night perspirations. The pulse was not materially accelerated, but very feeble. He was much

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emaciated; the chest everywhere yielded a somewhat dull sound on percussion, and the deficiency was most marked at the upper parts. The respiratory sounds were feeble, and attended with sibilant and sonorous rhonchus especially above. There was not, however, any marked increase in the resonance of the cough. The hands and fingers displayed on the dorsal aspect the usual dark spots produced by particles of metal thrown off by the tool, but to a less extent than in some of the men who work at the millstone making, from his only having been a comparatively short time at the trade.

He was directed to take a tonic mixture with the cod-liver oil, and anodyne and expectorant medicines, and was allowed a generous diet. A slight attack of diarrhœa was checked by opium. He, however, steadily declined in flesh and strength, was rarely able to leave his bed, and died exhausted on the 30th.

From difficulty in obtaining the consent of the friends, the examination of the body did not take place till the afternoon of September 1, or upwards of fifty hours after death, and the body was much altered by decomposition.

The lungs were firmly adherent to the parietes, especially at the upper parts, where there were very thick and firm attachments. Both lungs were throughout sparingly crepitant, and at the apices were firm, contracted, and of a dark colour. No tubercles were found in any parts, but there were numerous black, hard, and gritty masses, about the size of a split pea, embedded in the tissue, more particularly at the apices. The inferior part of the left lung was in the state of recent pneumonic condensation, passing into suppuration. The larynx and trachea were large; the mucous membrane was throughout thickened, but free from ulceration. The follicles on the under surface of the epiglottis were enlarged. The bronchial mucous membrane was throughout much reddened, probably partly from decomposition; there was not any material increase of secretion, except in the smaller tubes; the tubes were throughout larger than natural. The bronchial glands were very large, dark, and solid, but not tuberculous. The heart was considerably enlarged, and its cavities dilated, especially the right; the right ventricle displayed some fat on its surface; the walls were not hypertrophied; the muscular substance was very flaccid, and the inner surface of the cavities and of the aorta was deeply dyed from decomposition. The liver, spleen, and intestines were free from disease. The kidneys were large, flaccid, and congested, but free from deposit. Portions of the hard tissue were picked out from the apex of the right lung, placed in the flame of a spirit-lamp till they were reduced to a white ash; this was then boiled repeatedly in nitric acid, and the residue, which was still considerable, was broken up and placed under the microscope. It proved to consist of sharp, angular, granular matter, which bore a close resemblance to dust collected in the workshops, except that the particles were smaller.

ST. BARTHOLOMEW'S HOSPITAL.

ANEURISM OF THE RIGHT AXILLARY ARTERY—LIGATURE OF THE SUBCLAVIAN—PYÆMIA—DEATH FROM PYÆMIA AND HÆMORRHAGE TWO MONTHS AFTERWARDS.

(Under the care of Mr. PAGET.)

[Reported from Notes by Mr. ROGERS, House-Surgeon.]

John R., aged 54, a tall, strong, healthy-looking and temperate man, was admitted on June 7, 1860. He was formerly a soldier in the Guards. In the upper part of the right axillary space was a tumour, pulsating strongly, of the size of an orange. The history he gave was that, three or four months ago, he began to have what he called "rheumatisms" very severely about his right arm. This gradually subsided, and he next felt a sensation of numbness all down the arm, but especially in the fingers. He did not attend much to these symptoms, and only discovered the tumour accidentally ten days before admission when washing himself. He said that it had increased gradually since. Although the patient might be said to be healthy, yet he looked older than he was, and had the arcus senilis well marked. Dr. Baly examined his chest, and detected nothing wrong. Mr. Paget first tried compression by the apparatus invented by the late Mr. Rowlandson, but there appeared so little prospect of success, and the instrument was so awkward to manage, that it was laid aside. The question now arose, whether, with such an unfavourable prospect, the operation should be performed. If left alone the patient would eventually die from rupture of the sac; and if done the operation might be successful. The uncertainty of the operation was laid before the patient, and he decided to submit to it.

Operation.—June 26.—Chloroform having been given, an incision was made parallel to and close above the right clavicle, the clavicular third of the sterno-mastoid muscle was divided, the fat and cellular tissues were dissected away, and, the artery arrived at, it was tied in the third part of its course at the outer edge of the scalenus anticus. The external jugular vein was just brought into view, but not disturbed. There was very little bleeding. A silk ligature was used. The edges of the wound were not brought together by sutures, but strips of plaster. Oiled lint covered by gutta-percha was then applied, and finally a large piece of cotton wool was spread over all. In the evening he was directed to have thirty drops of Battley's sedative solution. He had a good night, and on the next day (27th) he was doing well. On the 28th he had a little cough, which was quieted by cough linctus. His tongue was furred, but not dry; pulse 78, and of good power. The affected limb was warm. Mr. Paget directed wine to be given him if the pulse faltered, but this was not necessary. (He had been a very abstemious man, and for several months passed had not taken spirits of any kind.) The wound was dressed on the 28th, water dressing being used instead of oil. There was a slight oozing of pus. On June 30 a little wine was ordered. He continued to go on well. On July 9 Mr. Rogers noted that there was a very small clot of blood at the wound, but he believed it to have arisen merely from the granulations. He still improved in every respect until July 14, early on the morning of which day he had a decided rigor, which lasted for twenty minutes. The lips were quite blue, and the face livid; feet and hands cold; tongue furred. On dressing the wound, the lint was found saturated with blood, which had dribbled down from the shoulder. He had pain and numbness down the left side. Quinine, in five-grain doses, was given every two hours; wine, brandy, and beef-tea were also ordered. Mr. Paget considered that these symptoms were those of commencing pyæmia, and not of suppuration in the sac. The man rallied subsequently, and again began to mend. On the 16th the ligature came away, and the wound was healed excepting one small spot, but discharged rather a large quantity of pus, probably being connected, Mr. Paget thought, with the sac of the aneurism. On the 19th he had singing in the ears, with slight deafness. The quinine was therefore given every three hours only. On the 21st he had an attack of acute pain about the right elbow-joint. The cellular tissue became inflamed in this part, and subsequently in the axilla and under the pectoral muscle. As the wound discharged a good deal of pus, apparently coming from below, Mr. Paget endeavoured to make a counter-opening in the axilla, but he did not succeed in establishing a communication. The patient now began to have profuse perspirations, preceded by rigors. He grew weaker, and failed generally. The whole limb was much swollen, and was at the elbow-joint reddened and inflamed. On the morning of August 6 hæmorrhage came on from the wound, and he lost about twenty ounces of blood. It came out from the small opening in a gush. The patient was very much exhausted, but rallied under wine and brandy. Mr. Paget let out a collection of matter near the elbow. A great deal came away, and the humerus was found quite bare. Next day he was again better. Mr. Paget made an opening into a swelling in the axilla, but nothing but blood followed; blood also at the same time escaped from the upper opening. On August 10 he had a severe rigor, lasting twenty minutes. Mr. Rogers notes under this date, that there was a pustular eruption on the arms and chest. Mr. Paget stated that he had seen this eruption before as a symptom occurring in pyæmia. On the 17th the man had another attack of hæmorrhage, and lost about ten or twelve ounces of blood. He rallied from this for a time, but still continued feeble, and had a profuse discharge of pus from the wound. The bleeding returned, to the extent of five or six ounces, on the 29th. On the 30th he had another attack at noon. He never rallied, but died at four p.m.

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Autopsy.—On making an incision along the upper border of the clavicle and reflecting the skin, a firm clot was discovered at the seat of the ligature, which had temporarily occluded the vessels. The veins around were perfectly healthy, but in the subclavian artery anterior to the ligature, and in the right carotid there were found some pale fibrinous clots. The coats of the artery seemed moderately healthy; here and there could be found a patch of atheromatous deposit. On removing the clavicle and dissecting further, an aneurism was found above, and one below the position of the clavicle. Both sacs had suppurated. The one above was of the size of an orange, the one below as large as two fists. The artery on the first rib was pervious, for a probe passed easily down to the lower sac. The brachial was found very small, but its coats were healthy. The veins of the limb and those of the lower extremities were found remarkably free from pyæmic deposits. On exposing the elbow-joint two large sloughs were observable in the outer and inner aspects. The joint itself was quite denuded, the cartilages gone, so that grating could be easily heard. The right shoulder-joint seemed healthy, the left was filled with thick pus, and the cartilage could be easily stripped off. The lungs were very œdematous, thick frothy bloody fluid exuding as the tissue was cut through. The parenchyma was healthy, and the lungs exhibited throughout numerous small dried-up cretaceous tubercular masses. In the right lung there was a small purulent deposit. The left was free from abscess. The bronchi were rather congested and filled with abundant frothy mucus. The heart was large and somewhat flabby, the muscles were pale. There was no appearance of fatty degeneration. The aortic valves were rather thickened and ossified: the other valves were healthy. The coats of the aorta were thickly studded with atheromatous deposits. The liver was pale and easily broken down. The spleen very soft and pulpy. The kidneys healthy. The brain was much congested, and the ventricles contained more fluid than usual. The brain-substance was firm. At the base of the brain the right internal carotid was natural, the left was studded with atheromatous patches.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 437.—Mesmeric Reasoning.

The Faculty of Medicine of Paris demanded of Mesmer that he should perform cures before their investigating eyes. Mesmer, however, considered that he had already given proofs enough in that way; and he argued, with Deslon, in the following strain:—"When a robber is convicted of thieving, you hang him; when an assassin is convicted of murder, you break him on the wheel; but in order to inflict these terrible punishments, you do not require the robber to commit robbery in order to prove himself a thief; you do not require the murderer to murder a second time in order to prove himself an assassin. You are contented with proving by evidence that the one has robbed and the other committed murder; and then proceed to hang and break them on the wheel with a clear conscience. I am just in the same case. I ask you to treat me like the thief and the murderer. Seek out the proofs of my having cured; and don't ask me to cure other patients, in order to prove that I know how to cure."—*Gaz. Méd.*

ANSWERS.

No. 428.—"Casuist" *v.* "Mercy."

With great deference to your correspondent "Mercy," I cannot help thinking that the answer he has given to the query of a "Casuist," No. 428, is an erroneous one. My reason for forming this opinion is, that the confession which was made to the Physician by the girl was not, in legal phrase, a "privileged communication;" and, therefore, the Physician was both morally and legally bound to divulge it, notwithstanding that the doing so might have been most painful and repugnant to his feelings. The Physician, before giving his evidence, would be sworn to tell "the truth, the whole truth, and nothing but the truth" regarding the case; if, then, he concealed part of the truth, by withholding his knowledge of the fact that a murder had been committed, no matter how that knowledge had been obtained, he would not only have failed, I think, in performing his duty, but, according to the law, he would have become "an accessory after the fact" to a murder. Justice.

No. 431.—Ascarides.

The origin of entozoa, and among them of the ascaris vermicularis, is still doubtful; but it may fairly be supposed that the entozoa found in the alimentary canal are introduced from without. During the last eleven years I have been in the habit of using diluted phosphoric acid, with infusion of quassia, in cases of ascarides, at the Bath United Hospital and in private practice, and have as yet no reason to mistrust its efficacy. R. Wilbraham Falconer, M.D.

No. 431.—A Reply to "Sic."

Having suffered from ascarides for twenty years, and now being rid of the vermin, though doubtful how long I am to continue so, I may tell "Sic" that I attribute their existence in me to the following causes:—Quick eating, over-eating, and taking sweets, vegetables, and fruit in excess; drinking beer, and taking draughts of cold fluids on a full stomach, or during digestion, thereby causing the stomach to contract and expel into the bowels undigested matters; and constipation. Having made a complete revolution in my habits and diet, and added the use of salt with every meal, I thing I may truly attribute my present freedom from these pests to the change. The only medicine I took was castor-oil. J. S.

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Medical Times and Gazette.

SATURDAY, SEPTEMBER 15.

INCIDENTAL ADVANTAGES.

It is not long since a popular delusion was well nigh attaining the mischievous position of a modern fact. We were, in an indirect way, asked to believe that the physical powers of the English people were deteriorated. No one ventured boldly to make the assertion, though as an insinuation it none the less gained currency. Those who trouble their heads much about such things are not the brave and the strong. But with a morbid introspection which characterises the self-conscious timid valetudinarian, we were despondingly referred for proof of the supposed fact to a crowd of emasculated clergy, the general acceptability of a sickly sentimental literature, to the death-doomed precocity of our schools, and the puny humanity of our manufacturing town life. The fact would have been as unfortunately true as the existence of its whisperers, if an ascetic clique of loquacious preachers had fairly represented the whole Church of England,—if the feeblest part of English fiction had held the mirror up to Nature instead of to the limp and puling forms of its own votaries,—if all English schools had turned out the same proportion of certificated, sappy, collapsing docilities as is the boast and crime of education-mongers,—or if the home-bred slaves of Lancashire or Yorkshire mill-owners could have been anywhere accepted as models of Englishmen at a-

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Ethnological Congress. Happily for us, the broad acres of England stretch out as wide as ever they did, and those who traverse them do so both oftener and more swiftly than their forefathers. Kingsley, Colenso, Stanley, and the Bishop of Labuan are good foils to such "bruised reeds" as some of the most "popular" of equally modern pulpitarians. We can set off the manly martyrdoms of India and the Crimea against death scenes like that of Little Dombey, and the hysterical affectations of the crying school of novelists. Tom Brown has hosts of admirers and followers, and they grow up into the men who carry off and enjoy the prizes of life; while competitive examinations, if they do no other good, and fail to pick out the best men, at any rate kill off the pithless ones. And as for British manhood generally, we may fearlessly appeal to our now renovated parish butts. The goodly array of Riflemen will stand full comparison with the bearers of the shaft and bow. The fruit, after all, is not rotten at the core, though there are a few unsightly specks upon the surface—a sort of social epithelioma which requires exposure and caustics. Many people there are, who, considering the amount of work they have to force out of their heads, do not take sufficient care of their bodies. They are either not materialistic enough to fulfil the reasonable ends of their creation; or their materialism is too energetic, and urges them into the ultra-alchemy of transmuting human bodies into wealth they cannot grasp, or reputation which crushes them. Our craftsmen and artists seem too often to forget that the most delicate touch may be found at the end of the strongest arm. Our men of science and literature are infatuated with the belief that their work is best done if they labour and strain till they are "sicklied o'er with the pale cast of thought." How much damnatory dyspeptic divinity we hear from the pulpit, though we are almost sure to find a good catholic spirit beaming in a man who knows how to train himself. The unmanly visionists of the Speculum would have seen fewer phantasmagoria through their tubes, and so have saved our women from their temporary Gallic degradation, if they had had their eyes earlier and oftener on the sights of an English rifle. There is, unquestionably, a tendency to a superinduced, sporadic degeneracy, and it is almost as dangerously infectious as revivalism. This is what we have to correct, and to warn the public against. It is of very little use, in such cases, pointing to illustrious examples or melancholy warnings; to say that Shakspere gathered strength for his immortal plays while he roamed the woods and fields of Warwickshire; that Harvey worked out his perfect demonstrations while he was hunting and campaigning with his king; that Scott wrote poems and novels as fresh and healthy as Nature itself, so long as he shot and stalked his native hills; that the stream of Byron's verse rushed as strong as the Hellespont while he swam in its current, or dashed along its shores on horseback; that Swift moped himself into idiocy, that Sterne coddled himself into consumption, and that Southey sat at his desk till his brain softened. Common mortals who move along the ordinary paths of life need not be cautioned against the dangers of Alpine crevasses. Their error is in cutting the daily groove too straight, and never moving out of it. Mind and body, too, grow so anchylosed, that they will work only in one direction. It is not in every generation that a way of escape comes unsought. Too often men have to struggle out of the difficulty, and they give up the attempt hopelessly. To us, however, the chances are better. Patriotism and self-interest draw in the same direction. The Volunteer movement is as timely as it is wise. It may be made as much the safety of the brain-tasked and body-cramped individuals of the people, as of the country at large. Everyone who has work to do should seek bodily strength to do it less irksomely. It is not given to all of us to mitigate the original curse by gaining health and vigour, freedom of limb, and elasticity of brain, by tramping stubbles, beating coverts, following the hounds, cruising in yachts, or climbing mountain passes; but each one may get the peace of mind which comes from a sense of duty done, the pleasurable excitement of emulation, and all the bodily advantages of the best kind of physical training, by enrolling himself in a Rifle Company and working with it steadily. Many a man may march away an atrophy, drill out the blue devils, shoulder arms till he can bear resolutely the fardels of life's troubles, and after all find as much gratification in hearing the whiz of a bullet as others do in the whirr of a covey. Professionally our interest lies in the universal spread and success of the scheme, and in the reasonable relaxation of the strain of business habits,—in fact, in doing away with the all-work system of English life. Sound minds in well-kept bodies are our friends. Empirical parasites fasten upon the white-faced, narrow-shouldered, and soft-handed effeminates. We seldom see a bone-setter at the bedside of a true sportsman, or a quack in the dwelling of a man who rules himself and his family according to natural laws. When sickness or accident does overtake them, they see things as they are, and are not deluded by the pretence of supernatural powers: they seek and find help and consolation from art and science legitimately afforded, and are humbly grateful, or rationally submissive, as God ordains the issue.

THE WEEK.

A SMALL pamphlet has been sent to us, being a "Statement of the Origin, Proceedings, and Results of the Midnight Meetings for the Recovery of Fallen Women." The following is what is called the Result of the Movement:—"12 English Meetings held, and 2 French; 2400 friendless young women attended, and heard the Gospel; 9000 Scripture-cards, books, and tracts circulated, besides about 6000 additional copies of Mr. Noel's Addresses; 26 females restored to friends,—one of these to New York; 18 placed in service; 91 now in "Homes;" 1 reconciled to her husband; 1 is employed by a printer—book-folding; 4 married; 2 emigrated; 1 placed in business; 2 under care of the Committee." We will only say of this Report that it does not appear to tally *fairly* with the detailed tables appended; and, moreover, that it is very clear that the best of the case, and not the exact case, has been laid down. Of course this is the usual way, when the object is to get money. Detailed tables are given of the females received into the Refuge from the beginning of this year. They are 138 in number. No account is given of those "who left after a few days." Nor is the time of the discharge of each female stated; nor is another most important fact, viz. how many of the 138 were suffering from venereal diseases. We mention this because some of our readers may, perhaps, remember that several months ago we called attention to two striking coincident statements made, the one, by a reverend promoter of Midnight Meetings, and the other by Mr. Acton, at the Medico-Chirurgical Society. The rev. gentleman, as a claim to the benevolence of the public, and as a proof of the success of his movement, stated that some forty-five females were at once stricken with penitence, and had then and there given in their adhesion to the Refuge. Mr. Acton's statement—made a few weeks later, and for the purpose of showing the great amount of venereal diseases in London—was, that only a few weeks previously out of some forty-five females who were seeking admission to the Refuge, forty or thereabouts, were so much diseased that they were forced to submit to treatment before they could be admitted. Were or are we, unfair in asking whether these two sets of repentant and diseased women were not the same set? At all events we would ask, how many of these 138 women were diseased at the time of their

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application? We have no wish to throw cold water on any benevolent scheme, but we have a right to know all the facts of this case. Each meeting, it is stated, "involves the outlay of £100." The statements made in the tables here given are evidently of the loosest kind. Under the head of "Cause of her Fall," what is the value of such a statement as this:—"Seduced by a Medical Student who promised marriage, but is dead." Then again: "Seduced by the Doctor who was attending her mother. Her seducer used the arts of his Profession to hide the consequences of his sin, and alarmed at the result, fled. It is expected that she will soon be married to a young tradesman." This is surely giving undue credit to the questionable statements of women who are apt to exalt the position of their paramours. Our belief we have often stated in this Journal, that this movement is in a wrong direction; that so long as the demand exists in its present form, the supply will equal it; and that the "snatching of these brands," as it is called, from the fire, is only the precipitation of others into it. It is the MAN who must be reached by public opinion—the Tempter, not the Tempted.

Judging from a pamphlet of fifty-three pages which lies before us, we should say that the advertising quack dodge is as well understood in Belgium as it is in England. Here is a Dr. Crommelinck, Chevalier de l'Ordre du Merite de la Branche Ernestine de Saxe, President du Dispensaire-Vesale, who, all for philanthropy and at his own charges, publishes this Memoir, the profits to be for the benefits of the Dispensary which languishes for funds. This we are told in the preface; which is signed, "pour le Conseil d'Administration," by Dr. Boniotti, Vice-President, and M. Delapierre, Chirurgeon-Dentiste. The trio shows the style of thing. The memoir concerns "The Origin, Nature, Preservation, and Treatment of Syphilis." The author has discovered its true nature; but, with a worthy modesty, he admits he was not the first. Moses has shown in Leviticus that he well understood its nature. Syphilis is a poison which is spontaneously generated in the human race. "Its origin is from the menstrual or catamenial discharges, and from the fluores albi of women." "This," says the author, "is the first time that I have dared to publish this doctrine; I have even taken care to deny it in my former writings, fearing lest it might be considered as subversive of public morals." We need hardly say that the pamphlet is simply one of the usual style issued by the class to which this Chevalier belongs. We notice it because we fancied that these sort of things were not permitted in Belgium.

The *American Medical Times* makes the following "ower true" remarks on the causes of death from chloroform:—

"The delicate and most responsible task of administering the agent is usually committed to a junior Physician, who has no knowledge whatever of the nature of his duties; he knows nothing of the different stages through which the patient is to pass; or of the value of the symptoms which appear during the administration; his inhaler is a towel well saturated, and his directions often are to apply it directly to the face. The stage of profound coma having been reached, the operator seizes the scalpel, and all eyes are directed to its movements; the innocent junior, all absorbed in the operation, forgets his duty, unconsciously drops the towel upon the patient's face, and occasionally adds the weight of his body, to its suffocating effect, as he leans forward in the anxious pursuit of knowledge. At length a moan, or the collapse of the jetting arteries, or the suggestion of a bystander more interested in the sufferer than the operation, recals attention to the condition of the patient. Naturally enough he has ceased to breathe; the operation is suspended; the messenger is despatched for brandy; and in the meantime artificial respiration by the most improved method is attempted by every available means. Fortunately the patient is generally resuscitated, at least sufficiently to have the operation completed, and be taken to the ward. We do not here give an overdrawn picture, for such scenes if haply not more unpleasant, may be witnessed in our Hospitals almost weekly. The reform should commence with the mode of administration of these agents. A Medical man of known ability should be selected to administer the anæsthetic; we say Medical man, because he will not become so much interested in the operation as to forget his duties. To his care should be committed, so far as practicable, every patient who is about to submit to an operation. This is but that precaution which every Surgeon exercises in private practice, and hence the few cases of deaths from anæsthetics which occur outside of our Hospitals."

Mr. Wharton Jones has forwarded us a pamphlet on "The Invention of Stereoscopic Glasses for Single Pictures." His discovery is a most interesting one; and, what is very satisfactory is that any binocular opera or field-glass can be fitted with the stereoscopic glasses.—

"In viewing," says Mr. Jones, "a good picture with an opera-glass fitted with the stereoscopic glasses—say a landscape—the objects represented are all taken in by the two eyes at once glance, and appear to stand out in their relative position and distances, while the horizontal recession of the distance towards the horizon is very evident. The amount of stereoscopic effect thus given is sufficient to impart to the picture much of the appearance of reality which the real scene, viewed with the two eyes, would have presented; for in pictures the objects are commonly represented as seen at some distance, and could not, therefore, have appeared in nature to the two eyes in much stronger relief."

Dr. Woodhouse, President of the Reading branch of the British Medical Association, made the following observations on recent acts of the Council of the College of Surgeons in his last Presidential address:—

"The Colleges of Physicians and Surgeons in this and the Sister Kingdoms have opened their portals, and given facilities for admission to their membership, which in every instance is not to be commended. The recent proceedings of the College of Surgeons of England, in admitting members who have not gone through the curriculum of study formerly insisted on, has given great and general dissatisfaction to the older members, who feel their status in the Profession lowered, and the value of the diploma degraded in the eyes of the public by such mercenary proceedings. Nor has the offence been at all palliated by the feeble excuses of the venerable and esteemed Sir Benjamin Brodie. I am happy to say that Reading was among the first to send a petition to the General Council against this monstrous innovation on the part of the authorities in Lincoln's Inn-fields.

"The question as to the licensing of dentists is a divided one. Their own College being now established, it is more desirable that this should be the governing body of their craft, than that a class of Surgeon-dentists should be created by the Royal College of Surgeons, whose titles would create confusion, and whose interests are more liable to clash with those of the more legitimate Surgeon. A petition against this scheme of the Royal College of Surgeons of England, and in favour of the Dentists' separate Institution, was also forwarded from Reading during the last year."

Annual reports are issued by the Medical Officers of the General Post-offices in London, Edinburgh, and Dublin. The health of the *employés* in these establishments appears from the last reports to have been very good during the past year. The deaths in the London divisions were at the rate of about 6 in 1000, only one-third the mortality of the previous year. This, Dr. Lewis says, is very low in comparison with the average mortality of males in London, viz. 24·2 per 1000. There appear, however, special reasons which account for this low rate of mortality, independently of the great care which is evidently taken of the men's health. The men are all well selected. Out of 287 candidates who presented

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themselves for examination during the year, 73, or 25 per cent. were rejected. It is also very evident that an illness which could not kill may yet be sufficiently bad to prevent a man performing the duties of a postman. All weak men, therefore, must of necessity give up this vigorous employment. Dr. Lewis seems to have distinctly traced diarrhœa to pump-water. In August, 1859, diarrhœa was very prevalent:—

"The water supplied to these officers," writes Dr. Lewis, "had for many years been obtained from the neighbouring pump belonging to the Goldsmiths' Company. It was considered, not only by our own officers, but, as I was informed, by nearly all the persons residing in the neighbourhood, to be particularly pure, sweet, cool, and pleasant."

Its cool and grateful properties were traced to carbonic acid, nitre, and nitrates; it also contained a large amount of animal matter. Dr. Lewis, therefore, had the supply of water and disease cut off, and "almost immediately the diarrhœa diminished." Dr. Toler, of Dublin, reports in strong terms of the health and morality of his men:—

"I can safely affirm, and believe, that there is not an equal number of men in any department of the Civil Service so remarkable for sobriety and morality as the letter-carriers of the Dublin Post-office."

REVIEWS.

Cellular Pathology as Based upon Physiological and Pathological Histology. By Rudolf Virchow. Translated from the Second Edition by Dr. Chance, L.R.C.P. and Physician to the Blenheim-street Dispensary. Illustrated by 144 Woodcuts. Pp. 511.

This remarkable volume is composed of twenty Lectures delivered by Dr. Virchow, about two years ago, in the new Pathological Institute of the University of Berlin. His audience was select, being chiefly composed of Physicians of Berlin; and his object was a high one. His desire was to popularise his views of the cellular nature of all vital processes, so as to set forth the unity of life in all organised beings. He says in his Preface, that those who have kept up their knowledge by reading the current Medical literature will find but little that is new in these Lectures; but in this Virchow is far from doing himself justice, as we are sure his readers will admit. We indeed consider his review of the vital processes so important, that we shall ask our readers to follow us a little at length through these 500 pages.

In Lecture I. he reviews the cell-theory. What Schwann did for the histology of physiological structures, has yet to be done in its application to pathology. The real importance of Schwann's discoveries has not yet been appreciated; and the cause of this is the incompleteness of the knowledge of the intimate structure of our tissues which generally prevails. The truth is, that the seat of action is in the cell itself, and in no other part of the organism. But it is necessary to distinguish between vegetable and animal cells, which Schwann did not. The vegetable cell is formed of a non-nitrogenous external layer, and nitrogenous contents; but in animal cells there is no such distinction, the essential constituents being wholly nitrogenous. Cartilage-cells, it is true, recall the vegetable forms; but cartilage is a non-vascular tissue (?). Now, a careful distinction must be drawn between the essential original cell itself, and what may have been added to it by after-development. The cell, divested of its secondary accidents, is "a simple, homogeneous, and very monotonous structure, recurring with extraordinary constancy in living organisms." The nucleus is probably engaged in maintaining and multiplying living parts. The specific acts of parts—such as contraction, sensation, and secretion—do not appear connected with the nucleus. The nucleus, while fulfilling its functions, still remains in itself unchanged. Cell-structures which lose their nuclei have only a temporary existence. A human blood-corpuscle is a cell without nucleus, and (like the upper cells of cuticle) it possesses no durability. We know it to be a cell, because we find that during the first months of intra-uterine life it is nucleated, as the blood-cells of frogs, birds, and fish are throughout their lives. And thus in every part of the body which grows or multiplies, nucleated elements can always be shown to be the starting-points of the active process. But besides a wall and a nucleus the cell contains other essential parts. It may contain pigment, for example. A muscular fibre-cell has within it a contractile substance, in addition to, and independent of, its nucleus. A cell may be developed into a nerve-fibre, the perfect nucleus remaining on the outside of the white membrane. Whence, as it would seem, it is the other contents—not the nucleus or membrane—which occasion the physiological actions of parts.

In the most various tissues, then, this cell—membrane and nucleus—appears with remarkable constancy. It is the starting-point of all biological doctrine. Animals and vegetables are, in fact, "progressive totals, made up of larger or smaller numbers of similar or dissimilar cells,"—a sum of vital unities, each one of which manifests all the characteristics of life. The matter—the *intercellular substance*—which unites, or lies between, the cells in animals, scarcely exists in vegetables. This substance was regarded by Schwann as the cytoblastema, in which new cells were developed. Virchow, on the other hand, has satisfied himself that the intercellular substance depends upon the cells, and is affected by the changes which go on within them. Some tissues are formed wholly of cells; but here also each cell is independent of its neighbour. In a third sort of tissues the cells are more intimately related, as when stellate cells unite and form reticular structures. These minute centres of action—these cells,—then, to which, as Virchow thinks, too little attention is paid, are the objects of his investigation here, in health and in disease.

In Lecture II. Virchow takes up the history of the physiological tissues. His doctrine is *Omnis cellula e cellulâ*,—where a cell arises there a cell must have previously existed. The "globular" and "investment" theories of cell formation he consigns to the limbo of equivocal generation. A cell is the offspring of a cell just as surely as an animal is the offspring of an animal.

Cells may be placed in three categories: 1. The tissue may be formed solely of cells, cell lying closely apposed to cell; 2. Of cells separated (and united also) by intercellular substance; and, 3. Of cells which have a higher specific character, such as nerves, muscles, etc. Tissues (as we in modern days generally understand the term) are formed of different combinations of the simpler tissues. Thus, the simple osseous tissue, for example, of the histologist is not bone; for in bone we have in addition, cartilage, connective tissue, and medullary tissue. Nervous and cerebral matter, again, are far from being identical; the brain contains membranes, vessels, etc., as well as nervous parts. Epithelial cells are the best examples for the study of the simple cellular tissues; and of these and of their mode of development into glandular structures Virchow gives an account.

The *Connective Tissues* are next considered; and here Virchow is at home most completely. His investigations led him to his cellular theory. Before him, this tissue was regarded as essentially composed of fibres. He has, however, found that this whole series of lower tissues may be reduced to one simple plan—a large mass of intercellular substance, in which cells lie embedded at intervals. The details given of the structure of the different tissues are full of interesting information. Muscle, we may now assume, is almost the sole agent of contractility. The contractility of the capillaries is a delusion; the discussions which once took place on this point had reference to small arteries and veins, whose coats contain muscular elements. Capillaries are rather simple histological elements; arteries and veins composite structures.

Virchow then turns to the pathological tissues. All of these, he maintains, have their physiological prototypes; the elements of every morbid growth may be traced up to some model previously existing in the economy. They may be classified like physiological tissues:—1. Some are composed solely of cells, like the epithelial ones. 2. Others, like the connective, are formed of cells and intercellular substance; and 3. Others are more highly organised and akin to the muscles, nerves, etc. But though there are pathological formations resembling each one of the physiological tissues, this is to be noted, that those elements most decidedly prevail—such as epithelial cells and corpuscles of the connective tissues—which do not represent the higher grades of organisation. There is no other *heterology* of morbid products than this, that the structure exists where it has no business, or at

a wrong time, or to an abnormal extent. Heterology and malignity are therefore quite different terms.

A fatty tumour arising in fatty tissue, or a fibrous tumour in connective tissue, are of the homologous class. Virchow brings these kinds under the head of hypertrophy, or of *Hyperplasia*. When a muscle becomes thicker, all its primitive fasciculi become thicker, and the liver may enlarge from hypertrophy of its individual cells. But this process is essentially different from the enlargement which arises from increase in the number of the elements. Hence we get a *simple* and a *numerical* hypertrophy.

Heteroplastic formations, on the other hand, correspond in their forms to natural elements, but they arise in consequence of a change in the type of the parent tissue. Cerebral matter in the ovary, hairs in the brain, cartilage in enchondroma, though identical with the normal structures, are, nevertheless, heteroplastic. In this new sense of the term, therefore, heterology represents a deviation, a degeneration—from the typical conformation of a tissue. Epithelial tumours (containing elements precisely similar to ordinary epidermis) in lymphatic glands are perfectly heterologous. If these views be correct, then the idea of homologous and benignant, and heterologous and malignant, structures falls to the ground.

Lecture IV. treats of Nutrition, and more especially of the channels by which the nutritive fluid finds its way into bone, tendons, and cartilages. The description is complicated, and must be studied in the details. Here Virchow points out a network of cells, which form a peculiar system of juice-conveying canals. Thus the fasciculi of the tendons are separated by bands of fibrous substance containing vessels and fibre-cells, and from these bands there pass into the interior of the fasciculi stellate-cells (tendon-corpuscles) which anastomose with others, and establish a connexion between the external vascular and the internal non-vascular parts. These channels have, of course, no communication by orifices with the general circulation.

Lecture V. continues this account of the systems of tubes existing in the connective tissue, and is illustrated by reference to the anatomy of the umbilical cord, the cornea, the dartos, etc.

In Lecture VI. we have an account of the influence of the arteries upon nutrition; Virchow's object being to show that nutrition is due to the specific action of the elements of the tissues rather than to the action of the vessels. Dyscrasiæ are all of local origin. Every permanent abnormal change which takes place in the blood must be derived from a disordered state of individual organs or tissues. His cellulo-pathological differs from the humero-pathological theory, in regarding the blood, not as a permanent tissue, independent in itself, regenerating and propagating itself, but as in a constant state of dependence on other parts. In some cases we can actually trace the dyscrasia to a local disease; in the hæmorrhagic diathesis we can in many instances point to the liver or spleen as its source. And we must conclude that "the existence of syphilitic dsyorasiæ must be due to the persistence of local *dépôts*, whence new quantities of noxious matter are continually being introduced into the blood."

Lecture VII. commences a description of the Blood. We need, here, only stop to note one or two points. When the colouring-matter escapes from the blood the blood-globules are often said to be dissolved. This is a mistake; their red contents have disappeared, and their walls have become very thin and distended, but may be again rendered visible by a watery solution of iodine. Pus-corpuscles and colourless blood-corpuscles are so much alike that they are only to be distinguished by their origin. If the corpuscle in question come from the blood, we may consider it as a white blood-corpuscle; if external to the blood, then as a pus-corpuscle. In Lecture VIII. he continues this subject, and first propounds his theory, that fibrine generally, whenever it occurs in the body external to the blood-vessels, is to be regarded as a local production, and not as an excretion from the blood.

Lecture IX. treats of Pyæmia and Leucocytosis—a special subject of his own; and in Lecture X. he is still at home with Phlebitis, or, as he prefers to call it, Thrombosis. This tale of thrombosis is a very interesting one. The ordinary "suppurative phlebitis" is neither suppuration nor phlebitis. It is a process which begins with a coagulation,—with the formation of a thrombus in the blood; then the thrombus softens, and a matter *like* pus, but not pus, forms within it. Yet Virchow denies not the existence of phlebitis—of an inflammation which attacks the walls, but not the contents, of the vessel. No one has ever shown the presence of exudation matter on the unbroken internal surface of a vessel; the matter exudes into its coats, and may even bulge towards the centre without causing coagulation of the blood. But phlebitis may nevertheless cause thrombosis by forming inequalities and ulcerations upon the inner wall. This thrombus or coagulum may form in the heart as well as in the vessels. The "purulent" cysts in the trabeculæ of the right ventricle, which have so often puzzled wise heads, are simply softened coagula of this kind. How the thrombus shoots out and spreads is here detailed. It also softens, and may open out sideways through the vessels, causing tense suppuration of its walls. Its softened central parts do not generally find their way into the circulation, being arrested by a coagulum or plug in the vessel. The mischief which the thrombus occasions arises chiefly from the detachment of larger or smaller fragments of fibrin from the end, which are carried along into remote parts of the vessels. These missiles are Virchow's Embolia. Secondary obstructions and metastatic deposits in the lungs are their consequences. The whole subject is one of very deep interest; and to Virchow the Profession is particularly indebted for its elucidation. Virchow is a determined *solidist*. In all forms of dyscrasiæ he bids us search for their *local origin*. He will not admit of any permanent affection maintained in the blood itself.

(To be continued.)

Clinical Researches on Disease in India. By CHARLES MORHEAD, M.D., F.R.C.P., Principal of Grant Medical College. Octavo. Pp. 767. Second Edition. 1860.

THE above volume is well known to the Profession; and has obtained a position among the standard works of Medical literature. We have therefore now only to announce the fact of the publication of a second edition. The favour which it has already found in the Profession is a sure sign both of the value of the work, and of the favour which it will still meet with. The size of the volume has been reduced by the adoption of a smaller type; the cases have undergone fresh selection, the text has been thoroughly revised, and the experience of three years has been added to the writer's information. Dr. Morehead tells us this in the preface to the present edition; and he hopes that he has in this way purged his book of any defects which may have appeared in the first edition in consequence of the unavoidable haste in which it was executed. To this volume chapters on Sunstroke, and on the Hill Sanitaria of the Deccan, have been added.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

URTICARIA AS A SYMPTOM OF IRRITATION OF THE FEMALE SEXUAL ORGANS.

By Professor SCANZONI.

PROFESSOR SCANZONI observes that although it has long been known that chronic affections of the female sexual organs are not infrequently accompanied by skin diseases (as urticaria, eczema, acne, psoriasis, chloasma, etc.), the influence of a more sudden irritation of these organs upon the cutaneous surface is by no means so well established. He has been enabled to find no very definite statements upon the subject, and this leads him to communicate some cases tending to establish such a consensus.

A lady, aged 34, had been under his care for some time with slight retroflexion of the uterus and chronic metritis, when he ordered four leeches to be applied to the vaginal portion of the cervix uteri. This little operation had been already performed once before without any ill effect, but upon the present occasion, ten minutes after the application had been made, the patient was seized with violent febrile action, and slight delirium. In half-an-hour she was seen by the author, who found her skin, and especially that of the face and upper part of the body, almost of a scarlet red. The temperature of the surface was considerably raised, and her

pulse beat 136. She continued much the same during the night, and when seen next day, the face, neck, chest, arms, and thighs exhibited, together with the intense redness, innumerable urticaria elevations. In a day or two the exanthem had entirely disappeared, a distinct desquamation, however, taking place on the face and neck. As this was the first case the author had ever seen in which these symptoms followed the application of the leeches to the cervix, he did not believe in their dependence upon this, and again ordered them to be employed. Four times this was done without any unpleasant occurrence, but on the fifth occasion the whole series of symptoms above described were reproduced, and that so rapidly after the biting of the leeches that any doubt as to cause and effect could no longer be entertained.

In a second case, a woman, aged 28, was admitted into the Würzburg Midwifery Institution on account of chronic uterine infarctus, and five leeches were ordered to be applied to the cervix. Scarcely had they taken hold, when she complained of the most violent labour-like pains in the abdomen, and although these soon moderated in force, they were accompanied with such intense febrile action that the entire body glowed with heat, the pulse rose to 140, the carotids pulsated visibly, and the face, neck and chest exhibited an intensely red colour, to which were added in a very short time a large eruption of urticaria elevations of a palish colour. The eruption was accompanied by great headache, inclination to vomit, and excessive lassitude, symptoms which continued to the following day, although the exanthem with the accompanying fever disappeared entirely after three hours' continuance. This patient often had suffered from urticaria at the menstrual periods, without, however, its being accompanied by such violent symptoms.

The third case occurred in the person of a young lady, aged 26, who, on account of long-continued chronic oöphoritis and metritis, required local blood-letting. In the course of sixteen months four or five leeches had been applied eight times. On the ninth occasion, an intense redness covered the skin, and the patient complained of the most violent pain in the head. The temperature of the surface was much raised, and it was almost entirely covered with innumerable, minute, prominent, white elevations. In the course of an hour these appearances gradually subsided, the headache continuing for twenty-four hours longer. The author is aware of a fourth case of the same kind, but is unable to furnish the particulars.

Professor Scanzoni believes that these cases deserve the attention of those occupied with the diseases of women, as well as of dermatologists. They admit of no other explanation than that the irritation of the uterine nerves, caused by the bite of the leeches, induced an entirely unusual, and in its mode of origin inexplicable, disturbance of the vascular system, which again, in a mode which is to us equally unintelligible, gave rise to the production of the eruption of urticaria. In proof that these appearances were not produced as a consequence of any poison being conveyed through the medium of the bite of the leech, it is to be observed that similar symptoms never result from the application of leeches to other regions of the body, while it is to be observed that even very slight irritation of the sexual organs, as that produced by examination with the finger or speculum, or by the application of caustic, will in many very sensitive women give rise to erythema of the face, neck, breast, etc., which disappears as rapidly as it comes on.—*Würzburger Medicin. Zeitschrift*, band i. pp. 90—95.

ON THE EXCLUSION OF LIGHT IN THE TREATMENT OF ACUTE EXANTHEMATA.

By Dr. POCKELS.

While treating of acute exanthemata in relation to the nature of the epidemics which may prevail, Dr. Pockels attaches great importance to the due regulation of light. Experiences teaches us that in darkness plants become pale and weak, but under the influence of a brighter light the irritability of the nervous system is augmented, and the metamorphoses both in the vegetable and animal economy are accomplished with more rapidity, while during sleep they are diminished. In a sick-room we avoid bright, glaring colours, and take care that reflecting objects shall not remain within the field of vision, especially when the excessive irritability of the nervous system prevents sleep. These facts induced the author to try the effect of darkening the room during the treatment of the acute exanthemata, and that the more because he had already remarked their favourable course in those cases in which necessity compelled the patients to remain in dark places. He completely darkens the room, not only during the period of the symptom, but until that of desquamation has been passed through. Of course in slight forms of disease and during mild epidemics this care is superfluous; and in an aged, cachectic, or asthenic condition of the patient, the room is only so far darkened as to render the symptoms milder. The first influence of this darkening is seen in its effect on the exanthem, the development of which it arrests, all the local symptoms being moderated in severity. It, moreover, moderates the ensuing reaction, the febrile action being rendered much milder, the exhaustion of the patient prevented, and his convalescence favoured. The convalescence is further remarkable in not being attended with the same amount of secondary affections. In many cases of scarlatina no other treatment is required, and in varioloid affections disfiguration by scarring is much diminished.—*Varge's Zeitschrift*, band xiv. p. 1.

EXCERPTA MINORA.

Sedative Pills.—The following is the formula of the most efficacious of pills in the sleeplessness of hypochondriacs and hysterical persons, and indeed of all persons suffering from nervous affections:—Assafetida one drachm, sulphate of morphia three grains, into thirty pills, one or two at bed-time. From two to four of these pills daily are of great use in relieving the dry cough to which nervous women with irregular menstruation are liable.—*Moniteur*, No. 97.

Treatment of Leucorrhœa.—In leucorrhœa from chronic stasis of the uterus, without considerable textural changes and in the absence of syphilis, Dr. Pockels has for a long time past administered with great success secale cornutum and catechu, giving of each as much as will lie on the point of a knife three times a-day—the catechu being as serviceable as the more expensive tannic acid. If there is anæmia, phosphate of iron is added, and alkalis when acidity of the stomach prevails. An increased secretion of mucous is at first produced, and this may have some blood mixed with it when chronic hyperæmia is present.—*Varge's Zeitschrift*, band xiv. p. 7.

Compression in the Treatment of Varix.—Professor Botto, of Genoa, has of late treated varix with success by applying compression at two points along the course of the saphena vein—a procedure, he thinks, very preferable to puncturing or injecting the vein. At first he employed digital compression, but afterwards he substituted his present plan of making it. The patient first assumes the standing position for a long period, in order to induce as much distension of the varices as possible. Two pellets of charpie are then fixed firmly by means of two circular rollers over the saphena interna vein, the one above, and the other opposite the knee, in such a way as to comprise between them an interval of about sixteen centimetres. Some inflammatory action is at first produced, but this soon subsides, and in the course of a month the vein becomes obliterated, and reduced to the state of a hard, compact cord. The large varices between the knee and groin will have entirely disappeared; but to obtain a complete cure of those of the leg, and back of the foot, a new compression will have to be instituted at the lower third of the leg.—*Rev. Méd.* 1860, vol. i. p. 369.

Affection of the Hip-joint as a consequence of Uterine Disease.—Dr. Hoppe calls attention to the fact that in the course of uterine disease, there may be well-marked hip-joint disease set up, as indicated by pain and tenderness in the region of the joint or the trochanter, and impeded movement, owing to the contraction of the adductors and flexors. Both sides may be affected, either simultaneously or in succession. It may exist only in a trifling degree, and when it prevails to a greater extent it may go on afterwards independently of the uterine affections. In moderate cases the affection of the hip-joint disappears with that of the uterus.—*Berlin Med. Zeitung*, No. 2.

Croup without Croupal Cough.—Dr. Gottschalk relates some cases to show that while, on the one hand, a cough precisely resembling that of croup, may be present in mere laryngitis, the characteristic cough may be entirely absent in true croup attended with fatal exudation.—*Journal für Kinderkrankheiten*, band xxxiv. p. 39.

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GENERAL CORRESPONDENCE.

ANALYSIS FOR ANTIMONY.

Letter from Mr. Herapath.

[To the Editor of the Medical Times and Gazette.]

Sir,—My attention having been called to an article in the *Medical Times and Gazette* of August 25, on the subject of the Yeovil suspected poisoning case, I have to complain of its tone as being quite unfit for a discussion of such a grave nature. It much more resembles the writing of a jealous partisan than that of an impartial scientific inquirer. In commenting upon my evidence the writer has shown his incompetence for the task by stating "that a little sulphide of lead as precipitated by sulphuretted hydrogen from almost all commercial caustic potass falls of an orange colour, which I might have mistaken for sulphide of antimony." Now every chemist knows that no such coloured sulphide falls, or can cause, such a mistake; even if it were possible, the argument could not be sustained in this case, where neither caustic potass, nor lead, were present. I am always prepared to meet with such cavil as this by taking into court what I have found, leaving it to those chemists or Medical men who may be present to gainsay my evidence, or to put me to the proof of my identification of its nature; and I have retained all such proofs from the year 1827.

The writer makes me say that "I declined believing this poison to be antimony." I said no such thing. What I said was this,—that the state of the liver *might* have been from long-standing disease, but the inflammation of the stomach and intestines *in patches* exactly resembled the action of an irritant poison. The perforation of the intestine, which I did not speak of, not having seen it, could not have arisen from a fish-bone, as surmised, as it was not a fish-bone, but a slice cut by a knife from what appeared to be the process of a rib of lamb where it is attached to the vertebræ. I shall avoid now, as I did at the inquest, touching upon any physiological or Medical point connected with this case; but, notwithstanding the sneers of the writer, I retain the opinion, after nearly forty years of experience in toxicological matters, that this case fully demanded not only the past, but also future, inquiry into the circumstances attending it; and I think that the public will agree with me, when they consider the few cases of antimonial slow poisoning we have been able to investigate, and compare the perfect parallelism of the symptoms and appearances in this, with those exhibited in that recently tried at Liverpool. I am, &c.

William Herapath, Sen.

Old Park, Bristol, September 5.

[Upon Mr. Herapath's own showing, it appears that *not every* chemist knows that small quantities of lead may be precipitated by sulphuretted hydrogen of an orange colour. Of this occurrence we are nevertheless well assured both by records and experiments. In organic mixtures particularly, lead not rarely acquires peculiar properties, remaining in solution as a sulphate, which in inorganic mixtures is most insoluble, and with sulphuretted hydrogen yielding an orange deposit which only becomes reddish black by boiling and prolonged action of the sulphuretted gas. But as Mr. Herapath has not employed potassa, our conditional surmise is at once excluded. Owing to the absence of all particular information relating to the analysis of Mr. Herapath, we are obliged to relinquish that critical discussion which the incongruity of the result of the analysis with the symptoms and post-mortem appearances of the late Mrs. Peters makes so desirable in a scientific point of view. Practically it matters not one iota whether the small quantity of red stuff found by Mr. Herapath in urine which had been analysed by Mr. Garland without any result was antimony or not. It has no connexion with Mrs. Peters' illness or death; and though its appearance in court may bring a coroner's jury to an unjust verdict, it will not impose upon us, nor upon those of our readers who are inclined to give our arguments some consideration.

The alleged fish-bone found in the extravasated matters in the peritoneum, Mr. Herapath claims to be a piece of a lamb-bone. In the report of Mr. Garland's evidence we found "fish-bone," and in Mr. Thorpe's evidence the foreign body is stated to have been "part of a small fish-bone." Mr. Moore also speaks of "three pieces of what he conceived to be apple-core, and a small fish-bone." Mr. Herapath is here evidently at issue with the other witnesses. But even allowing the foreign body to have been what Mr. Herapath's claims it to be, that would not change the nature of our surmise, which is still more probable than the antimonial hypothesis.

Every feature of the case of Mrs. Peters is quite consistent with the hypothesis of natural disease and death. The only circumstance which can not be reconciled with that assumption is the analysis of the urine by Mr. Herapath, while the analysis of the same urine which Messrs. Garland and Thorpe had previously performed yielded a negative result. Let us add that Mr. Garland, after the post-mortem examination, gave a certificate, and stated the cause of death to be peritonitis. He could not then contemplate a Coroner's inquiry into the cause of the death of Mrs. Peters, and must have been satisfied of the peritonitis being natural.]

"MUCH ADO ABOUT NOTHING."

[To the Editor of the Medical Times and Gazette.]

Sir,—When Dr. Lemuel Gulliver (by the way, I forget whether Gulliver was a real M.D. or only a Licentiate; but, as there is a doubt, we will give him the benefit thereof, and call him Doctor)—when Dr. Lemuel Gulliver paid a visit to the kingdom of Lilliput, he found a fierce internecine struggle raging between the two rival factions into which the pigmy inhabitants of that thriving land are separated—the Big Endians and Little Endians—the subject in dispute being, as is well known, the proper way of eating eggs. Had the same enterprising traveller survived until the present day, and had he extended his wanderings so far as the good town of Southampton, he might possibly have added a chapter to his marvellous volume touching the two Medical Societies established in that town—a chapter that would well bear comparison with the great contest of the Big and Little Endians. For in Southampton, as in Lilliput, there is "a very pretty quarrel as it stands" between the Medical Societies. And what about? Not how to eat their eggs precisely; but as to whether they (as Societies of course — not as omnivorous, bibulous, individual bipeds) should eat or drink at all! One party insists upon taking science *pur et simple*, or at best mollified but with tea and toast; while the other, blending the feast of reason with the flow of liquids of more generous quality, indulge in supper-parties at each other's houses, on the occasion of their Society's meetings. The one party charges its rival with sacrificing science to conviviality; while the other positively refuses to see any reason why, because its accuser is virtuous, there should be "no more cakes and ale," resolving, in spite of them, that "Marry shall then—and ginger shall be hot i' the mouth." There is no accounting for tastes, of course. The well-known riddle instructs us as to the reason of a donkey preferring thistles to good turnips; but I will not be rude enough to assume a similar cause of the Southampton Doctors' liking for tea and turn out in preference to social suppers. *Chacun à son goût*, say I. But is this a matter to fall out about?

The breach, however, is widened by the uprising of the vexed question, "Who are Doctors?" Certain gentlemen holding licentiateships assume—or, perhaps, it would be more correct to say, they accept without protest a title bestowed upon them by courtesy—the title of Doctor. On this the holders of the genuine article—the men with real unmistakeable diplomas and degrees of M.D.,—ruffle their feathers like turkey-cocks at the sight of scarlet; while the Licentiates, who possibly would set but little value upon the empty title had it not been objected to, now finding it a ground of contest, flaunt the red rag only the more defiantly, as though it did their very hearts good to listen to the angry "Gobble, gobble, gobble," of their antagonists. A plague on both their houses! They will not meet each other,—these bellicose professors of the healing art. They refuse invitations

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to agreeable parties and meetings—invitations previously accepted—when they learn that certain members of the rival faction will be present. Notably was this the case on a recent occasion, when Dr. Bushnan, of Laverstock Asylum, Salisbury, invited both Societies to meet at his house, visit Stonehenge, hear a most interesting discourse on the Megalithes by Dr. Thurnam, of Devizes, and afterwards to return to Laverstock to spend the evening. Some wouldn't come because others would, and so the childish quarrel continues —"*Viresque acquirit eundo.*"

If I thought serious remonstrance would do any good, I would attempt to pour the oil of rational counsel on the troubled waters. As it is, I will content myself with quoting a humorous song upon the subject, which was sung at the meeting of the Southampton Medical Society on Tuesday evening last, at the residence of Mr. Dayman, of Milbrook, prefacing the same by expressing entire concurrence in the advice given in the concluding verse.

I am, &c.

September 6. A Man and a Brother.

Air—"*There is nae Luck about the House.*"

We've all been told when "Greek meets Greek"
What "tugs of war" there'll be;
While proverbs fearful work bespeak
"When Doctors disagree."
A dreadful story I've to tell,
A recent row about;
And what our Doctors late befell,
When somehow they fell out.
"Let dogs delight to bark and bite,
For Heav'n has made them so;
Let bears and lions growl and fight,
For 'tis their nature too."
But canine howls and ursine growls—
E'en lions' roars would be
As naught compared with what occurs
"When Doctors disagree."

Air—"*Sure such a Day.*"

For 'tis oh such a row, such a rumpus and a rioting!
Such speeches spiteful, quarrels frightful—then one hears;
The cause of this disturbance, all our Doctors' minds disquieting,
'Tis fitting I to tell should try. So lend your ears.

Air—"*Far, Far, upon the Sea.*"

Far, far, across the Tweed
There's a College, where proceed
Some Surgeons who called Doctors fain would be;
Here, when needful forms they've passed,
As Licentiates they're classed
But do not get the title of M.D.
Then when once more homeward bound
From Edinburgh renowned
With Scotch honours they proceed to make *scot* free.
Adding Doctor to their names,
A title which proclaims
The possession of diploma and M.D.'s degree.
Far, far, across the Tweed
This assumption might succeed;
But the English Doctors won't admit the plea.
They protest and they denounce,
The Licentiates they bounce,
Oh! gaily grows the fight—when Doctors disagree!

Chant—(*Ad libitum.*)

Now it happened one day, in the middle of the fray,
That Dr. Stevenson Bushnan gave an invitation—
An invitation hearty to a very numerous party
Called the South Hants Medico-Chirurgical Association.
He bade them fix a day, when a visit they would pay
To Stonehenge for some pic-nic recreation;
And afterwards to dine with him, and take a glass of wine with him,
And spend the evening in social conversation.
Invitation! Invitation! what a most acceptable invitation!
Now among those who were bidden, were the men who had been chidden
For taking titles which had no foundation.
Calling themselves M.D.'s with Licentiates' degrees,
As set forth by another Association.
Then they name the happy day, and they'll all be there they say,
When suddenly they get the information,
That among the guests expected, were the Doctors who objected
To the titles they had used—upon which they all refused
To meet the men who'd grudge their designation.
Indignation! Indignation! They refuse the proffered invitation!

Air—"*The Days when we went Gipsying.*"

But the day we thus went gipsying, a short time ago,
The day those Doctors chose for us, although they wouldn't go),
It was the brightest, sunniest day for many weeks we'd seen,
Oh, had those Doctors been with us, how happy they'd have been.
But some of us had said of them such cruel things! and so
They'd not with us go gipsying! Emphatically, no!

Air—"*There is nae Luck about the House.*"

Such fun we had, 'twould be too bad
Our absent friends to taunt!
Of how all passed, from first to last,
'Twere cruel now to vaunt!
So here I'll end, and but append
One line by way of moral,
Let all make peace, at once let cease
This Doctors' foolish quarrel.
"Let dogs delight to bark and bite,
For Heav'n has made them so;
Let bears and lions growl and fight,
For 'tis their nature too."
But, Doctors, you should never let
Fierce passions you inflame;
Your facile pens were never meant
To black each other's fame.

Chorus—Tol de rol, etc.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed the Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, September 6th:—

Hammond, Francis James, Sherborne, Dorset
Handcock, George, Cad-Buston, Leeds
Lomas, Henry Wright, Belper, Derbyshire

The following gentlemen also on the same day passed their First Examination:—

Fowler, Charles Henry, Charrington-street, Oakley-square
Harper, Joseph, Great Torrington, North Devon
Jones, William Owen, Bryntegid, Bala, North Wales
Tayler, William George, Kilmeston, Alresford, Hants

APPOINTMENTS.

Anstie.—Dr. Anstie has been appointed Assistant-Physician to Westminster Hospital.

Bennett.—At a meeting of the Committee of the Liverpool Dispensaries, held on September 6, Mr. James M. Bennett was unanimously elected Hon. Surgeon to the South Dispensary, in the room of T. D. Fletcher, Esq., resigned. Mr. Bennett had previously been one of the House-Surgeons to the Institution.

DEATHS.

Chase.—July 29, suddenly, at Brooklyn, New York, Edward Chase, formerly of Luton, Bedfordshire.

Chermside.—September 8, at Oxford, Sir Robert Alex. Chermside, M.D.

Johnson.—September 2, at Stockport, Cheshire, George Johnson, M.D. Univ. Edin., aged 50.

Maclaine.—September 8, at Cranham-cottage, Garnagad-road, Glasgow, J. D. Maclaine, Lic. Fac. Phys.

Moore.—September 6, John Moore, of Keastwick, near Kirby Lonsdale formerly of Bolton-le-Moors, aged 81.

Piercy.—September 10, at St. Thomas'-street, Portsmouth, Moses Piercey M.R.C.S. Eng., L.S.A. Lond., aged 49.

Turton.—September 3, suddenly, Randle Turton, of Ablow-house, Wolverhampton, M.R.C.S. Eng., L.S.A. Lond., aged 52.

The "Boston Journal" contains an account of a successful operation of gastrotomy, performed for the purpose of extracting a bar of iron from the stomach of a juggler, who had allowed it to slip down his œsophagus during the performance of one of his *tours de force*.

"I often think," says Sydenham, "that we forget the good rule *festina lente*; that we move more quickly than we ought to do; and that more could be left to Nature than we are at present in the habit of leaving to her. To imagine that she always wants the aid of Art is an error, and an unlearned error too. If it were so, she would have provided for the human race less than its preservation demands."

The use of hypophosphites in phthisis has been tried even in Spain. Don Marsillach has subjected twenty patients to its use; seven of these died, twelve were unable to continue taking it, and one only—a doubtful case—got well. The Don, therefore, agrees, with M. Dechambre, Dr. Quain, and others, as to the inefficacy of the remedy in phthisis.

A Timely Hint.—M. Lukomski, having forwarded to the Société de Chirurgie, a "Memoir on the Treatment of Syphilis by Successive Vaccinations," M. Guérin was requested to report upon it. In concluding his report he proposes that the author should be called upon to cease this kind of experimentation, "which is dangerous to the patient, and may at last compromise the operator."

"Chemistry," says Miss Nightingale, "has as yet afforded little insight into the dieting of the sick. All that chemistry

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can tell us is the amount of 'carboniferous' or 'nitrogenous' elements discoverable in different dietetic articles. In the great majority of cases, the stomach of the patient is guided by other principles of selection than merely the amount of carbon or nitrogen in the diet. No doubt, in this, as in other things, Nature has very definite rules for her guidance; but these rules can only be ascertained by the most careful observation at the bedside. She there teaches that living chemistry, the chemistry of reparation, is something different from the chemistry of the laboratory."

THERE is a talk of forming an Academy of Medical Sciences in the Island of Cuba.

"THE campaign," we read in a French Journal, "undertaken for the repression of Quackery, is carried on with success. We have to register two more judgments of the Correctional Tribunal, with an indemnification for the Medical men who are plaintiffs."

THE Scientific Congress of France assembled on Sunday in the Hôtel de Ville of Cherbourg for its annual session. The number of members of the Congress now is 560.

A PERSON signing himself "Robert Maber, Surgeon, formerly of Swansea," appears to have an honourable residence in the Agapemone. As there are men in our Profession who really believe in Homœoquackery, table-turning, and Clairvoyance, we need not be surprised that one should be found with an intellect fitted for the Agapemone.

M. VELPEAU says that many plans have been proposed to obtain obliteration of arteries without ligature, but almost all of them have been abandoned; in his opinion acupressure will share the same fate. In two cases in which he tried it, inflammatory symptoms necessitated the removal of the needles. Might not M. Velpeau just as well refuse to amputate a limb, because the operation is sometimes followed by accidents of this kind?

IN this country none of the higher posts of honour which incite the members of other Professions to intellectual efforts, neither the peerage nor the legislature, are open to Medical men. Those, too, of our brethren who are most competent to speak upon the many important topics connected with the maintenance of health, whether at home or abroad in connexion with our colonies and dependencies, are not, as a rule, occupying the administrative offices for which they are peculiarly fitted; and Medical men are seldom sought out as the friends and advisers of those high in place, who could not but be advantaged by their counsel. Such a state of things must be regarded as unfavourable to the due position and prospects of Rational Medicine. "They order these things better in France," whatever we may think of our neighbours in other respects. There, Medical impostors are dealt with fairly, but summarily; and the members of our Profession, in common with scientific men, are seen to occupy high stations in the State.—*Dr. Ward's Hunterian Oration.*

JOHN HUNTER.—The Council of the Royal College of Surgeons have caused a beautiful memorial tablet to be placed over the site of the grave of Hunter, in Westminster Abbey, with the following very lame inscription:—"Beneath are deposited the remains of John Hunter. Born at Long Calderwood, Lanarkshire, N.B., on the 13th of February, 1728; died in London on the 16th of October, 1793. His remains were removed from the church of St. Martin's-in-the-Fields to this Abbey on the 28th of March, 1859. The Royal College of Surgeons of England have placed this tablet over the grave of Hunter to record their admiration of his genius as a gifted interpreter of the Divine power and wisdom at work in the laws of organic life, and their grateful veneration for his services to mankind as the founder of scientific Surgery." This inscription is deeply cut in brass, of a Gothic design inlaid in a slab of polished red granite. Mr. Weekes is intrusted with the model of the statue, which is to be of marble, and to be placed in the Hunterian Museum. Mr. South, the President of the College, still continues to receive subscriptions towards the foundation of a scholarship, after the payment for the statue, in order to perpetuate the genius of Hunter. Our Transatlantic brethren have already sent a handsome sum to Mr. South, as a first instalment towards this desirable object. It is right the subscribers to the statue should learn that no portion of their subscriptions has gone towards defraying the expenses of the above tablet, or the heavy fees consequent on the removal of the remains of Hunter from the church of St. Martin's-in-the-Fields, and their reinterment in Westminster Abbey: the whole of this expense has been paid from the funds of the Royal College of Surgeons.

BOOKS RECEIVED.

Clinical Researches on Diseases in India. By C. Morehead, M.D. Second Edition. London: 1860.

Virchow's Cellular Pathology. Translated by F. Chance, B.A., M.B. London: 1860.

The Invention of Stereoscopic Glasses for Single Pictures. By T. Wharton Jones, F.R.S. London: 1860.

The Turkish Bath. By W. J. Cummins, M.D. Edinburgh: 1860.

Why the Shoe Pinches. By H. Meyer, M.D. Edinburgh: 1860.

Mémoire sur la Siphilis. Par Dr. Crommelinck. Brussels: 1860.

On the Right Management of the Voice in Speaking and Reading. By the Rev. W. Cazalet, M.A. London: 1860.

VITAL STATISTICS OF LONDON.

Week ending Saturday September 8, 1860.

BIRTHS.

Births of Boys, 887; Girls, 860; Total, 1747.
Average of 10 corresponding weeks, 1850–59, 1571·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	508	465	968
Average of the ten years 1850–59	628·3	625·6	1253·9
Average corrected to increased population..	..	..	1142
Deaths of people above 90	1	..	1
Deaths in 15 General Hospitals	33	11	44

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	5	11	..	4	1	10
North ..	490,396	..	1	4	2	2	8	10
Central ..	393,256	1	8	4	..	2	1	11
East	485,522	1	8	8	..	12	8	19
South ..	616,635	1	11	12	..	7	6	11
Total.. ..	2,362,236	5	33	39	2	27	24	61

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30 023 in.
Mean temperature	56·0
Highest point of thermometer	69·7
Lowest point of thermometer	44·1
Mean dew-point temperature	52·7
General direction of wind	Variable.
Whole amount of rain in the week	0·01 in.

TO CORRESPONDENTS.

The proof of *Mr. Hulke's* report of Twenty-six Cases of Iridectomy had not been received at the time of going to press.

Mr. B.—It will be well to defer any remarks upon General Slade's treatment of the Guernsey Militia Surgeons, until we know the result of their Memorial to the Secretary of State.

Southampton.—It is by no means clear that Dr. Wiblin had anything to do with the re-publication of his paper.

Paterfamilias.—We could not publish such a letter with an anonymous signature. If any Lecturer or Hospital Teacher notoriously neglects his duties, the proper and only manly course is to write openly to the Dean of the School, stating the grounds of complaint, instead of attempting to remedy individual errors by means of anonymous letters in a Medical Journal.

Dr. W. Arding writes to advise the horizontal position, or that on the elbows and knees, raising the pelvis, two or three times a-day, in the treatment of the severe pains sometimes complained of in the latter months of pregnancy.

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A Surgeon and former Contributor.—So far from acting unprofessionally, we think our correspondent's conduct was perfectly straightforward and honourable, and extremely kind to his neighbour.

C. R.—The case is a very disgraceful one to the first Practitioner; but no good could arise from its publication. Unfortunately, there are still to be found among the holders of first-class diplomas gentlemen who are very ignorant of Midwifery.

Francis.—In Savoy no one is admitted to Medical studies, unless he possesses two diplomas of Bachelier ès Lettres and Bachelier ès Sciences. The total time of Medical studies is six years, two of which may be passed in a Preparatory School. Attendance is required, and each scholastic year is terminated by an examination. The law recognises only one order of Medical men since the time—fifteen years ago—when Phlebotomists were suppressed. The student must take a double diploma of Doctor in Medicine and Doctor in Surgery. There is a Preparatory School at Chambéry.

Nervo-Arterial Essence!

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the *Athenæum* I observed an advertisement announcing that "A. H." would, in consideration of a stamped envelope, communicate to any "afflicted individual," the mode by which she was relieved from all her troubles. The accompanying papers were the result of two-pence that I invested in the speculation; you can decide whether the woman is a dupe or accomplice. In the "Medical Directory" there is a "William Batchelour, 12, Finsbury-place South." Of two things one—either the advertiser is using the name of an educated and qualified Medical man, or Mr. Wm. Batchelour, a qualified man, is the real advertiser.

You will observe that the lady's answer is addressed "Madam." I had my wife's address put on my stamped envelope.

September 12, 1860.

"Madam,—In reply to your enquiries, I am thankful to add I am quite restored by Dr. Batchelour, after so many years suffering from nervousness. His medicines are different from any other doctor's,—he told me known only to himself. I have enclosed one of his papers; still you had better consult him, as he requires to know every particular.

"Excuse me saying more, having so many daily to answer upon the same enquiries. "Yours truly,

"September 5. ANN HANUM."

"For Nervous Complaints.—Nervo-Arterial Essence, discovered and prepared by Dr. William Batchelour, Member of the Royal College of Surgeons of England 1835, Member and Licentiate of the Apothecaries' Company 1834, and Doctor of Medicine of Erlangen, 12, Finsbury-place South, Finsbury-square, London.

"All disease springs from the inadequate circulation of the nervous and sanguineous fluids. Nervous power depends upon the free and proper movement of the nervous fluid in and along the nervous chords. The effect of the Nervo-arterial Essence is to replenish the sources of nervous power, and to promote a normal circulation of the blood. Cheerfulness is promoted by the Nervo-arterial Essence; and after many years' experience the Doctor can say that the elasticity and buoyancy of spirits thus induced are normal, because, upon the disuse of the Essence, there is no reaction. The immense success of the Nervo-arterial Essence demonstrates his theory, that functional disorder is best eradicated by supplying functional power. This Nervo-arterial Essence contains neither mineral or siliceous substance, nor opiates, nor anything injurious. Has been successfully prescribed for the following complaints:—Nervousness, Debility, Exhaustion, Depression of Spirits, Melancholy, Loss of Memory, Tic Doloureux, Trembling, Sleeplessness, Nervous Deafness, and Spinal Complaints.

"The following testimonials (published by distinct permission) are among the many proofs of the truth of this theory, and of the efficacy of the nervo-arterial essence in the cure of disease:—

"'Hackney, December 13, 1854.

"'My dear Doctor,—When you first attended me, I was suffering from general exhaustion, to such an extent that, after my Sunday labours in the pulpit, I continued almost prostrated for several days. I am thankful now, and I think it a duty publicly to record, that your words have been fully substantiated. By means of the Essence I have, as many of my congregation must have observed, become a renovated man.

"'I remain, dear Sir, your sincere Friend,

"'WILLIAM WOODHOUSE,

"Dr. Wm. Batchelour, Minister of the Adelphi Chapel, Hackney.
"12, Finsbury-place South, City, E.C."

[Many other testimonials follow.]

Natural Labour.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I certainly thought we had heard the last of Dr. Figg, for some years, at least. May I take the liberty—and I do so with all humility—of suggesting whether such communications do not rather degrade than benefit Medical Science? Were I to write a paper, and send it to you for insertion, in which I argued that diurnal defæcation ought to be promoted in every case by a purge; the natural excretion of urine by a diuretic; the secretion of gastric juice by a tonic; or of bile by a chologogue; and I were to found this style of argument upon the assumption that "Nature was a bankrupt," without "perfection," "wisdom," or "beauty"—were I to do this would you not suggest in a note that "the sooner our correspondent is taken care of by his friends the better"? If I am right in a surmise, in the justice of which I fully concur, then let me ask why not adhere to the valuable legal maxim "*Qui facit per alium, facit per se.*" Surely, sir, there is a screw loose somewhere, or we should never in the nineteenth century have heard such a perversion of all the rules of common sense and every principle of Medical Science as to propose the conversion of a natural labour into an unnatural one. In every case, as a rule of practice, I protest—with every feeling of indignation—against a proposition so monstrous, so inhuman and cruel; and I have no hesitation in designating this practice as a gross breach of that trust and confidence which is reposed in us by the public. I am, &c

Colchester, September 10. C. R. BREE, M.D.

[Dr. Bree is quite mistaken in the supposition that we support the opinions of any writer because we publish his Lectures, Papers, or Letters. This Journal is a medium for the free discussion of any Medical question by any legally-qualified Medical man who writes in the spirit of a gentleman and of a man of science. Full and free discussion is the very essence of a public journal, and the most opposite views upon every conceivable question may be found expressed in these columns by our correspondents without editorial sanction to either party.—ED.]

The Yeovil Case.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your number of the 25th ult. contains an article entitled "Alleged Poisoning at Yeovil," in which the conduct of those concerned in the investigation—not "prosecution"—of the case in question is severely, and, permit me to say, unfairly, criticised.

On behalf of Dr. Garland and myself I beg to protest against that version of the facts upon which your censure is grounded; and request you to suspend further comment until we also have been heard. I thank you for the opportunity offered; but the condition of its insertion—brevity—excludes from your pages the reply we feel called upon to make, and necessitates its publication elsewhere. I am, &c.

Yeovil, September 4. S. THORPE.

Fœtal Auscultation.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—When Dr. Adams commenced the controversy regarding "fœtal auscultation," he denied the possibility of hearing the sounds of the heart of a living fœtus *in utero* at any period of gestation, and now he quibbles about the number of sounds!

Dr. Druitt's proposal for settling the matter disputed by him seems to be disregarded, and Dr. Halford complains of being twice misquoted. Surely, one must be made sensible that the fœtal heart does produce audible sounds, before he proceeds to ascertain the number of them per minute. It would, therefore, be well for Dr. Adams, on a fitting opportunity, to give a "willing ear" to the instruction of the Edinburgh or Aberdeen authorities, as to the proper use of the stethoscope in detecting the sounds of the fœtal heart *in utero*; and after hearing them, it would be time enough for him, with a view to the advancement of Medical Science, to seek to determine the number of them in a given time.

I am, &c.

Crieff, September 11. A. THOM.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have to apologise for reopening the Fœtal Heart Auscultation controversy; but as Dr. Adams says (*Medical Times and Gazette*, July 21, 1860,) "in general it is impossible to hear the sounds of the adult heart through a thick cloth coat and vest," I think I have got the clue to the unravelment of the mystery, *i. e.* Having put the matter to the test, I find with the right or tutored ear, in a strong-built, large-chested farmer 24 years of age, the heart's pulsations, the real question at issue, audible not only through a thick cloth shooting-coat and vest, but even with two feather pillows, or eight folds of blanket additional; or in a spare, rather weakly Professional man, 44 years of age, the very opposite of the first, through a thick, double cloth coat, and thick cloth lined, vest, with one feather pillow additional; and in both more easily counted than even those of the fœtal heart. In a healthy lady I have counted the pulsations (sixty-nine) through stays and ordinary clothing, with thirty-six folds of table-cloth additional. I am, &c. R. H. W. HUNTER,

1st Class Staff-Surgeon, Half Pay.

Moffat, Dumfriesshire, September 8.

COMMUNICATIONS have been received from:—

Professor SIMPSON; M. CLAUDE BERNARD; Dr. ROBERT LEE; Dr. EMBLETON; Mr. HULKE; Dr. WILLIAMS; Dr. CARTER; Dr. SKINNER; Mr. SYMONDS; Dr. FIGG; Dr. BREE; Mr. FLETCHER; Mr. HUNTER; Dr. TANNAHILL; Mr. COPNEY; Mr. BALFOUR; Dr. J. WELLS; Dr. ANSTIE; Mr. BENNETT; REGISTRAR-GENERAL; Mr. DALE; REGISTRAR-GENERAL, Edinburgh; PATERFAMILIAS; Mr. BURNELL; Mr. STEDMAN; Mr. WRIGHT; Dr. GARRETT; Dr. CARTER, Bombay; and Mr. WALKER.

APPOINTMENTS FOR THE WEEK.

September 15. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

17. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

18. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

19. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

20. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

21. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

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Surgeons' Hall, Edinburgh.—Winter

SESSION, 1860-61. The INTRODUCTORY ADDRESS will be delivered by Dr. SANDERS, on MONDAY, November 6, at One p.m. The prospectus may be obtained on application to Mr. John Struthers, Secretary to the Medical and Surgical School.

London Hospital Medical College,

MILE-END. JULY 28, 1860.—The next WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st, 1860, when the INTRODUCTORY LECTURE will be delivered by Dr. BARNES, at Three p.m.

LECTURERS.

Medicine—Nicholas Parker, M.D.
Surgery—T. B. Curling, F.R.S., and George Critchett.
Descriptive and Surgical Anatomy—John Adams.
Physiology and General and Morbid Anatomy, Practical Histology—Andrew Clark, M.D.
Practical Anatomy—John Couper.
Chemistry and Practical Chemistry—Henry Letheby, M.B. Lond.
Anatomy and Pathology of the Teeth and Dental Surgery—H. J. Barrett.
Midwifery, and Diseases of Women and Children—F. H. Ramsbotham, M.D.
Forensic Medicine—F. H. Ramsbotham, M.D., & H. Letheby, M.B. Lond.
Materia Medica and General Therapeutics—Herbert Davies, M.D.
Ophthalmic Surgery—George Critchett.
Botany—Christopher Dresser, Ph.D.
Comparative Anatomy—J. Langdon and H. Down, M.D.

General Fee qualifying for the Examinations of the London University, Royal College of Surgeons, and Apothecaries' Hall, 84 Guineas, payable in two instalments of 42 Guineas each, at the commencement of the two first Winter Sessions of attendance.

Perpetual Fee to the Lectures alone, £50.

Students can make special entries to Lectures or Hospital Practice.

Further particulars and prospectuses can be had on application to Dr. Parker, Hon. Secretary, 22, Finsbury-square, E.C.; or at the College.

New Remedies by Savory and Moore.

HYPOPHOSPHITE OF QUININE,
HYPOPHOSPHITE OF IRON,
HYPOPHOSPHITE OF IRON AND QUININE,
IN SCALES, PERFECTLY SOLUBLE,
SYRUP OF HYPOPHOSPHITE OF QUININE AND IRON,

which have been employed with highly satisfactory results in debility and low vitality.

LIQUOR NASTURTII (Fluid Extract of Watercress) of great therapeutic value in the various forms of scorbutic affections.

CARBONATE of LITHIA; Hypophosphite of Lime, Soda, and Ammonia; Syrups of Phosphate of Iron, Lime, Manganese, &c.

GENUINE MEDICATED COD LIVER OILS (introduced by Messrs. Savory and Moore), are also prepared in the Laboratory, 143, New Bond-street, London.

NEW EYE DOUCHE,
INVENTED BY

Savory and Moore,

Chemists to the Queen, 143, NEW BOND-STREET; 29, CHAPEL-STREET, BELGRAVE-SQUARE; and 220, REGENT-STREET, LONDON.

"Eye Douches are eminently useful in many affections of the Eyes, but their utility has been much restricted in consequence of the defective and inconvenient kind of Instrument hitherto made for the purpose.

"The New Douche effectually provides against these drawbacks, &c."—Lancet, March 31, 1860.

TRADE B/P MARK.

Brown & Polson's Patent Corn Flour,

The Lancet states—"This is superior to anything of the kind known."

First of the kind Manufactured and Patented in the United Kingdom and France, as explained with engravings in "The Illustrated London News," of May 26th. Supplied by Brown and Polson, to Her Majesty the Queen, by order from Buckingham Palace. BROWN and POLSON, Manufacturers and Purveyors to Her Majesty: Paisley, Manchester, Dublin, and London.

Williams and Son's Pure Glycerine

SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medica Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

Charing Cross Hospital Medical

COLLEGE, WEST STRAND.—The WINTER SESSION for 1860 will commence on MONDAY, October 1st, when an INTRODUCTORY ADDRESS will be delivered by Dr. CHOWNE at Three o'clock.

WINTER SESSION, October 1st, 1860, to end of March 1861.

Anatomy—E. Canton, Esq., F.R.C.S.
Chemistry—R. V. Tuson, Esq., F.C.S.
Demonstrations and Dissections—T. W. J. Goldsbro, M.D.
Physiology and Pathology—Hyde Salter, M.D., F.R.S.
Medicine—W. D. Chowne, M.D., and W. H. Willshire, M.D.
Surgery—H. Hancock, Esq., F.R.C.S.

SUMMER SESSION, May, 1861, to end of July, 1861.

Materia Medica—J. Steggall, M.D.
Botany—J. Symes, Esq.
Comparative Anatomy—R. Barwell, Esq., F.R.C.S.
Midwifery, &c.—W. D. Chowne, M.D.
Forensic Medicine—G. Birkett, M.D., and F. Hird, Esq., F.R.C.S.
Practical Chemistry in the Laboratory—R. V. Tuson, Esq., F.C.S.

Fee to Matriculated Students for all the Lectures required by the College of Surgeons and Society of Apothecaries (including Practical Chemistry), £42 2s.

HENRY HANCOCK, Dean of the College.

HOSPITAL PRACTICE.

Consulting-Physician—Wm. Shearman, M.D.
Physicians—Dr. Golding and Dr. Chowne.
Assistant-Physicians—Dr. Willshire and Dr. Salter.
Surgeons—Mr. Hancock and Mr. Canton.
Assistant-Surgeons—Mr. Hird and Mr. Barwell.

MEDICAL PRACTICE.—Full period required, £15 15s. SURGICAL, £15 15s. Both Medical and Surgical Practice, full period, £26 5s.

JOHN ROBERTSON, Hon. Sec.

Queen's College and Hospital,

BIRMINGHAM.—INCORPORATED BY ROYAL CHARTER.—FACULTY of MEDICINE.—WINTER SESSION.—The SESSION will OPEN on the 1st of OCTOBER, and the WINTER COURSE of LECTURES will commence on TUESDAY, the 2nd.

The System of Study constitutes a complete course of Collegiate Medica and Surgical Education. The Lectures qualify for Examination for appointments in the Army and Navy, and the East India Company's service, for the Degrees of M.B. and M.D. of the University of London, and for the Diploma of the Royal College of Surgeons of London, and Edinburgh, and the Licence of the Society of Apothecaries, without any residence elsewhere.

Students of the College may be either resident or non-resident, at the option of their friends. Resident Students reside within the College walls, and are required to attend Divine Service in the College Chapel, as well as the Warneford Lectures on Christian Ethics. They are provided with Furnished Rooms and Commons, and must wear the Academical Dress in Hall and Chapel. Non-resident Students are under the general superintendence of the College authorities.

Under the present arrangement, the Professor of Mathematics (a clergyman of the Church of England) and the Medical Tutor reside in the College. It is also the Duty of the Medical Tutor to prepare the Junior Students for the Matriculation Examination of the University of London, to devote daily a certain number of hours to the Medical Students in the Dissecting Room, and to examine them from time to time upon the subjects of the Lectures.

COLLEGE EXPENSES.

The College Expenses, including Commons, Chamber Rent, and Servants' Wages, but exclusive of Lecture Fees, do not exceed £50 for the three terms. The Students Breakfast in the Hall at Seven A.M., have Refreshment at Twelve, Dine at Five P.M., have Coffee at Eight P.M. The Payments are to be made by three instalments, viz.:—£18 on the 1st of October, £18 on the 1st of January, and £14 on the 1st of May. An extra charge will be made for an additional Room. These arrangements must depend upon the entries of students.

FEES FOR THREE YEARS' COURSE.

The Composition Fee to be paid for the Course of Lectures required by the College of Surgeons and the Society of Apothecaries, and the Army and Navy and East India Boards, is Forty-five Guineas. The payment may be made at once, or, on special application, in two equal sums. The Students will have the services of the Resident Medical Tutor in the Dissecting Room, and admission to the Museum and Library without any additional fee.

SCALE OF FEES FOR ADMISSION TO THE MEDICAL, SURGICAL, AND MIDWIFERY PRACTICE OF THE QUEEN'S HOSPITAL.

Number of Beds, 150; average number of Out-patients weekly, 1100.

Three years, or the period required by the Examining Boards } Medical and Surgical, £21.

Clinical, Surgical, and Medical Lectures will be delivered by the Physicians and Surgeons weekly, which the Students are required to attend, without additional fee.

The offices of Physicians' Clerks, Surgeons' Dressers, and Midwifery Students are also open to the Students without further fee.

The total expenses of the Course of Lectures and Hospital Practice required by the Examining Bodies over a period of three years will be covered by the sum of £68 5s.

JUNIOR DEPARTMENT OF MEDICINE.

The Council, impressed with the importance of improving the preliminary education of their Students in Medicine, have established a Junior Department, in which resident and non-resident Students are prepared by Tutors of University Education for the Matriculation Examination of the University of London, and for the Classical Examinations of the Apothecaries' Hall and the Royal College of Surgeons.

Students who desire to enter this Department should at least have attained the age of fifteen.

The valuable privilege of receiving Indentures without premium is offered to non-resident and resident Students of this Department.

For further information application may be made to the Dean of the Faculty, Mr. Sands Cox, 24, Temple-row; or to Dr. Wade, Temple-row, Honorary Secretary to the Professors.

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St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, OCTOBER 1st, at Eight o'Clock, p.m., with an INTRODUCTORY ADDRESS by Dr. TYLER SMITH, after which a Conversazione will be held in the Museum.

It is a distinctive characteristic of St. Mary's Hospital that its Medical Appointments are conferred upon the Pupils without additional fee. Three Resident Medical Officers are appointed for Twelve Months, and one, the Obstetric Officer, for Six Months, all of whom board free of every expense in the Hospital. The money-value of these Five Appointments far exceeds as many Scholarships of £50 each. Four non-Resident Medical Officers are also selected from the best-qualified Students.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. James Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee. Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Clinical Medicine—Dr. Alderson, Dr. Chambers, and Dr. Sibson. Clinical Surgery—Mr. Coulson, Mr. Lane, and Mr. Ure. Medicine—Dr. Chambers and Dr. Sibson. Surgery—Mr. Coulson and Mr. Spencer Smith. Physiology and Morbid Anatomy—Dr. Markham and Mr. James Lane. Anatomy—Mr. James Lane and Mr. Gascoyen. Operations upon the Dead Body—Mr. Walton. Dissections—Mr. Gascoyen and Mr. Davy. Chemistry and Practical Chemistry—Mr. Field. Midwifery—Dr. Tyler Smith and Dr. Grailly Hewitt. Materia Medica—Dr. Sieveking. Botany—Dr. Dresser. Medical Jurisprudence—Dr. Sanderson. Ophthalmic Surgery—Mr. White Cooper. Aural Surgery—Mr. Toynbee. Dental Surgery—Mr. Sercombe. Comparative Anatomy—Dr. Grailly Hewitt. Natural Philosophy—Mr. Smalley.

The In-Patients are visited daily by the Medical Officers and the Out-Patients are also attended daily by the Physicians and Surgeons in charge of them. During the past year relief was afforded to 1549 In-Patients and to 13,727 Out-Patients. A Maternity Department is also attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers, in each session, during the last two years of their curriculum.

SCHOLARSHIP, PRIZES, ETC.—In addition to the Medical Appointments mentioned above, a Scholarship in Anatomy of the annual value of £25, is offered to the Students. Examinations for Prizes will take place at the end of each Session.

The Fee for the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, is £30 5s., which may be paid by instalments.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in Practice near the Hospital willing to receive Pupils to reside with them.

GEO. G. GASCOYEN, Dean of the School.

St. Mary's Hospital, August, 1860.

King's College, London. — Medical

DEPARTMENT.—The WINTER SESSION will commence on MONDAY, October 1, with an INTRODUCTORY LECTURE by Dr. JOHNSON, at Eight p.m.

Anatomy—Professor Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—Professor Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson.

KING'S COLLEGE HOSPITAL.

Physicians { George Budd, M.D., F.R.S. / George Johnson, M.D. / Lionel S. Beale, M.B., F.R.S. } With care of In-Patients.
Physicians { W. A. Guy, M.B., F.R.S. ..... With care of Out-Patients.
Assistant-Physicians—C. Murchison, M.D.; Conway Evans, M.D.; A. B. Duffin, M.D.; E. S. Thompson, M.B.
Physician—A. Farre, M.D. .. .. } For Diseases
Assistant-Physicians—T. H. Tanner, M.D.; A. Meadows, M.D. .. .. } of Women and Children.
Surgeons { W. Fergusson, F.R.S. / Richard Partridge, F.R.S. / William Bowman, F.R.S. } With care of In-Patients.
Surgeons { Henry Lee, F.R.C.S. ..... With care of Out-Patients.
Assistant-Surgeons—J. Wood, F.R.C.S.; J. W. Hulke, F.R.C.S.

The Hospital is visited daily. Clinical Lectures are given every week by the Physicians and by the Surgeons. The Physicians' Assistants, Clinical Clerks, the House-Surgeons, and Dressers, are selected by examination from the Students of the Hospital.

WARNEFORD SCHOLARSHIPS.—Students who enter the Medical Department of King's College in October, 1860, will have the exclusive privilege of contending for the Scholarships founded by the late Dr. Warneford, for the encouragement of the previous education of Medical Students. There will be five, of £25 each, given this year—two to be held for three years, and three for two years.

The subjects of examination are the usual branches of school education—viz. Divinity, Classics, Mathematics, Modern History, and Foreign Languages; but any subject, except Divinity, may be omitted. The classical subjects are the same as those fixed for the Matriculation Examination at the University of London in July, 1860.

For full particulars, apply to J. W. Cunningham, Esq., King's College, London, W. C. R. W. JELF, D.D., Principal.

H. Silverlock's Medical Label Ware-

HOUSE, Letter-Press, Copper-plate, and Lithographic Printing Offices, Wardrobe-terrace, Doctors'-commons, London, E.C.

H. SILVERLOCK'S stock of Labels for Dispensing purposes having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., at per book or dozen: a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d. Priced Catalogues of the above may be had, post free, on application. Printing of every Description at Moderate Prices.

Liverpool Northern Hospital.— The

WINTER SESSION will commence on MONDAY, the 1st October. Clinical Lectures will be delivered by the Physicians and Surgeons.
Physicians—Dr. Collingwood, and Dr. Waters.
Surgeons—Mr. Ellis Jones, Mr. D. Chalmers, and Mr. Millett-Davis.
Junior Surgeon—Mr. Hakes.
Fees for Hospital Practice—Perpetual, 30 guineas; one year, 12 guineas; six months, 9 guineas.
For further particulars, apply to the House-Surgeon,

Mr. WORKMAN.

Liverpool Northern Hospital, September 1, 1860.

Liverpool Royal Infirmary School of

MEDICINE.—The SESSION of 1860-61 will commence on MONDAY, October 1, when the INTRODUCTORY ADDRESS will be delivered by R. GEE, Esq., M.D.

WINTER SESSION.

Principles and Practice of Surgery—Mr. Long, and Mr. E. R. Bickersteth.
Principles and Practice of Physic—Dr. Inman.
Anatomy, Physiology, and Pathology } Mr. F. D. Fletcher and Dr. A. T. H. Waters.
Descriptive and Surgical Anatomy }
Chemistry and Pharmacy—Dr. Edwards.

SUMMER SESSION.

Midwifery and Diseases of Women—Mr. Batty.
Diseases of Children—Dr. Grimsdale.
Materia Medica and Therapeutics—Dr. Nevins.
Medical Jurisprudence—Dr. Cameron.
Toxicology—Dr. Edwards.
Botany—Dr. Collingwood.
Ophthalmic Medicine and Surgery—Dr. R. Hibbert Tayler.
Practical Chemistry—Dr. Edwards.
Pathological Anatomy—Dr. Gee.

ANNUAL EXHIBITIONS.

ROYAL INFIRMARY MEDICAL SCHOLARSHIP—value £42—consisting of a Gold Medal, value £10 10s., and Six Months' free Board and Residence, with Dressership and Clerkship in the Royal Infirmary. In case the Scholarship is gained by a Resident Pupil, Six Months' payment (£31 10s.) will be returned to him.

FOUR EXHIBITIONS—value £31 10s. each—consisting of free Board and Residence in the Royal Infirmary for Six Months', with Dressership on award of the Medical Board.

Medals and other Prizes are awarded annually in each subject at the close of the Session.

The Fee for all the Lectures (including Practical Chemistry) required by the College of Surgeons and the Apothecaries' Hall is £45, payable in advance.

Further particulars may be obtained from the Registrar, Mr. Fletcher, 13, Mornington-terrace.

St. Thomas's Medical Session.—

A GENERAL INTRODUCTORY ADDRESS will be delivered by R. D. GRAINGER, Esq., F.R.S., on MONDAY, 1st October, 1860, at Eight o'clock p.m.; the Distribution of Prizes will take place early in the Session.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as perpetual.

A rumour having been current that this Hospital will shortly be removed to another site, it is thought desirable to contradict such report.

PRIZES AND APPOINTMENTS FOR 1860-61.

Voluntary Matriculation Examinations are held early in October, and Prizes are given in each of the three following divisions:—

1st. In Mathematics, Classics, and Ancient History. The President's Prize of 20 guineas.
2nd. In Physics and Natural History. A College Prize of £20
3rd. In Modern Languages and Modern History. A College Prize of £20.

The TITE SCHOLARSHIP, founded by W. Tite, Esq., M.P., F.R.S., the proceeds of £1000 Consols, tenable for three years.

To the three most distinguished Pupils for General Proficiency in each year, the following Prizes are awarded:—

FIRST YEAR'S STUDENTS.

1st. The Treasurer's Prize of 30 guineas. 2nd. A College Prize of £20 3rd. A College Prize of £10.

SECOND YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10

The Dressers, and the Clinical Clerks, are awarded to merit, after examination.

THIRD YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

Mr. George Vaughan's Cheselden Medal. The Treasurer's Gold Medal.
Mr. Newman Smith's Prize of £5 for the best Essay on "Neuralgia."

The Two House-Surgeons, the Resident-Accoucheurs, and the Dressers, are periodically selected, and are provided with Rooms and Commons in the Hospital, free of expense.

Two Hospital Registrars, at an Annual Salary of £40 each, or one at £80.

To enter, or to obtain Prospectuses, the conditions of the Tite Scholarship, and further information, apply to Mr. Whitfield, Medical Secretary, resident at the Hospital.

Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph.D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

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St. George's Hospital Medical School.

—The WINTER SESSION will commence on MONDAY, the 1st of OCTOBER, with an INTRODUCTORY ADDRESS by Dr. PITMAN, at Two p.m.

LECTURERS.

Practice of Physic—Dr. Pitman.
Practice of Surgery—Mr. Tatum.
Descriptive and Surgical Anatomy—Mr. Pollock and Mr. Gray.
Physiology, General and Comparative Anatomy—Mr. A. Johnson.
Chymistry—Dr. H. M. Noad.

The Hospital contains 350 beds. Clinical Lectures will be delivered every week by one of the Physicians and Surgeons.

A Ward is devoted to Diseases peculiar to Women. Pupils have ample opportunity to attend Midwifery cases.

Fees for Hospital Practice and Lectures to qualify for

The College of Physicians....£81 18s.
The College of Surgeons ....£87 3s.
The Society of Apothecaries..£67 4s.
The College of Surgeons and Society of Apothecaries.. £96 12s.

Pupils who prefer to spread the payment of the fees for the College and Hall over a period of three years, may do so, by payment of £42 the first year, £42 the second year, and £12 12s. the third year. Perpetual Pupils of the Surgeons, have to pay an additional sum of 30 guineas the first year; or of the Physicians, 8 guineas. Separate Entries may be made to any one Course of Lectures, or to the Medical or Surgical Practice.

Perpetual Pupils of the Surgeons are alone eligible to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months, without additional fee. Students of this Hospital are eligible to the office of Obstetric Assistant, who resides and boards in the Hospital, with a salary of £100 a-year. The Obstetric Assistant gives instruction in Vaccination.

EXHIBITIONS AND PRIZES.

The William Brown Exhibition of £40 per annum, tenable for three years, will be open to Students entering to the Hospital as Perpetual Pupils during the Winter Session 1860.

The following Prizes will be offered at the termination of the Session, viz.—

The Thompson Silver Medal, for Clinical Reports.
Sir Charles Clarke's Prize for Good Conduct.
Sir Benjamin Brodie's Prize for Surgical Reports of Cases.
Mr. Lewis Powell's Prize for Medical Reports of Cases.

A Prize of Twenty Guineas, for general proficiency in Medical Studies, for Students who enter to the Hospital Medical School for the Session 1860.

And for the encouragement of Clinical Study—

A Prize of Twenty Guineas, for Surgeons' Pupils in their second year.
A Prize of Twenty Guineas, for Physicians' Pupils in their second year.

*** Further information may be obtained from Mr. Pollock, the Treasurer of the School; or from Mr. Hammerton, the Resident Medical Officer of the Hospital.

Westminster Hospital School of

MEDICINE.—The INTRODUCTORY ADDRESS of the Session 1860-61, will be delivered by Mr. POWER, on MONDAY, OCTOBER 1, at Eight p.m., and after the Address a CONVERSAZIONE will be held in the Board-Room.

The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 175 Beds, and affords relief to about 20,000 Out-Patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Marcet, Dr. Anstie.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr. Hillman, Mr. Power.
Surgeon-Dentist—Mr. Clendon.

LECTURES.

Descriptive and Surgical Anatomy—Mr. Holthouse.
Practical Anatomy—Mr. Heath and Mr. Gray.
Dental Surgery—Mr. Clendon.
Chemistry—Dr. Marcet, F.R.S.
Surgery—Mr. Barnard Holt and Mr. Brooke, M.A., F.R.S.
Physiology and Physiological Anatomy—Mr. Power.
Medicine—Dr. Basham.
Botany—Mr. Syme, F.L.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.
Materia Medica and Therapeutics—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Practical Chemistry—Dr. Marcet, F.R.S.
Midwifery—Dr. Frederic Bird.

Clinical Lectures.—In addition to the instruction given by all the Medical Officers during their Visits, Courses of Lectures on Clinical Medicine and Surgery, in accordance with the New Regulations of the Examining Boards, will be delivered during the Winter and Summer Terms by the Physicians and Surgeons.

Clinical Appointments.—The offices of House-Physician and House-Surgeon, are open to competition solely amongst Gentlemen who have been educated at the Hospital, and who are qualified to practise. They are appointed without the payment of any fee, and are provided with Board and Lodging in the Hospital free of expense. They hold office for one year.

Clinical Clerks and Dressers are selected from the most qualified Students, without additional fee.

The entire Course of Study (including Hospital Practice and Lectures) required by the College of Surgeons and the Society of Apothecaries, may be attended on payment of 75 guineas. Perpetual, 80 guineas.

Further information may be obtained on application to

F. J. WILSON, Secretary to the Westminster Hospital.

Grosvenor-place School of Medicine,

No. 1, GROSVENOR-PLACE (Adjoining St. George's Hospital).

The WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st.

The INTRODUCTORY LECTURE will be delivered at Three p.m. by Dr. BLOXAM.

General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Dr. Halford.
Practical Anatomy—Dr. Arlidge.
Chemistry—Dr. Thudichum.
The Principles and Practice of Medicine—Dr. Cockle and Dr. Leared.
The Principles and Practice of Surgery—Mr. Spencer Wells and Mr. William Adams.
Military Surgery—Mr. Blenkins.

The following Prizes and Honorary Certificates will be awarded at the termination of the Session:—

Gold Medal, for General Proficiency.

A Prize of Ten Guineas, to be given by T. Scott, Esq., M.R.C.P. Ed., of the Indian Army (late a Pupil of the School), for an Essay, the Subject of which is to be chosen by the Faculty and announced in October. This Prize is open for Competition to all unpassed Students of the School.

The Lecturers' Prize of Ten Guineas, for competition by Students of first year only.

Certificates of Honour, for distinguished position in the individual classes.

The Dissecting Room and Museum of Anatomy are open to the Students during daylight, where their Studies are superintended by the Lecturers on Anatomy.

Instruction in Pathological Anatomy is given by the Lecturer on Physiology.

Midwifery cases are provided for the Pupils of the Midwifery Class.

General Fee to all the Lectures required by the Universities of London and St. Andrews, the Royal College of Surgeons of England, and the Society of Apothecaries, Thirty-five Guineas.

Further information may be obtained at the Theatre, 1, Grosvenor-place; of Dr. Richardson, 12, Hinde-street, Manchester-square, W.; or at the Residences of the different Lecturers.

Anderson's University, Glasgow.—

The WINTER SESSION will COMMENCE on TUESDAY, the 6th NOVEMBER.

Anatomy and Practical Anatomy—Dr. George Buchanan.
Chemistry and Practical do.—Dr. Penny.
Surgery—Dr. Hunter.
Practice of Medicine—Dr. Anderson.
Materia Medica—Dr. Morton.
Midwifery—Dr. Paterson.
Institutes of Medicine—Dr. Watson.

IN SUMMER.

Medical Jurisprudence—Dr. Cowan.
Botany—Dr. Bell.

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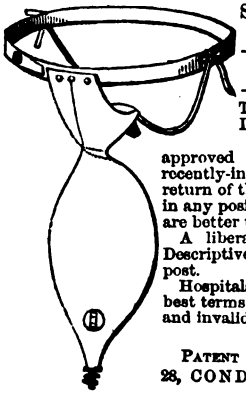

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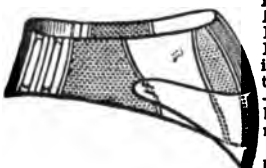

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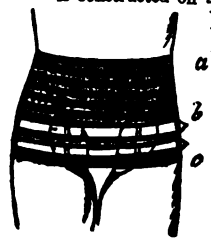

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N.B.—Inferior Instruments, pirated from the New Design, are being offered for sale as "the same as Savory and Moore's Eye Douche."

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Both tested and highly valued for their regenerating effects in extreme debility, &c.

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(Recognised Preparation.)

Exhibited at the "Obstetrical Society of London," by the President, June 1st, 1859 (*vide* the Lancet, June 11th, 1859).

"University College Hospital, Oct. 28th, 1858.

"DEAR SIR,—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by you, to *far exceed* all other preparations of the kind.

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Ergot has more recently been given in some forms of "OPHTHALMIA" with favourable success, as will be seen from the following :—

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"DEAR SIR,—Will you be so good as to deliver to the South London Ophthalmic Hospital two more bottles of your Solution of the Ergot of Rye, as, having met with some rather remarkable results from the first sample you sent me, in some cases of 'OPHTHALMIA,' I wish to give the remedy a more extensive trial. "Yours very truly,

"J. ZACHARIAH LAURENCE.

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Manufacturers of all the Preparations from British Medicinal Herbs.

Orders received at the Manufactory, 15, Crawford-street, and at 48, Baker-street, London, W.

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IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,

And authorised by the Medical Council of St. Petersburg,

Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.

Favourably noticed at the Universal Exhibition of New York, 1853, and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—Chemistry applied to Therapeutics, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works (a).

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c., and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, No. 40, Rue Bonaparte, Paris. General dépôt in England at M. Gabriel Jozeau's, French chemist, 49, Haymarket, London. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained retail from the principal Chemists.

(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine, &c. &c.

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TO THE MEDICAL PROFESSION.

To invent and construct Appliances for the Treatment of Deformities, has been but too frequently regarded in the light of a mere manipulative art, capable of being successfully pursued by any one who has gained some slight experience in the manufacture of Surgical Instruments.

This erroneous idea has tended more than anything else to diminish the importance attached to the construction of Mechanical Apparatus.

As, however, the primary arrangement of every Instrument intended to be employed for the amelioration of Deformity should unquestionably be based on sound Anatomical principles, it is obvious that he who fails to possess a knowledge of those laws which regulate the movements of the human frame, and an acquaintance with the rudiments of Anatomy, Physiology, and Surgery, is quite incapable of carrying out the requirements of the case or the views of the Surgeon.

The same argument may be advanced in relation to those Appliances which are adopted as substitutes for any portion of the body removed by Amputation.

Governed by these reflections, and fully persuaded that the Medical Profession would readily recognise any effort made to establish the construction of Anatomical Mechanism on a scientific basis, Mr. HEATHER BIGG (Anatomical Mechanist to the Queen) has, in addition to diligent study, personally visited almost every Orthopædic and Gymnastic Establishment (both public and private), at Vienna, Berlin, Paris, Dresden, Stuttgard, Frankfort, &c., and gained from thence a full insight into the plans adopted.

By this means he has been enabled to compare the relative Mechanical merits of each Apparatus, and reduce to the elements of a science the construction of Anatomical Appliances.

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GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D., Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"—

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol.* 1. *p.* 319.

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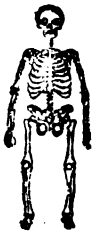

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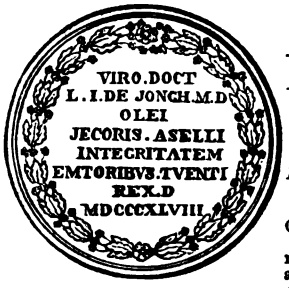

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"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of Dr. De Jongh, of the Hague.

"I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as Dr. De Jongh. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best Medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarant to be preferable to any other kind as regard genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

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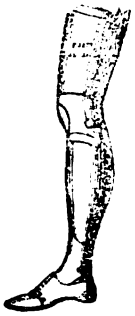

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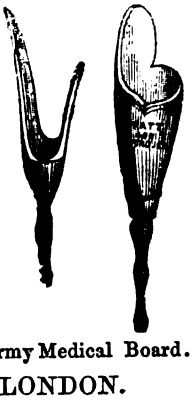

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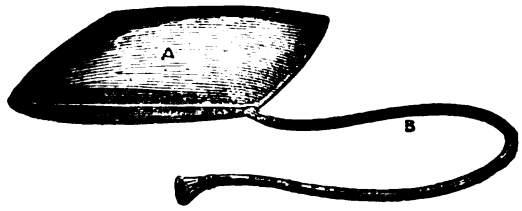

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HOOPER'S PATENT INVALID BED-LIFT.

THE OBJECT of this INVENTION is to enable the Patient to be raised in any position above the Bed, so as to allow the Medical Attendant, or Nurse, to get at any part of the body that may be requisite; and also that the Bed may be re-made, the chamber utensil used, and removed with facility.

FIG. 1.

7, PALL-MALL EAST;

FIG. 1 represents a patient on the Patent Lift Bedstead, the Lifting Apparatus not being in use.

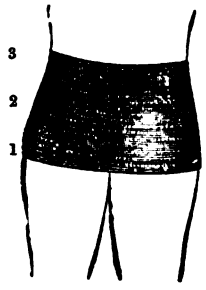
FIG. 2.

AND 55, GROSVENOR-STREET.

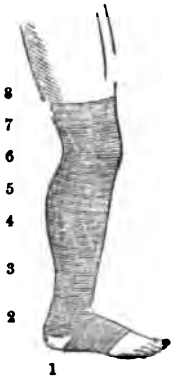
FIG. 2 represents the patient raised up from the ordinary level of the Bed by means of the Lift, so as to enable the Medical Attendant, or Nurse, to perform any of the offices before-named.

HOOPER'S SPIRAL ELASTIC SUPPORTERS.

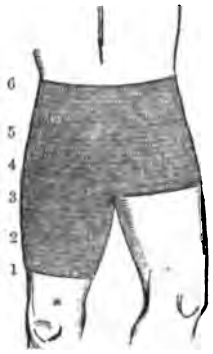
The Figures 1, 2, 3, &c. show the points at which the measures should be taken; the length should also be stated.



ABDOMINAL SUPPORTER.



STOCKING ABOVE THE KNEE.



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From J. M'GRIGOR CROFT, M.D., M.R.C.P., London, late Staff-Surgeon to H.M.F.—*November* 26, 1859.

"Sir,—After prescribing Dr. J. Collis Browne's Chlorodyne for the last three years, in severe cases of Neuralgia and Tic Douleureux, I feel that I am in a position to testify to its valuable effects. Really, in some cases, it acted as a charm when all other means had failed. Without being asked for this report, I must come forward and state my candid opinion that it is a most valuable medicine, and I have recommended several Chemists in this neighbourhood not to be without it for prescriptions."

From R. CROTHERS, M.D., Surgeon Royal Tyrone Artillery.

"For some months past I have been using Dr. J. Collis Browne's Chlorodyne, and have been much pleased with its action as a sedative and anti-spasmodic."

From G. GIBBONS, M.D., Army Medical Depôt, Calcutta.—*May* 15, 1858.

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From "THE BRITISH AMERICAN JOURNAL."

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From "THE MEDICAL TIMES."

"TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

"Sir,—In reply to an inquiry made by your correspondent, who subscribes himself 'Nota Bene,' whether any cases of benefit from 'Chlorodyne' have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate Opium, Hyoscyamus, or Belladonna, and in despair almost I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He took only two doses, which acted so well that he compared his feelings to being transported to Paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bed-time, feeling secure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.

"I am, &c.

"THOMAS A. HENDERSON, M.D., L.R.C.P.,
"Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23, 1857."

From JAS. T. O. JOHNSTON, M.D., Staff-Surgeon Major, Principal Medical Officer to the General Hospital, Parkhurst, Isle of Wight.—*September* 6, 1860.

"Sir,—I have much pleasure in bearing testimony to the valuable effects of Dr. J. Collis Browne's Chlorodyne. I have used it for the last six years, and found it most useful as a sedative and anti-spasmodic. In many cases of advanced phthisis it has been of marked service in allaying the cough, and producing tranquility without any of the unpleasant symptoms which generally follow the use of opium. I have also found it very useful in cases of *delirium tremens* and severe cases of neuralgia."

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TO CORRESPONDENTS.

We beg to return our best thanks to the Registrars and Secretaries, of the various Universities, Colleges and Schools, for their prompt replies to our Circular, and for the trouble they have taken in supplying the latest Regulations of the Institutions with which they are connected.

Our space being fully occupied by Intelligence respecting the English and Irish Universities, Colleges, etc., we are compelled to postpone the Scottish Section till next week.

In order to confine the whole of this week's number to information specially important to Students, we are compelled to defer answers to several Correspondents until next week.

Medical Times and Gazette.

SATURDAY, SEPTEMBER 22.

ADDRESS TO STUDENTS.

The position of the Medical Student in these days is not what it was a quarter of a century ago. We can find no better proof of the great changes which have been effected in the standing which he occupies before society than in a comparison of the details of the Rules and Regulations of the Examining Medical Bodies of the country, with the Examination which sufficed to gain admission into the Profession some fifty years ago.

Those of us who can remember a London Dissecting-room as one of the scenes of Student life in those other days of which we are speaking will readily admit, we fear, that there was only too much ground for the character popularly assigned to our rising members of the last and preceding generations. Study was certainly not carried on in those temporary mortuaries in the strain of Paley's Natural Theology. And if the Students were not shining lights of morality, neither can it be said that their masters and teachers were in all cases patterns of preceptorial correctness; that the language and habits of those who taught was always innocent and decent; although the tone of satirical writers was probably taken from some few exceptional examples.

Happily we may look back to this epochal phase of the Medical Student's life as to a time passed away for ever. There can be no doubt that the whole world has advanced in the general process of civilisation since the time of which we speak, and that therefore much of these better manners of the day may be ascribed to its genial influence. But still, we may be sure that no small share of this progress is to be attributed to the gradual elevation of the standard of "preliminary" education required from the Student. The practical recognition of the fact that something beyond a mere knowledge of the special objects of Medical study is necessary for the M.D., or M.R.C.S., or L.A.S., was the key to this elevation of the Student's position. And, of late years, the fact has still more and more forced itself upon the attention of the Medical Boards of the country, and a high standard of Preliminary Education is now required by the Examining Colleges and Universities. As a proof of the advantages of a "liberal education," we might, indeed, here recall to the memory of the reader the fact of the high position once held (centuries ago we are speaking of) by the English Physician in society. His writings in those days prove that his knowledge of Medicine, or rather that his mode of practising Medicine, was of a kind that would have shamed the most ignorant old wife in this present day. That he was of any service whatever as a Curer of Disease seems highly problematical; that he hurried many unfortunate souls prematurely to Hades (as Homer makes his heroes do) may be fairly conjectured, when we consider his remedies and mode of using them. But though profoundly ignorant as a veritable Doctor, he was, as a Physician, the most learned and accomplished man of his times; honoured by kings, and admired by the wit and wisdom of his day. Surely it was not his knowledge of Medicine which gave him the lordly position which we find him occupying at that day; it was his knowledge of science and literature. And we may be very sure that the same influence which the "lettered man" then possessed with the world will be still possessed by those who keep well in advance of the general knowledge of the educated men of the day.

The standard of education which may be considered as best adapted to the purposes of the present generation, we may suppose to be the education recommended by the concentrated wisdom of our United Medical Kingdom—the Medical Council. This Council has now publicly declared what it considers to be the right thing; and we may be sure that the important document issued by the Council on this head cannot fail to influence the educational programmes of our different Medical Corporations.

The Medical Council on the last occasion of their meeting passed a series of recommendations on the subject of Medical Education. Our readers will be interested in knowing what these authorities consider to be the best course of instruction for men to pass through in order to fit themselves for the responsible duties of practising Medical men, and the machinery with which they propose to work the course. Their starting recommendation is this:—

> "That all Students pass an Examination in General Education before they commence their Professional Studies."

In fact, that they should do something like taking a *Bachelier es Lettres* degree before they commence the study of the Art which is to be the peculiar business of their lives.

Then, in order to accommodate this Examination to the present condition of things educational, the Council pass a second recommendation, viz.:—

> "That, as far as may be practicable, Testimonials of proficiency granted by the National Educational Bodies, according to the following list, be accepted, with such additions as the Medical Council may from time to time think proper to make.
>
> "A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council.
>
> "Oxford Responsions or Moderations.
>
> "Cambridge Previous Examinations.
>
> "Matriculation Examination of the University of London.
>
> "Oxford Middle Class Examinations, Senior and Junior.
>
> "Cambridge Middle Class Examinations, Senior and Junior.
>
> "Durham Middle Class Senior Examination.
>
> "Dublin University Entrance Examination.

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"Matriculation Examination of the Queen's University in Ireland.

"An Examination by any other University of the United Kingdom, equivalent to the Middle Class Examinations of Oxford and Cambridge."

Keeping their eye on the future, the Council go on to recommend that the Examination in General Education be eventually left entirely to the Examining Boards of the National Educational Bodies recognised by the Medical Council. Next it was resolved:

"That those Students who cannot produce any of the Testimonials referred to in the Second Resolution, should be required to pass an Examination in Arts, established by any of the Bodies named in Schedule (A) of the Medical Act, and approved by the General Council; provided that such Examination shall be, in every case, conducted by a Special Board of Examiners in Arts."

Feeling the difficulty of laying down any specific rules on the subject, the Council then go on to adopt the fifth recommendation of the Committee, which runs as follows:—

"That without professing to lay down any complete scheme of General Education for persons intending to become Members of the Medical Profession, the Committee recommend that the scheme of Examination in Arts of the Licensing Bodies be as nearly as practicable similar to that of any one of the National Educational Bodies above specified."

The Committee then go on to recommend a scheme for the Registration of Students, in accordance with recommendations of the Committee of Education appointed by the General Council in 1859. The Council now resolve to recommend as follows:—

"That after October 1, 1861, all Medical Students be required to be Registered.

"That the Lists of Registration be closed within *fifteen days* after commencement of Session.

"That no Student beginning Professional Study after September, 1861, be Registered, who has not passed an Arts Examination," in conformity with the Resolutions just quoted.

"The Licensing Bodies, however, shall have power to admit exceptions as to the time of Registration, if satisfactory to them, and shall transmit lists of such exceptions to the Branch Council of the part of the United Kingdom in which such exemptions have been granted, with the grounds stated."

The various Educational and Licensing Bodies are to transmit to the Registrar of the General Council, Returns embodying any alterations which they may from time to time introduce into those Courses of General Study and Examinations which qualify for the Registration of Medical Students.

Then, with regard to age, 21 is the earliest at which any Professional Licence should be granted; and four years of Professional Study are required to make a Medical man, after the Examination in General Education. As to how these four years are to be worked out, the Council seem to have had much difficulty in determining; after two or three amendments, however, they arrived at the following solution of the question:—

"That the Professional Examination be divided into at least two distinct parts;—that the first be not undergone until after the termination of two years of study; and the final Examination not until after the termination of four years of study."

The first and second Examinations are, both of them, to be conducted partly in writing and partly *vivâ voce*, and practically as far as may be; and they are to be held by the several Licensing Bodies at stated periods, to be publicly notified. The General Council also proposes to establish Inspectors, to be present at the Examinations of the various Licensing Bodies.

The alterations which have been made in the New Regulations of the London University all tend in the same direction. And it will also be seen that Students who commence their studies after January 1, 1861, will have to be especially prepared, by a serious preliminary study, for encountering the authorities of Lincoln's-inn Fields.

We expected fully that the London College of Physicians would have this year forwarded us a new set of Regulations, providing for the making and licensing of that "third class of Practitioners," of which we have heard so much. Nothing has, however, yet been finally arranged in this matter. At the last moment, when the consummation of the project appeared so near at hand, and when preliminary and internal difficulties were all overcome, up starts an unforeseen stumbling-block in the shape of legal obstruction. We, therefore, cannot this year announce to the Student that there is a path open by which the General Practitioner may connect himself pleasantly with the College of Physicians. Of this, however, we may be very sure, that before the gentlemen who have this year commenced their Medical studies have arrived at the end of their curriculum, this vexed question of Colleges and Halls will receive some sort of solution. The solution we most particularly desire to see arrived at is this:—A Licensing Union of College of Pall-mall and of College of Lincoln's-inn Fields, sanctioned by Act of Parliament. This is clearly what the Practitioners of this country require.

We see one short item in the new Regulations of London University, printed in italics, which is worthy special note. It is this:—

"*The Senate desire it to be understood that Bachelors of Medicine of the University of London have no right, as such, to assume the title of Doctor of Medicine.*"

From this we may conclude that the opinion of the Authorities of the London University on this question of titles which has been of late so warmly discussed in our pages, is adverse to the assumption of the title of Doctor by those who do not possess a degree of Doctor of Medicine. However, like all other Authorities who have expressed an opinion on this subject, they have, it must be confessed, left the matter in an indefinite position. We must therefore conclude that the question of the assumption of the title of Doctor by Licentiates of Colleges of Physicians and others must be settled by the good sense of the Profession, or by the accidents of Medical ethics, or by the fancy of the public. We will only say on the subject that we do not think it is a matter which members of our Profession should seize upon as an actual *cheval de bataille*, and tilt violently at each other about.

Altogether, we feel happy to confess that Medicine and the Profession are in many ways advancing to a higher position in the world than they have heretofore held. As Medicine assumes the true and honest position now being opened before it, by the light of modern Physiology, Pathology, and Clinical Medicine, we may be sure that, with her advance, the multiplied quackeries of the day will fade away. It is certainly most true, that the majority of these crowds of illegitimates who hang about the skirts of our Profession have been engendered by the false position in which Medicine has herself been placed. There probably would never have existed such an outrage on common-sense as Homœopathy if there had not been a grievous burden previously inflicted on the intestinal organs of humanity by polypharmical subtilties. When Medicine rightly discharges her quiver of pharmaceutical weapons—when she has discovered and practically applied the true powers, and rightly-combined powers, of Nature and Art in the cure of Disease—this quackery will be a dead shadow instead of a living imposture. This modern struggle in Medicine has still to be fought out, and it is by the hands of the rising generation that the battle must be brought to an end. Neither Nature nor

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Art have yet had apportioned to them their legitimate positions as curers of disease.

We must, in conclusion, congratulate those who are now entering upon the study and profession of Medicine, that they are entering it at such a period,—at a time when such a complete revolution in practice is being worked within it. We may also congratulate them on the wider fields of ambition opened to them than were opened to men of the last generation. Our Public Bodies admit the justice of competition in the appointment of their officers, and the consequence of this is that merit may now find a sure path, where formerly only private interest or money could gain admission.

It would not be out of place if we were now to enlarge upon the dignity of the Profession chosen by those whom we here address, and point out what noble work lies before them; but this will be far better done than we can do it on Monday week, by those who open the different Schools in the Metropolis and the Provinces. We therefore conclude with a useful list of the Metropolitan Schools, the name of the Lecturer, and the hour of Address, earnestly recommending our young friends to ponder well on the advice which will then be offered to them.

SCHOOL	LECTURER	HOUR.
Guy's	Dr. Wilks	2 p.m.
St. George's	Dr. Pitman	2 ,,
London Hospital	Dr. Barnes	3 ,,
Charing Cross	Dr. Chowne	3 ,,
University College		3 ,,
Grosvenor-place	Dr. Bloxam	3 ,,
St. Bartholomew's.	Mr. Savory	8 ,,
St. Thomas's.	Mr. Grainger	8 ,,
King's College	Dr. Johnson	8 ,,
Middlesex	Dr. Coote.	8 ,,
St. Mary's	Dr. Tyler Smith	8 ,,
Westminster	Dr. Power	8 ,,

RULES AND REGULATIONS

OF

EXAMINING MEDICAL BODIES

IN

ENGLAND.

SESSION 1860—1861.

UNIVERSITY OF OXFORD.

OFFICERS, 1860.

Chancellor.—The Earl of Derby, D.C.L.

High Steward.—The Earl of Carnarvon, D.C.L.

Vice-Chancellor.—Francis Jeune, D.C.L., Master of Pembroke.

Registrar.—Edward Wetherell Rowden, D.C.L, late Fellow of New College.

PROFESSORS.

Regius Professor of Medicine.—H. W. Acland, M.D., Ch. Ch.

Sherardian Professor of Botany.—C. G. B. Daubeny, M.D., Fellow of Magdalen.

Lichfield's Professor of Clinical Medicine.—H. W. Acland, M.D.

Aldrichian's Professor of Anatomy.—Vacant.

,, ,, *Chemistry.*—C. Brodie, M.A., Balliol.

Linacre Professor.—G. Rolleston, M.D., Pembroke.

FOR DEGREES IN ARTS.

By those who have not taken any degree in Arts, Michaelmas and Hilary Terms are each kept by six weeks' residence, and Easter and Trinity Terms by three weeks each.

Twelve terms are required for the degree of Bachelor of Arts, from all except the sons and eldest sons of the eldest sons of Peers, etc.

Bachelors of Arts proceed to their M.A. degree in the twenty-seventh term (in the privileged cases twenty-third) from their Matriculation.

FOR DEGREES IN MEDICINE.

For the degree of Bachelor in Medicine, three years' or twelve terms' residence are necessary, as in the case of candidates for degrees in Arts, with whom they must undergo a public examination, after which three years further are necessary.

A B.M. enjoys the same privilege with the B.C.L. in reference to his M.A. degree.

For a Doctor's degree, three whole years after the Bachelor's are required.

FOR DEGREES IN THE SUPERIOR FACULTIES SUBSEQUENT TO THAT OF MASTER OF ARTS.

The following is the time requisite for degrees in the faculty of Medicine subsequent to that of Master of Arts, all of which date the commencement of the reckoning from the period of regency.

For the degree of Bachelor in Medicine, without proceeding through Arts, all students in that Faculty are eligible when they have completed twenty-eight terms from the day of Matriculation; and for a Doctor's three years must intervene from the time of the candidate's having taken his Bachelor's degree.

UNIVERSITY FEES.

1. At Matriculation.—For a Servitor, or Bible-Clerk, 10s. For a Nobleman, or the eldest son of a Peer, 8*l.* For Privileged persons (according to Stat. tit. vi. 5, § 1), not claiming immunity, 5*l.* For all others, 2*l.* 8s. And for non-Academicians, 1*l.*

2. At Graduation.—For the degree of B.A., S. Med., or S.C.L., 7*l.* 10s.; for B. Med., 6*l.* 10s. For the degree of M.A., 12*l.* For the degree of M.A., if he has been admitted to his B.C.L. degree before 29th September, 1855, 4*l.* 5s.; if after that time, 7*l.* For M.A., if B. Med., 7*l.* For Bachelors in Divinity, 14*l.*; in Law, 6*l.* 10s. For Doctor in any of the superior faculties, 40*l.* For Bachelor of Music, 5*l.* For Doctor in Music, 10*l.* For a degree by Decree of Convocation, or granted to any in their absence, besides the usual fees, 5*l.* For degrees by accumulation, beyond the usual fees, 5*l.* If any M.A. or Doctor, after having quitted the University, shall wish to return, he shall reside twenty-one days in any one Term, and pay a fee of 10*l.*, unless he would prefer to pay up the fees due from the time of his leaving the University. If he shall not reside, 20*l.*

3. Incorporation Fees.—B.A., 8*l.*; M.A., 15*l.*; Bachelor in any of the superior faculties, 15*l.*; Doctor in any superior faculty, 40*l.*; B. Mus., 5*l.*; D. Mus., 10*l.* For a Diploma, beyond the usual fees, 10*l.* 10s.

4. Fees *ad eundem*, 1*l.* Besides the above, every member of the University pays 1*l.* 6s. annually, in four quarterly payments, as University dues. In lieu, however, of this payment, all members having graduated, may at their option compound for all such dues on the following scale, viz.:—If he have not exceeded his 25th year, 22*l.* 15s.; 30th, 21*l.* 15s.; 35th, 20*l.* 12s. 6d.; 4th, 19*l.* 8s. 6d.; 45th, 18*l.*; 50th, 16*l.* 7s. 6d.; 55th, 14*l.* 15s.; 60th, 13*l.* 1s. 6d.; 70th, 9*l.* 6s. 6d.

5. Fees at Examination.—All Undergraduates are called upon to pay fees on entering their names for their respective Examinations: viz. for Responsions, 20s.; the First Public Examination, 21s.; the Final Examination, 21s.; for admission into any second school, 10s.; for Examination in Civil Law, 20s.; and in Medicine, 20s.

EXERCISES FOR DEGREES IN MEDICINE.

All Students (besides undergoing the same examination appointed for Bachelors of Arts) are to be examined by the Regius Professor of that Faculty and two Examiners, of the degree of Doctor in Medicine, who are appointed by the Vice-Chancellor, in the theory and practice of Medicine, in Anatomy, Physiology, and Pathology; in the Materia Medica as well as in Chemistry and Botany, so far as they illustrate the science of Medicine, and in two at least of the following ancient Medical writers—Hippocrates, Aretæus, Galen, and Celsus. For a Doctor's degree in Medicine, a dissertation upon some subject, to be approved by the Professor of Medicine, is to be publicly recited in the Schools, and a copy of it afterwards delivered to the Professor.

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EXAMINATIONS FOR DEGREES IN ARTS.

All Undergraduates must pass three public trials before they proceed to their B.A. degree, as follows:—

Responsions to be holden three times in each year [*i. e.* 5th of December; Monday after the 4th Sunday in Lent; Thursday after the First Sunday after Trinity]; and to be passed in the third to the seventh term inclusive.

Subjects.—One Latin, one Greek author, or a portion of each; the chief object being to ascertain that the principles of these two languages are well understood. Arithmetic (which will be required of all), Euclid, or Algebra.

UNIVERSITY OF CAMBRIDGE.

OFFICERS, 1860.

Chancellor.—His Royal Highness Prince Albert, LL.D. Trinity.

High Steward.—Lord Lyndhurst, LL.D., Trinity.

Vice-Chancellor.—Hon. Latimer Neville, M.A., Magdalene College.

Registrar.—Joseph Romilly, M.A., Trinity.

PROFESSORS.

Regius of Physic.—Henry J. Hayles Bond, Corpus.

Chemistry.—G. Liveing, M.A., St. John's.

Anatomy and Surgery.—G. M. Humphrey, M.D., F.R.S., Downing.

Botany.—Rev. J. S. Henslow, M.A., F.L.S., St. John's.

Downing Professor of Medicine.—W. W. Fisher, M.D., Down.

Linacre Lecturer on Physic.—G. E. Paget, M.D.

PROCEEDINGS IN PHYSIC.

Attendance at the Lectures and Hospital is recognised by the Universities of Cambridge and London, and by the College of Surgeons and the Society of Apothecaries, for one year.

The Council think it necessary to remark that as, by the provisions of the Medical Act (21 and 22 Vict. c. 90), Bachelors of Medicine will hereafter have the right of registration as qualified to practise Medicine, and it will no longer be necessary for such persons to obtain a licence to practise, it has not been thought necessary to prescribe any course of study or examinations for the licence to practise, but it is proposed to alter the course of study and examinations for the Degree of Bachelor of Medicine so as to insure in all who take it the possession of the requisite amount of knowledge.

1. The following Regulations were approved by the Senate, February 17, 1859:—

BACHELOR OF MEDICINE.

2. Time to be spent in Medical Study.—That five years of Medical study be required of Candidates for the Degree of Bachelor of Medicine, with the exception of Students who have graduated as Bachelors of Arts, in whose case four years of Medical study shall be deemed sufficient.

3. That of the time required to be spent in Medical study six terms be so spent in the University, commencing not earlier than after the expiration of the first three terms of residence, provided that four terms so spent shall suffice in the case of any B.A. who shall have taken an honour in the mathematical, classical, natural sciences, or moral sciences tripos.

4. Examinations.—That there be two Examinations for the degree of Bachelor of Medicine; and that the First Examination may be passed by the Student after the completion of three years of Medical study, of which the portion required in his case has been so spent in the University, and the second after the completion of his course of Medical study.

5. Subjects and Course of Study previous to the First Examination.—That the Student before admission to the first Examination be required to produce certificates of diligent attendance on one course at least of lectures on each of the following subjects: Chemistry, including manipulations; Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Pathology, Materia Medica and Pharmacy. And that he also produce a certificate of having practised dissection during one season at least. The certificates must show that the Lectures on Pathology were attended subsequently to those on Chemistry, and Human Anatomy, and Physiology, and the Lectures on Materia Medica and Pharmacy subsequently to those on Chemistry and Botany.

6. That, as evidence of Medical study in the University, every Student be required to produce certificates of diligent attendance in each term on courses of Lectures on some two of the following subjects, viz.:—Chemistry, Botany, Human Anatomy and Physiology, Comparative Anatomy, Materia Medica and Pharmacy, Pathology. Or of diligent attendance in each term on a course of lectures on some one of those subjects, and also on the Medical Practice of Addenbrooke's Hospital. Certificates of Lectures on any of the above subjects to be deemed satisfactory if the Lectures be delivered either by a Professor of the University, or by some graduate of the University approved by the Senate; provided that the course in each case, consist of not fewer lectures than shall have been determined on by the Board of Medical Studies.

7. Subjects of the First Examination.—That the subjects of the First Examination be Chemistry, Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Materia Medica and Pharmacy, Pathology, Celsus—the Aphorisms and Epidemics of Hippocrates—Aretæus on the Causes and Signs of Disease—portions of these authors having been selected for examination by the Board of Medical Studies in the year preceding that of the Examination.

8. Examiners for the First Examination.—That the Examiners for the First Examination be as follows:—In Chemistry, Botany, and Comparative Anatomy, the Professors of Chemistry, Botany, and Anatomy respectively, with one additional Examiner for each Professor to be appointed by grace of the Senate. In the remaining subjects of Examination, the Regius Professor of Physic, the Professor of Anatomy, a Doctor of Medicine, being a member of the Senate, nominated annually by the Board of Medical Studies, and elected by the Senate.

9. Additional Subjects of Study previous to the Second Examination.—That before admission to the Second Examination, the Student be required to produce certificates of having attended one course at least of lectures on each of the following subjects:—Clinical Medicine, Clinical Surgery, Medical Jurisprudence, Obstetrical Medicine. Subjects of the Second Examination.—That the subjects of the Second Examination be Pathology and the Practice of Physic, Clinical Medicine, Medical Jurisprudence, the Medical Treatment of Surgical and Obstetrical Diseases.

10. That the Examiners for the Second Examination be the Regius Professor of Physic, the Downing Professor of Medicine, a Doctor of Medicine, being a member of the Senate, nominated annually by the Board of Medical Studies, and elected by the Senate.

Time of the Examinations.—That the First and Second Examinations for the Degree of Bachelor of Medicine take place each twice annually, first in the week immediately succeeding that in which the division of the Michaelmas Term falls; secondly, in the week immediately succeeding that in which the division of the Easter Term falls.

Mode of Conducting the Examinations.—That the Examinations be conducted principally by written questions, to which the persons examined be required to give answers in writing.

Hospital Practice.—That the Candidate for the Degree of Bachelor of Medicine be required to produce certificates of having attended Hospital practice during three years.

11. Public Exercise in the Schools.—That the act required to be kept by the Candidate for the Degree of Bachelor of Medicine be not kept until after he has passed his Examinations for that degree.

Time of Admission to the Degree of Bachelor of Medicine.—That the Student of Medicine, whether B.A. or not, may be admitted to the degree of Bachelor of Medicine in the eleventh term after the completion of his first term of residence.

Inauguration.—1. That the inauguration of Bachelors of Medicine and perfecting of their degree in every year be on the day of the *Magna Comitia*. 2. That at the inauguration the names be arranged in order of seniority as follows:—(a) Persons who have been Bachelors of Arts, arranged alphabetically. (b) Other Bachelors designate of Medicine, arranged alphabetically.

DOCTOR IN MEDICINE.

12. Time to be spent in Medical Study.—That all persons proceeding to the Degree of Doctor of Medicine, be required

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to produce certificates of having been engaged in Medical study during five years.

13. Examinations and Hospital Practice.—That Masters of Arts, proceeding to the Degree of Doctor of Medicine, be required to produce the same certificates of attendance on lectures and of attendance on Hospital Practice, and pass the same Examinations as are required for the Degree of Bachelor of Medicine.

14. Exemptions in favour of those persons who have obtained Honours in the Natural Sciences Tripos.—That, in the case of every person who has obtained honours in the Natural Sciences Tripos, and has passed with distinction or to the satisfaction of the Examiners for that Tripos the Examination in Botany, Chemistry, or Comparative Anatomy, the Examiners, if required, shall give to such person a certificate, stating that he has passed the Examination in such subjects; and that candidates for the degree of Bachelor of Medicine, or of Doctor of Medicine, possessing such certificates, shall not be required to be examined again in those subjects to which the certificates relate.

15. Certificates.—That all certificates required for the degree of Bachelor of Medicine and for the degree of Doctor of Medicine be delivered to the Regius Professor of Physic before admission to examination for those degrees.

Deputy Examiners.—That in case any of the *ex officio* Examiners for Medical degrees be prevented by illness or other reasonable cause from taking part in such Examinations, it be competent for him to appoint a member of the Senate to examine in his stead, subject to the approbation of the Vice-Chancellor; with the proviso, that in the case of either the Regius Professor of Physic or the Downing Professor of Medicine appointing a deputy, such deputy be a Doctor of Medicine.

Appointment and Salaries of the Additional Examiners.—That the Election of the Additional Examiners for the degree of Bachelor of Medicine take place at the first Congregation after the 1st of October in each year. That each of such Examiners receive £10 annually from the University chest.

16. Medical Study out of the University.—Medical study out of the University shall in all cases be understood to mean study at some well-known School of Medicine, which has been recognised by the Board of Medical Studies. It shall be the duty of the Board to define, from time to time, what shall be sufficient evidence of such Medical study.

The following Table of Average Expense, regularly incurred by the Student, is calculated for one of the Colleges. The difference is not much at any other College:—

Annual.	£	s.	d.
Tuition	10	0	0
Rooms, Rent	10	0	0
Attendance, Assessed Taxes, etc. ..	6	5	0
Coals	3	10	0
College Payments	5	7	4
Cost of Living.			
Breakfast, Dinner, and Tea, at 16s. 6d. a-week for twenty-five weeks, making the average three terms' residence in the year	20	12	6
Laundress	5	8	0
	£61	2	10

Rent of Rooms varies in the several Colleges from £4 to £30; price of lodgings, 8s. to 28s. per week; the most frequent payment is 14s. or 16s.; and half-price is paid in vacations. Entertainment in rooms, attendance of a gyp, orders in the hall are extra or optional. Private tuition is for the most part £14 or £7 a term.

THE LONDON UNIVERSITY.

Visitor.—Her Majesty the Queen.

Chancellor.—The Right Honourable the Earl Granville, K.G., F.R.S.

Vice-Chancellor.—Sir John George Shaw Lefevre, K.C.B., D.C.L., F.R.S.

Registrar.—William Benjamin Carpenter, M.D., F.R.S.

Clerk to the Senate.—Henry Moore.

EXAMINERS.

Medicine.—Archibald Billing, M.D., A.M., F.R.S.; and Alexander Tweedie, M.D., F.R.S.

Surgery.—T. B. Curling, F.R.S.; and W. Fergusson, F.R.S.

Anatomy and Physiology.—Francis Kiernan, F.R.S.; and William Sharpey, M.D., F.R.S.

Physiology and Comparative Anatomy.—George Busk, F.R.S.; and Thomas H. Huxley, F.R.S.

Midwifery.—Edward Rigby, M.D.; and W. Tyler Smith, M.D.

Chemistry.—Alex. Wm. Williamson, Ph.D., F.R.S.; and Wm. Allen Miller, M.D., F.R.S.

Botany.—Joseph D. Hooker, M.D.; and John Lindley, Ph.D., F.R.S.

Materia Medica and Pharmacy.—Alfred Baring Garrod, M.D., F.R.S.: and George Owen Rees, M.D., F.R.S.

BACHELOR OF MEDICINE.

Candidates for the Degree of Bachelor of Medicine shall be required,—

1. To have passed the Matriculation Examination of this University, or to have taken a Degree in Arts in one of the Universities of the United Kingdom.

2. To have been engaged in their Professional studies during four years subsequently to Matriculation or Graduation in Arts, at one or more of the Medical Institutions or Schools recognised by this University; one year, at least, of the four, to have been spent in one or more of the recognised Institutions or Schools in the United Kingdom.

3. To pass the Preliminary Scientific Examination (a), and two Examinations in Medicine.

The Preliminary Scientific Examination shall take place once in each year, and shall commence on the third Monday in July.

No Candidate shall be admitted to this Examination until he shall have completed his seventeenth year, and shall have either passed the Matriculation Examination or shall have taken a Degree in Arts in one of the Universities of the United Kingdom; nor unless he have given to the Registrar fourteen days' notice of his intention to present himself.

The fee for this Examination shall be £5. No Candidate shall be admitted to the Examination unless he have previously paid this fee to the Registrar. If a Candidate fail to pass the Examination, the fee shall not be returned to him, but he shall be afterwards admissible to the Preliminary Scientific Examination without the payment of any additional fee, provided that he give notice to the Registrar at least fourteen days before the commencement of the Examination.

Candidates shall be examined in the following subjects:—Mechanical and Natural Philosophy, Chemistry, Botany, and Zoology.

Candidates shall not be approved by the Examiners unless they show a competent knowledge in all the subjects of Examination.

EXAMINATION FOR HONOURS.

Any Candidate who has passed the Preliminary Scientific Examination may be examined for Honours in (1) Chemistry and Natural Philosophy, (2) Biology. Candidates for Honours in Chemistry and Natural Philosophy shall be examined in any of the following subjects, at the option of the Examiner:—Elementary Substances and their Combinations, Electro-Chemistry, Radiant Chemical Action, Heat, Static and Dynamic Electricity, Magnetism. In determining the relative position of Candidates, the Examiners shall have regard to the proficiency in the corresponding subjects evinced by the Candidate at the Pass Examination. Candidates for Honours in Biology shall be examined in any of the following subjects, at the option of the Examiner:—Vegetable Histology, Vegetable Morphology, Vegetable Physiology (including Development), Systematic Botany (the Structural and Physiological characters of the principal Natural Orders of the Vegetable Kingdom), Zoology (the typical Structure and mode of Development, with the chief deviations from each, of every class in the Animal Kingdom). In determining the relative position of Candidates, the Examiners shall have regard to the pro-

(a) Candidates who have matriculated previously to June, 1860, will not be required to pass the Preliminary Scientific Examination in any other subjects than Chemistry and Botany; and they will be allowed to pass the Preliminary Scientific Examination and the First M.B. Examination in the same year, if they so prefer.

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ficiency in Botany and Vegetable Physiology and Zoology displayed by the Candidate at the Pass Examination. If in the opinion of the Examiners any Candidate of not more than twenty-two years of age shall possess sufficient merit, the Candidate who shall distinguish himself the most in Chemistry and Natural Philosophy, and the Candidate who shall distinguish himself the most in Biology, shall each receive an Exhibition of 40*l.* per annum for the next two years, payable in quarterly instalments; provided that on receiving each instalment he shall declare his intention of presenting himself at the First M.B. Examination within three years from the time of his having passed the Preliminary Scientific Examination.

FIRST M.B. EXAMINATION.

The first M.B. Examination shall take place once in each year, and shall commence on the last Monday in July. No Candidate shall be admitted to this Examination unless he have produced certificates to the following effect:—Of having completed his nineteenth year. Of having passed the Preliminary Scientific Examination at least one year previously. Of having, subsequently to having taken a Degree in Arts or passed the Matriculation Examination, been a Student during two years at one or more of the Medical Institutions or Schools recognised by this University; and of having attended a Course of Lectures on each of three of the subjects in the following list:—Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery, Medicine. Of having Dissected during two Winter Sessions. Of having attended a Course of Practical Chemistry; and of having attended to Practical Pharmacy, and the Preparation of Medicines. The fee for this Examination shall be 5*l.* No Candidate shall be admitted to the Examination unless he have previously paid this fee to the Registrar. If a Candidate fail to pass the Examination, the fee shall not be returned to him; but he shall be afterwards admissible to the First M.B. Examination without the payment of any additional fee, provided that he give notice to the Registrar at least fourteen days before the commencement of the Examination.

Candidates shall be examined in the following subjects:—Anatomy, Physiology, Materia Medica, and Chemistry.

Any Candidate shall be allowed, if he so prefer, to postpone his examination in Physiology from the First M.B. Examination at which he presents himself for examination in the remaining subjects, until the First M.B. Examination in the next or any subsequent year; but such candidate shall not be admitted to compete for Honours on either occasion; and he shall not be admitted as a candidate at the Second M.B. Examination until after the lapse of at least twelve months after having passed his examination in Physiology.

Such Candidates only as shall be placed in the First Division, shall be admissible to the Examination for Honours.

EXAMINATION FOR HONOURS.

Any Candidate who has been placed in the First Division at the First M.B. Examination, may be examined for Honours in any or all of the following subjects:—Anatomy, Physiology, Histology, and Comparative Anatomy, Materia Medica, and Chemistry.

The Examinations shall take place in the week following the commencement of the First M.B. Examination.

If in the opinion of the Examiners sufficient merit be evinced, the Candidate who shall distinguish himself the most in Anatomy, the Candidate who shall distinguish himself most in Physiology, Histology, and Comparative Anatomy, and the Candidate who shall distinguish himself the most in Materia Medica and Pharmacy, and in Chemistry in relation to Physiology, Pharmacy, and Toxicology, shall each receive an Exhibition of £40 per annum for the next two years, payable in quarterly instalments; provided that on receiving each instalment he shall declare his intention of presenting himself at the Second M.B. Examination within three years from the time of his having passed the First M.B. Examination.

Under the same circumstances the first and second Candidates in each of the preceding subjects shall each receive a gold medal of the value of £5.

SECOND M.B. EXAMINATION.

The Second M.B. Examination shall take place once in each year, and shall commence on the first Monday in November.

No Candidate shall be admitted to this Examination within two academical years of the time of his passing the First Examination, nor unless he have produced certificates to the following effect:—Of having passed the First M.B. Examination; of having subsequently to having passed the First M.B. Examination attended a course of lectures on each of two of the subjects comprehended in the list of lectures above given, and for which the Candidate had not presented certificates at the First M.B. Examination. Of having conducted at least twenty labours. Certificates on this subject will be received from any legally-qualified Practitioner in Medicine. Of having attended the Surgical Practice of a recognised Hospital or Hospitals during two years, with Clinical Instruction and Lectures on Clinical Surgery. Of having attended the Medical Practice of a recognised Hospital or Hospitals during two years, with Clinical Instruction and Lectures on Clinical Medicine.

N.B.—The Student's attendance on the Surgical and the Medical Hospital Practice specified in the above Regulations, may commence at any date after his passing the Preliminary Scientific Examination, and may be compromised either within the same or within different years; provided that, in every case, his attendance on Hospital Practice be continued for at least eighteen months subsequently to his passing the First M.B. Examination.

Of having, subsequently to the completion of his attendance on Surgical and Medical Hospital Practice, attended to Practical Medicine, Surgery, or Midwifery, with special charge of patients, in a Hospital, Infirmary, Dispensary, or Parochial Union, during six months. A certificate of moral character required.

These certificates shall be transmitted to the Registrar at least fourteen days before the Examination begins.

The fee for this examination shall be £5. No Candidate shall be admitted to the Examination unless he have previously paid this fee to the Registrar. If a Candidate fail to pass the Examination, the fee shall not be returned to him, but he shall be afterwards admissible to the Second M.B. Examination without the payment of any additional fee, provided that he give notice to the Registrar at least fourteen days before the commencement of the Examination.

Such Candidates only as shall be placed in the First Division, shall be admissible to the Examination for Honours.

The Senate desire it to be understood that Bachelors of Medicine of the University of London have no right, as such, to assume the title of Doctor of Medicine.

EXAMINATION FOR HONOURS.

Any Candidate who has been placed in the First Division at the Second M.B. Examination may be examined for Honours in any or all of the following subjects:—Surgery, Medicine, and Midwifery. The Examinations shall take place in the week following the commencement of the Second M.B. Examination. If, in the opinion of the Examiners, sufficient merit be evinced, the Candidate who shall distinguish himself the most in Surgery, shall receive an Exhibition of £50 per annum for the next two years, with the style of University Scholar in Surgery. Under the same circumstances, the Candidate who shall distinguish himself the most in Medicine shall receive an Exhibition of £50 per annum for the next two years, with the style of University Scholar in Medicine. Under the same circumstances, the Candidate who shall distinguish himself the most in Midwifery shall receive an Exhibition of £30 per annum for the next two years, with the style of University Scholar in Midwifery. Under the same circumstances, the First and Second Candidates in each of the preceding subjects shall each receive a Gold Medal of the value of £5.

DOCTOR OF MEDICINE.

The Examination for the Degree of Doctor of Medicine shall take place once in each year, and shall commence on the fourth Monday in November.

No Candidate shall be admitted to this Examination unless he have produced Certificates to the following effect:—Of having taken the Degree of Bachelor of Medicine in this University. Of having attended, subsequently to having

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taken the Degree of Bachelor of Medicine in this University, to Clinical or Practical Medicine during two years in a Hospital or Medical Institution recognised by this University; or to Clinical or Practical Medicine during one year in a Hospital or Medical Institution recognised by this University, and of having been engaged during three years in the practice of his Profession; or of having been engaged during five years in the Practice of his Profession, either before or after taking the Degree of Bachelor of Medicine in this University [one year of attendance on Clinical or Practical Medicine, or two years of Practice, will be dispensed with in the case of those Candidates who at the Second Examination have been placed in the First Division]; and of Moral Character. These Certificates shall be transmitted to the Registrar at least fourteen days before the Examination begins.

If in the opinion of the Examiners sufficient merit be evinced, the Candidate who shall distinguish himself the most at the Examination for the Degree of Doctor of Medicine shall receive a Gold Medal of the value of Twenty Pounds.

REGULATIONS RELATING TO PRACTITIONERS IN MEDICINE OR SURGERY DESIROUS OF OBTAINING DEGREES IN MEDICINE.

BACHELOR AND DOCTOR OF MEDICINE.—BACHELOR OF MEDICINE.

Candidates shall be admitted to the two examinations for the Degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been admitted prior to the year 1840 members of one of the legally-constituted bodies in the United Kingdom for licensing Practitioners in Medicine or Surgery; or, of having served previously to 1840 as Surgeons or Assistant-Surgeons in Her Majesty's Army, Ordnance, or Navy, or in the service of the Honourable the East India Company. 2. Of having received a part of their education at a recognised Institution or School, as required by the charter of the University. 3. Of moral character, signed by two persons of respectability. Candidates who have not taken a degree in Arts, or passed the Matriculation Examination in this University, will be required to translate a portion of Celsus *de Re Medica*.

DOCTOR OF MEDICINE.

Candidates who have been engaged during five years in the practice of their Profession shall be admitted to the examination for this degree on producing certificates to the following effect: 1. Of having been engaged during five years in the practice of their Profession. 2. Of having taken the degree of Bachelor of Medicine in the University. Candidates who have not taken a degree in Arts, or passed the Matriculation Examination in this University, will be required to translate a portion of Celsus *de Re Medica*.

UNIVERSITY OF DURHAM.

Warden.—The Venerable Charles Thorp, D.D., F.R.S.
Reader in Medicine.—Dennis Embleton, M.D., F.R.C.S.
Reader in Natural Philosophy.—R. B. Hayward, M.A.
Lecturer in Chemistry.—T. Richardson, M.A.
Registrar.—The Rev. T. Chevallier, B.D.

Students who matriculate at the University of Durham, proceed in the first place to a licence in Medicine, then to the degrees of Bachelor and Doctor of Medicine in that University. The course required for Students in Medicine occupies four years. One of those years must be spent in the University, and the other three years either in the University, or in a School of Medicine in the United Kingdom, which has been received into connexion with the University by Convocation. The Newcastle-upon-Tyne College of Medicine is thus in connexion with the University. The Medical School of King's College London, and the Senior Medical School of Queen's College, Birmingham, are also recognised for the same purpose. The year's residence at Durham is usually, but not necessarily, kept at the beginning of the course. During that year Students attend lectures similar to those given to Students in Arts in their first year: and, at the end of it, must pass an examination in the rudiments of religion, literature, and science. At the end of the course of four years, candidates for a licence in Medicine must pass a final examination in the Medical sciences. Licentiates may proceed to the degrees of Bachelor and Doctor of Medicine, by writing an essay upon an assigned Medical question, and passing an examination in the same subject; such licentiates being of the standing of twenty-one terms from the date of matriculation for the degree of Bachelor, and of thirty-three terms for the degree of Doctor in Medicine. Any Student in Arts who has passed the first examination for the degree of Bachelor of Arts may proceed as a Student in Medicine of the second year. Any student who has passed the examination for the degree of Bachelor of Arts is admissible to the final examination in Medicine without passing the former examination appointed for Students in Medicine, and without further residence in the University or in a Medical School, provided he shall have produced certificates of having attended the requisite Medical Lectures and Hospital Practice.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

President.—Dr. Thomas Mayo.
Censors.—Drs. Barlow, F. Weber, Gull, and Chambers.
Treasurer.—Dr. Alderson.
Registrar.—Dr. H. A. Pitman.
Secretary.—Mr. W. Copney.

The following Regulations were issued on the 8th of August, 1859, and are now in force.

1. Licentiates of the College who shall have been admitted Licentiates before the 1st day of October, 1859; and extra-Licentiates of the College who shall be admitted Licentiates of the College under the Bye-Laws enacted February 16th, 1859; and Graduates in Medicine who shall be admitted Licentiates of the College before the 1st day of March, 1860, under the Bye-Laws enacted February 16th, 1859, shall, from and after the 1st day of October, 1859, be styled Members of the College, provided always that they have, since their admission as Licentiates, obeyed the Bye-Laws, and do engage henceforth to obey the Bye-Laws of the College.

2. The Members of the College shall be alone eligible to the Fellowship. They shall have the use of the Library and Museum, subject to the Regulations relating thereto, and shall be admitted to all Lectures, and shall enjoy such further privileges as may from time to time be defined by the Bye-Laws; but they shall not be entitled to any share in the Government, nor to attend or vote at general meetings, of the Corporation.

3. Any person not engaged in the practice of Pharmacy, who shall have satisfied the College touching his knowledge of Medical and General Science and Literature, and who shall comply with such regulations as are or shall be required by the Bye-Laws, may be proposed to the College to receive a licence to practise Physic, as a Member of the College. The decision of the College shall be determined by ballot.

4. Every candidate for a Member's licence shall furnish proof that he has attained the age of twenty-five years.

5. Every candidate for a Member's licence shall produce a testimonial from a Fellow or Member of the College, satisfactory to the Censors' Board, to the effect that, as regards moral character and conduct, he is a fit and proper person to be admitted a member of the College.

6. Every candidate for a Member's licence (except such as shall be admissible under the provisions of Chap. XIII. Sect. 15) shall produce proof of his having been engaged, during a period of five years, in the study of Medicine, at a Medical School or Schools, recognised by the College.

7. Every Candidate for a Member's licence, who has not taken a degree in Medicine at an University in the United Kingdom (except such as shall be admissible under the provisions of Chap. XIII. Sect. 15), shall produce evidence, satisfactory to the Censors' Board, of his having studied the following subjects:—Anatomy, with Dissections, Physiology, Chemistry, with Practical Chemistry, Materia Medica, and Botany, Theory and Practice of Medicine, Morbid Anatomy, Principles of Surgery, Midwifery, and the Diseases of Women and Children, Forensic Medicine; of his having attended diligently during three years the Medical Practice, and during nine months the Surgical Practice of a Hospital containing at least 100 beds; and of his having served the office of Clinical Clerk during at least six months.

8. Every candidate for a Member's licence, who has prosecuted his studies abroad, whether in part or to the full

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extent required by the preceding regulations (except such as shall be admissible under the provisions of Chap. XIII. Sect. 15), shall, nevertheless, bring proof of his having attended during at least twelve months, the Medical Practice of a Hospital in the United Kingdom containing 100 beds.

9. If the Censors' Board should doubt the sufficiency of the certificates and testimonials produced by any Candidate, or his fitness, in any respect, for admission to examination, they may submit the case to a general meeting of the Fellows.

10. No Candidate shall be admitted to examination who uses, for the sake of gain, any remedy which he keeps secret.

11. No Candidate shall be admitted to examination who is engaged in trade, or who practises Pharmacy, or makes any engagement with a chemist, or any other person, for the supply of Medicine, from which profit is derived, or who practises Physic or Surgery in partnership, by deed or otherwise, so long as that partnership continues.

12. Every Candidate for a Member's licence (except in cases specially exempted), shall have given proof of his acquirements by written answers to questions placed before him, and shall have been examined *viva voce* at three separate meetings of the Censors' Board, and shall have been approved by the President and Censors, or by the major part of them, at each examination.

13. The examination shall be conducted as follows (a):—The candidate shall be examined in Physiology, in Pathology, and in Therapeutics, in three separate examinations, by written questions, as well as *viva voce*, before three meetings of the Censors' Board. In each of the examinations in writing, as well as at each of the *viva voce* examinations, he shall be required to translate into Latin or English, a passage from a Greek Medical work; and into English, a passage from a Latin Medical work; or he may, in lieu of translating the Greek passage, give proof of a competent knowledge of one or more of the modern European languages. At, or in connection with, the second examination before the Censors' Board, the candidate's knowledge of Practical Medicine may be tested by requiring him to examine persons labouring under disease, and to describe morbid specimens. At the commencement of the first *viva voce* examination, the Candidate shall, if required, declare, in writing, at what University or Schools he has studied general literature and science, and what honours have been conferred upon him, in regard to his knowledge of Literature, Science, or Medicine; and such declaration shall, if it seem fit, be recorded in the annals of the College.

14. When the candidate for a Member's licence has already obtained the degree of Doctor or Bachelor in Medicine at an University in the United Kingdom, after a course of study and an examination, satisfactory to the Censors' Board, he shall be exempt from all parts of the examinations hereinbefore described, except such as relate to Pathology and Therapeutics.

15. In case of any candidate who has attained the age of forty years, the rules laid down in Sections 6, 7, and 8, may be dispensed with. He shall, however, produce testimonials of moral character and conduct, and of general and professional acquirements.

16. The Censors' Board having examined and considered these testimonials, may, if they see fit, submit them to the Fellows at a General Meeting, and it shall be determined by the votes of the Fellows present, or of the majority of them, taken by ballot, if required, whether the candidate shall be admitted to such examination, as the Censors' Board may deem sufficient.

17. Any candidate not approved by the Censors' Board shall not, except by special permission of the College, be re-admitted to examination, until after the lapse of a year.

18. Every candidate approved by the Censors' Board shall be proposed, at the next general meeting of Fellows, as qualified to receive a licence to practise Physic, as a Member of the College; and if the majority of the Fellows present shall consent (the votes being taken by ballot) he shall forthwith, on complying with the regulations prescribed by the bye-laws, receive a licence to practise Physic, as a Member of the College.

19. No one shall be admitted to practise Physic as a Member of the College, unless he shall give his assent to the following words, addressed to him by the President or Vice President, in the presence of the Fellows:—"You give your faith that you will observe and obey the statutes and bye-laws of this College, and submit to such penalties as may be imposed for any neglect or infringement of them; and that you will, to the best of your ability, do all things in the practice of your Profession for the honour of the College, and the good of the public." And after he has been admitted, he shall confirm this promise by affixing his name to the same words, previously committed to writing.

20. The Fee to be paid for admission as a Member of the College shall be thirty guineas.

(a) The Examination takes place four times a-year, viz. shortly before Christmas, Easter, Midsummer, and Michaelmas.

RULES OF CONDUCT, AND PENAL BYE-LAWS RELATING TO MEMBERS.

1. Every Member of the College, in prescribing for a patient, shall write on his prescription the date thereof, the name of the patient, and the initial letters of his own name.

2. If two or more Physicians, Fellows, or Members of the College be called in consultation, they shall confer together with the utmost forbearance, and no one of them shall prescribe, or even suggest, in the presence of the patient, or the patient's attendants, any opinion as to what ought to be done, before the method of treatment has been determined by the consultation of himself and his colleagues; and the Physician first called to a patient shall, unless he decline doing so, write the prescription for the medicines agreed upon, and shall sign the initials of the Physician or Physicians called in consultation, by placing his own initials the last. If any difference of opinion should arise, the greatest moderation and forbearance shall be observed, and the fact of such difference of opinion shall be communicated to the patient or the attendants by the Physician who was first in attendance, in order that it may distress the patient and his friends as little as possible.

3. No Member of the College shall accuse a Fellow or another Member of the College of ignorance of his art; or publicly, or before witnesses not lawful judges in the matter, stigmatise him with opprobrious terms; or officiously, or under colour of a benevolent purpose, offer Medical aid to, or prescribe for any patient whom he knows to be under the care of another legally-qualified Medical Practitioner.

4. No Member of the College shall use, for the sake of gain, any remedy which he keeps secret, or follow systematically any line of practice which may bring discredit on the College, or on the Science of Medicine.

5. No Member of the College shall be engage in trade, or shall practise Pharmacy, or make any engagement with a Chemist, or any other person for the supply of Medicines, from which profit is derived, or practise Physic or Surgery in partnership, by deed or otherwise.

6. If it shall at any time hereafter appear, or be made known to the President and Censors, that any Member of the College has obtained admission to the College by fraud, false statement, or imposition, or has been guilty of any great crime, or public immorality, or has acted in any respect in a dishonourable or unprofessional manner, or has violated any bye-law, rule, or regulation of the College, the President and Censors may call the Member so offending before the Censors' Board, and having investigated the case, may admonish, or reprimand, or inflict a fine not exceeding £10, or if they deem the case of sufficient importance, may report the case to the College, and thereupon a majority of two-thirds of the Fellows present at a meeting of the Fellows, which must be specially summoned for that purpose, may declare such Member to be no longer a Member of the College, and he shall forfeit all the rights and privileges which he does or may enjoy as a Member, and his name shall be expunged from the list of Members accordingly.

ROYAL COLLEGE OF SURGEONS OF ENGLAND,

LINCOLN'S-INN-FIELDS.

President.—John Flint South.*

Vice-Presidents.—Cæsar Henry Hawkins,* and James Luke.*

The Council.—William Lawrence,* Sir Benjamin Collins Brodie, Bart., Joseph Swan, Edward Stanley,* Joseph Henry Green,* James Moncrieff Arnott,* Frederick Carpenter Skey,* Joseph Hodgson,* Thomas Wormald,* John Bishop, Gilbert

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Wakefield Mackmurdo, Francis Kiernan, William Coulson, George Gulliver, Richard Partridge, John Hilton, Richard Quain, Edward Cock, Samuel Solly, Thomas Tatum, Alexander Shaw.

Board of Examiners in Midwifery.—Dr. C. H. Hawkins, Dr. Arthur Farre, Dr. Henry Oldham, Dr. Robert Lee.

Examiners for the Fellowship in Classics, Mathematics and French.—Goldwin Smith, George Gabriel Stokes, Isidore Brasseur.

Professor of Human Anatomy and Surgery.—John Hilton.

Professor of Comparative Anatomy and Physiology.—William Scovell Savory.

Professor of Histology and Conservator of the Museum.—John Thomas Quekett.

Assistants in the Museum.—Thomas Howard Stewart and James Murie.

Librarian.—John Chatto.

Secretary.—Edmund Belfour.

Assistant-Secretary.—E. J. Trimmer.

Clerk.—Thomas Madden Stone.

* Marked thus (*) are Members of the Court of Examiners.

Preliminary General Education and Examination.—I. Candidates who shall commence their Professional Education on or after the 1st of January, 1861, will be required to produce one or other of the following Certificates:—1. Of Graduation in Arts at a recognised University. 2. Of having passed an Examination for Matriculation, or such other Examination as shall, in either case, from time to time be sanctioned by the Council of this College, at a University in the United Kingdom, or at a Colonial or foreign University recognised by the Council of this College. 3. Of having passed the Oxford, Cambridge, or Durham Middle Class Examinations, either Junior or Senior. 4. Of having passed the Preliminary Examination for the Fellowship of this College. 5. Of having passed the Previous Examination of the University of Cambridge. 6. Of having passed the Examination of the College of Preceptors (First Class). 7. Candidates who shall not be able to produce one or other of the foregoing Certificates, will be required to pass an Examination in English, Classics, and Mathematics, conducted by the Board of Examiners of the Royal College of Preceptors, under the direction and supervision of the Council of this College. 8. The Examinations will be held in London, until otherwise directed by the Council. 9. The Fee for the Examination is the same as that paid at the Oxford Junior Middle Class Examination. N.B. An Apprenticeship entered into on or after the 8th of December, 1859, will not be considered as exempting a Candidate from the necessity of passing this Preliminary Examination.

The following are the subjects of the Examination during the year 1861, viz.—Part I.—1. Reading aloud a passage from some English author. 2. Writing from dictation. 3. English Grammar. 4. Writing a short English composition; such as a description of a place, an account of some useful or natural product, or the like. 5. Arithmetic. No Candidate will be passed who does not show a competent knowledge of the first four rules, simple and compound, and of Vulgar Fractions. 6. Questions on the Geography of Europe, and particularly of the British Isles. 7. Questions on the outlines of English History, that is, the succession of the Sovereigns and the leading events of each reign. Part II.—Papers will also be set on the following eight subjects, and each Candidate will be required to offer himself for examination on one subject at least, but no Candidate will be examined on more than four:—1. Translation of a passage from the first book of Cæsar's Commentaries, "De Bello Gallico." 2. Translation of a passage from St. John's Gospel in Greek. 3. Translation of a passage from Voltaire's "History of Charles XII." 4. Translation of a passage from the first two books of Schiller's "Geschichte des dreissigjährigen Krieges." Besides these translations into English, the Candidate will be required to answer questions on the Grammar of each selected subject. 5. Mathematics. Euclid, Books I. and II. Algebra to Simple Equations inclusive. 6. Mechanics. The questions will be chiefly of an elementary character. 7. Chemistry. The questions will be on the elementary facts of Chemistry. 8. Botany and Zoology: the questions will be on the Classification of Plants and Animals. The quality of the handwriting and the spelling will be taken into account.

II. Professional Education.—Candidates will be required to produce the following Certificates, viz.:—1. Of being twenty-one years of age. 2. Of having been engaged during four years in the acquirement of professional knowledge. 3. Of having studied Practical Pharmacy during three months. 4. Of having attended Lectures on Anatomy, delivered not less frequently than four times in each week, during two Winter Sessions. 5. Of having performed Dissections during not less than two Winter Sessions. 6. Of having attended Lectures on Physiology delivered not less frequently than twice in each week, during two Winter Sessions. 7. Of having attended Lectures on Surgery during two Winter Sessions. 8. Of having attended one Course of Lectures on each of the following subjects, viz. Chemistry, Materia Medica, Medicine, and Midwifery. 9. Of Instruction and Proficiency in the practice of Vaccination. 10. Of having attended, at a recognised Hospital or Hospitals in the United Kingdom, the Practice of Surgery, and Clinical Lectures on Surgery, during three Winter (a) and two Summer (b) Sessions. 11. Of having attended, at a recognised Hospital or Hospitals in the United Kingdom, the Practice of Medicine, and Clinical Lectures on Medicine, during one Winter and one Summer Session.

III. Certificates will not be received on more than one branch of science from one and the same lecturer: but Anatomy and Dissections will be considered as one branch of science.

IV. Certificates will not be recognised from any Hospital unless the Surgeons thereto be members of one of the legally constituted Colleges of Surgeons in the United Kingdom; nor from any School of Anatomy and Physiology or Midwifery, unless the teachers in such School be members of some legally constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Surgery, unless the teachers in such School be members of one of the legally constituted Colleges of Surgeons in the United Kingdom.

V. No metropolitan Hospital will be recognised by this College which contains less than 150, and no provincial or colonial Hospital which contains less than 100 patients.

VI. The recognition of colonial Hospitals and Schools is governed by the same regulations, with respect to number of patients, to courses of lectures, and to Physicians, Surgeons, and Lecturers, as apply to the recognition of provincial Hospitals and Schools in England.

VII. Candidates who shall have attended, at recognised colonial Hospitals and Schools, the Medical and Surgical Practice and the several courses of lectures, with the Dissections, required by the foregoing regulations, will be admitted to examination upon producing certificates of such attendance, together with certificates of having attended in London, during one winter session, the Surgical Practice of a recognised Hospital, and lectures on Anatomy, Physiology, and Surgery, with Dissections.

VIII. Attendance, commenced subsequent to December 8, 1859, upon the practice of a recognised provincial or colonial Hospital unconnected with or not in convenient proximity to a recognised Medical School, will not be received for more than one winter and one summer session of the Hospital attendance required by the regulations of this College; and in such cases Clinical lectures will not be required.

IX. Certificates will not be received from Candidates who have studied in London, unless they shall have registered their tickets at the College during the last ten days of October, January, and March in each year; nor from Candidates who have studied elsewhere, unless their names shall duly appear in the Registers transmitted during such studies from their respective Schools.

X. Those Candidates who shall have pursued their studies in Scotland or Ireland will be admitted to examination upon the production of the several certificates required by the Colleges of Surgeons of Edinburgh and Ireland respectively from Candidates for their diploma.

(a) The Winter Session comprises a period of six months, and, in England, commences on the 1st of October and terminates on the 31st of March.

(b) The Summer Session comprises a period of three months, and, in England, commences on the 1st of May and terminates on the 31st of July.

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XI. Members or Licentiates of any legally constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

XII. Graduates in Medicine of any legally constituted College or University requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the Anatomical and Surgical education required by the foregoing Regulations, either at the School and Hospital of the University where they shall have graduated, or at one or more of the recognised Schools and Hospitals in the United Kingdom.

XIII. Professional Examination.—The Examination is divided into two parts. 1. The First, or Primary Examination, on Anatomy and Physiology, is practical and demonstrative on the recently dissected subject, and on prepared parts of the human body. 2. The Second, or Pass Examination, on Pathology, Surgery, and Surgical Anatomy, is partly written and partly oral; the written part is taken first. 3. The Primary Examinations (on Anatomy and Physiology) are held in the months of January, April, May, July, and November. 4. A candidate having entered his name for either the Primary or Pass Examination, and who shall fail to attend the meeting of the Court for which he shall have received a card, will not be allowed to present himself for examination within the period of three months from the date at which he shall have so failed to attend. 5. Candidates for the Primary Examination are required to signify their desire of being admitted thereto not less than one month prior to the period of examination. 6. The fee of five guineas paid by each candidate prior to his Primary Examination will be allowed in the fee on his admission as a Member.

THE SOCIETY OF APOTHECARIES,

BLACKFRIARS.

Master.—J. Hunter, Esq.

Wardens.—W. Buchanan, Esq., and C. Wheeler, Esq.

Court of Examiners.—Dr. W. P. Brodribb, Chairman; Dr. R. H. Robertson, Dr. R. Norton, Dr. R. King, Dr. T. Peregrine, Dr. G. Corfe, Dr. R. H. Semple, Dr. W. G. T. Dyer, Dr. C. Taylor, Dr. H. M. Rowdon, Dr. Stephen H. Ward, Dr. J. Randall.

Secretary to the Court of Examiners.—A. M. Randall, Esq.

Professor of Chemistry and Materia Medica.—W. T. Brande, Esq., D.C.L., F.R.S.

Examiner for the Society's Prizes in Botany.—Joseph D. Hooker, Esq., M.D., F.R.S., F.L.S.

Clerk to the Society.—R. B. Upton, Esq.

Curator of the Society's Botanic Garden.—Mr. Thomas Moore.

Beadle.—Mr. C. Rivers.

REGULATIONS, ETC.

Every candidate for a certificate of qualification to practise as an Apothecary, will be required to produce testimonials:—

1. Of having passed a preliminary Examination in Classics and Mathematics, which will be held at the Hall three times in the year commencing August, 1860, and ending July, 1861; viz. on the Third Tuesday and Wednesday in the months of November, 1860, March and July, 1861, at eleven o'clock. Medical Students cannot be admitted to this Examination before the commencement of their apprenticeship, a Certificate of which will be required, but at any period from that date, to the commencement of the Second Winter Session of their Curriculum. This Examination is *compulsory* to all gentlemen who commenced their Apprenticeship after August 1, 1858. Students wishing to attend are requested to send their names and address, to Mr. Rivers, Beadle's office, at the Hall, at the latest, one calendar month previous to the day of Examination.

2. Of having served an apprenticeship of not less than five years to a Practitioner qualified by the Act of 1815.

3. Of having attained the full age of twenty-one years.

4. Of good moral conduct. A testimonial of moral character from the gentleman to whom the Candidate has been an apprentice, will always be more satisfactory than from any other person.

5. And of having pursued a course of Medical study in conformity with the regulations of the Court. Every Candidate, whose attendance on lectures shall commence on or after the 1st of October, 1858, must attend the following lectures and Medical practice during not less than three winter and two summer sessions; each winter session to consist of not less than six months, and to commence not sooner than the 1st nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July.

First Year.—Winter Session.—Chemistry; Anatomy; Dissections. Summer Session.—Materia Medica and Therapeutics; Botany; Practical Chemistry (a).

Second Year.—Winter Session.—Anatomy; Physiology; Dissections; Principles and Practice of Medicine; Clinical Medical Practice (b). Summer Session.—Clinical Medical Practice (b); Midwifery and Diseases of Women and Children, with attendance on cases (not less than twenty) (c); Forensic Medicine and Toxicology; Lectures and Demonstrations on Morbid Anatomy.

Third Year.—Winter Session.—Clinical Lectures (d) seventy-five; Clinical Medical Practice (b); Lectures and Demonstrations on Morbid Anatomy.

The above course of study may be extended over a longer period than three winter and two summer sessions, provided the Lectures and Medical Practice are attended in the order prescribed.

Those gentlemen whose attendance on lectures commenced before the 1st of October, 1858, will be allowed to complete their studies in conformity with the previous regulations of the Court.

Registration of Testimonials.—All testimonials must be given on a printed schedule, and the blanks therein must be filled up by the lecturers themselves. Students will be supplied with schedules at the time of their first registration:—In London, at this Hall. In the Provincial towns, from the gentlemen who keep the registers of the Medical schools; and whose names may be known by application to the secretary of this Court. All students, in London, are required personally to register the several classes for which they have taken tickets; and those only will be considered as complying with the regulations of the Court, whose names and classes in the register correspond with their schedules. Tickets of admission to lectures and Medical practice must be registered in the months of October and May; but no ticket will be registered unless it be dated within seven days from the commencement of the course. Due notice of the days and hours of such registrations will be given from time to time. The Court also require Students at the Provincial Medical schools to register their names in their own handwriting, with the registrar of each respective school, within the first twenty-one days of October, and first fourteen days of May; and to register their certificates of having duly attended lectures or Medical practice within fourteen days of the completion of such attendance.

Examination.—On and after the 1st of August, 1858, the examination of candidates for a certificate of qualification to practise as Apothecaries, was divided into two parts, each conducted partly in writing and partly *vivâ voce*.

First Examination (e), which may be passed after the second Winter Session (provided the candidate has completed the nineteenth year of his age), will embrace the following subjects:—Latin, including the Pharmacopœia and Physicians' Prescriptions; Anatomy; Physiology; General and Practical Chemistry; Botany; Materia Medica.

(a) By Practical Chemistry is intended a *specific* course of Instruction in the Laboratory, with an opportunity of Personal Manipulation in the Ordinary Processes of Chemistry, and of acquiring a knowledge of the various Re-Agents for Poisons.

(b) Medical Practice must be attended during the full term of Eighteen Months; Twelve Months at an Hospital connected with a recognised Medical School, and Six Months either at a recognised Hospital or Dispensary, if more convenient.

(c) A Certificate of such Attendance will be received from a legally-qualified Practitioner.

(d) The Course of Clinical Lectures may be commenced in the Second Summer Session. The Attendance on these Lectures must be certified by one or more of the recognised Physicians of the Hospital.

(e) Every facility will be given to gentlemen who have entered upon their studies previous to the above date, to enable them to present themselves for Examination after the second Winter Session.

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Second Examination, after the third Winter Session (the five years' pupilage being completed:—Practice of Medicine and Pathology; Midwifery, including the Diseases of Women and Children; Forensic Medicine and Toxicology.

The examination of the Candidate for a certificate of qualification to act as assistant to an Apothecary, in compounding and dispensing medicines, will be as folllows:—In translating Physicians' Prescriptions, and the Pharmacopœia Londinensis; in Pharmacy and Materia Medica.

No rejected Candidate for a certificate to practise as an Apothecary can be re-examined *until the expiration of six months from his former examination;* and no rejected Candidate as an assistant *until the expiration of three months.* Sums to be paid for certificates:—For London, and within ten miles thereof, ten guineas. For all other parts of England and Wales, six guineas. Persons having paid the latter sum, become entitled to practise in London, and within ten miles thereof, by paying four guineas in addition. For an assistant's certificate, two guineas.

Testimonials required of Candidates for the First Examination:—1. Of having been duly articled to a legally qualified Apothecary, with date of indenture. 2. Of moral character. 3. Of being nineteen years of age. 4. Of having completed the curriculum of study to the close of the second Winter Session. 5. Of having passed an examination in classics and mathematics at the Hall. Candidates having entered the study of the Profession before August 1, 1858, and who have passed no classical examination, will be required to read portions of Celsus and Gregory.

Second Examination.—1. Of having passed the first examination. 2. Of moral character. 3. Of having completed five years' apprenticeship, including the period spent at the Hospital, and of being twenty-one years of age. 4. Of having completed the prescribed curriculum of Study. 5. Of having attended twenty cases of Midwifery.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

Examinations.—The Board of Examiners meet on the third Tuesday in every month, excepting May and September, for granting certificates of qualification to practise Pharmacy. Fee for Minor Examination, and registration as an Assistant, £5; for Major Examination, and registration as a Pharmaceutical Chemist, £10; or, if previously registered as an Assistant, £5.

ARMY MEDICAL DEPARTMENT.

Director-General.—Dr. Gibson, C.B., Honorary Physician to Her Majesty.

Head of Sanitary Branch.—Dr. Logan, C.B., Inspector-General of Hospitals, Honorary Physician to her Majesty.

Head of Statistical Branch.—Dr. Balfour, F.R.S., Deputy-Inspector-General.

Head of Medical Branch.—Dr. Mapleton, F.R.C.P., Deputy-Inspector-General.

Staff Surgeons.—Dr. Smith and Mr. Fitzgerald, attached to the office.

Chief Clerk.—John Wimbridge, Esq.

The name of no gentleman can be placed on the list who does not possess a diploma from the Royal College of Surgeons of England, Scotland, or Ireland, or from the Faculty of Physicians and Surgeons of Glasgow, or other coporate body legally entitled to grant a diploma in Surgery, as well as a legal qualification to practise Medicine from one of the bodies enumerated in Schedule A of the Medical Act, and who cannot produce testimonials of attendance, in accordance with the Table given at p. 294.

The Candidates must be unmarried, not beyond twenty-five years of age, nor under twenty-one years.

Before promotion from the rank of Assistant-Surgeon to any higher rank, every gentleman must be prepared to undergo the examination laid down in the regulations.

Licenses and Diplomas must be lodged at the office for examination and registry, at least one week before the candidate appears for examination; likewise certificates of moral conduct and character,—one of them by the parochial minister, if possible. Baptismal certificates are required at the same time; and if the parish register cannot be resorted to, an affidavit from one of the parents, or from some near relative who can attest the fact, will be accepted.

Note.—All communications to the Director-General, not prepaid, to be forwarded, addressed *outside* to "The Under-Secretary of State for War," with the words, "Army Medical Department," at the left-hand corner.

The following is a copy of the Warrant by which the rank, pay, and designation of Army Medical Officers are now regulated:—

Victoria R.—Whereas, we have taken into our consideration the recommendations of the Commissioners appointed by our authority to inquire into the regulations affecting the sanitary condition of our military forces, and the Medical treatment of the sick and wounded of our army; our will and pleasure is, that, from and after the date of this warrant, the following rules shall be established for the future admission, promotion and retirement, and the pay, half-pay, relative rank, and allowances of the Medical officers of our army, and that by these rules our Commander-in-Chief shall govern himself in recommending officers for admission, promotion, and retirement.

1. The grades of Medical officers in our army shall be four in number, viz.:—

(1.) Inspector-General of Hospitals. (2.) Deputy-Inspector-General of Hospitals. (3.) Staff or Regimental-Surgeon; who, after twenty years' full-pay service in any rank, shall be styled Surgeon-Major. (4.) Staff or Regimental Assistant-Surgeon.

2. No Candidate shall be admitted to the Competitive Examination for a commission in the Medical Department of our Army who does not possess such a certificate or certificates as would qualify a civilian to practise Medicine and Surgery; and no such Candidate shall receive a commission as Assistant-Surgeon until he shall have satisfactorily passed an Examination in Military Medicine, Surgery, and Hygiene, after attending the authorised course in a general Military Hospital.

3. No Assistant-Surgeon shall be eligible for promotion to the rank of Surgeon until he shall have passed such examination as our principal Secretary of State for War may require, and shall have served on full-pay with the commission of Assistant-Surgeon for five years, of which two shall have been passed in of with a regiment.

4. A Surgeon, whether on the staff or attached to Regiments, must have served ten years in the army, with a commission on full-pay, of which two must have been passed, with the rank of Surgeon, in or with a regiment, before he will be eligible for promotion to the rank of deputy Inspector-general of Hospitals.

5. A Deputy Inspector-general of Hospitals must have served five years at home, or three abroad, in that rank, before he shall be eligible for promotion to the rank of Inspector-general.

In cases, however, of emergency, or when the good of the service renders such alteration desirable, it shall be competent for our Secretary of State for War to shorten the several periods of service above mentioned, in such a manner as he shall deem fit and expedient.

6. Assistant-Surgeons shall, as a general rule, be promoted to the rank of a Surgeon in the order of their seniority in the service, unless unfit for the discharge of their duties from physical or Professional incompetence, or misconduct. In cases of distinguished service, however, an Assistant-Surgeon may be promoted without reference to seniority; and in such cases, with a view to insure the responsibility attaching to an appointment made out of the regular course of promotion, the recommendation in which the services of the officer shall be detailed, shall be published in the general orders of the army and in the *Gazette* in which his promotion appears.

7. All promotion from the rank of Surgeon to that of Deputy-Inspector, and from the rank of Deputy-Inspector to that of Inspector, shall be given by selection for ability and merit; and the grounds of such selection shall be stated to us in writing, and recorded in the office of our Commander-in-Chief, the selection being made from the whole rank of Surgeons, whether styled Surgeons or Surgeons-Major.

8. The rates of pay of the Medical officers of our Army shall be in accordance with the following Schedule:—

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Rank.	After 30 years' Service on Full-pay.	After 25 years' Service on Full-pay.	After 20 years' Service on Full-pay.	After 15 years' Service on Full-pay.	After 10 years' Service on Full-pay.	After 5 years' Service on Full-pay.	Under 5 years' Service on Full-pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-general..	2 5 0	2 5 0	2 0 0*	..	..	..	..
Deputy-Inspector-general	1 14 0	1 10 0	1 8 0*	..	..	..	..
Surgeon-Major ..	..	1 5 0	1 2 0	..	..	..	..
Surgeon	..	..	..	0 18 0	0 15 0*	..	..
Assistant-Surgeon	..	..	..	..	0 13 0	0 11 6	0 10 0

* Or on promotion, should these periods of service not be already completed.

9. In addition to the pay of their ranks, officers at the head of the Medical Department on foreign stations shall receive allowances at the undermentioned rates, when serving under the following circumstances, viz.:

If with an army in the field, of 10,000 men or upwards .. .. 20s. per day.
If with an army in the field, of 5000 men or upwards .. .. 15s. ,,
If with an army in the field, of any less number 10s. ,,
If serving in a colony where the forces consist of 1500 men or upwards .. .. .. 5s. ,,

10. After the date of this warrant every Medical officer placed on half-pay by reduction of establishment, or on the report of a Medical Board, in consequence of being incapacitated by reason of ill-health, caused by wounds, or brought on by the discharge of his duty, shall be allowed the half-pay to which his period of full-pay service may entitle him, according to the following Schedule:—

Rank.	After 30 years' Service on Full-pay.	After 25 years' Service on Full-pay.	After 20 years' Service on Full pay.	After 15 years' Service on Full-pay.	After 10 years' Service on Full-pay.	After 5 years' Service on Full-pay.	Under 5 years' Service on Full-pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-general..	1 17 6	1 13 6	1 10 0	..	..	..	..
Deputy-Inspector-general	1 5 6	1 2 6	1 1 0	..	..	..	..
Surgeon-Major ..	..	0 18 6	0 16 6	..	..	..	..
Surgeon	..	..	..	0 18 6	0 11 0	..	..
Assistant-Surgeon	..	..	..	..	0 10 0	0 8 0	0 6 0

11. With a view to maintain the efficiency of the service, all Medical officers of the rank of Surgeon-Major, Surgeon, or Assistant-Surgeon, shall be placed on the retired list when they shall have attained the age of fifty-five years, and all Inspectors-general, and Deputy Inspectors-general, when they shall have attained the age of sixty-five years.

Officers thus superannuated shall be entitled to the rates of half-pay stated in the preceding Schedule.

12. Every Medical officer who shall have served upon full-pay for twenty-five years and upwards shall have the right to retire upon half-pay, at the rate of seven-tenths of the daily pay he was in the receipt of when thus retiring, provided he shall have served three years in the rank from which he retires, or shall have served in any rank for ten years in the colonies, or five years with an army in the field. But, if he shall not have complied with any one of these conditions, he shall be entitled only to half-pay, at the rate of seven-tenths of the daily pay he was in receipt of before his last promotion.

13. Every Medical officer thus claiming to retire, must give six months' notice to the head of his department of his intention to claim this right, prior to his being allowed to retire; and no Medical officer shall have a right to give such notice after he shall be under orders to proceed to any foreign station, until he shall have served at such station for one month.

14. If a Medical officer is placed on half-pay from any other cause than those hereinbefore named, he shall only be allowed a temporary rate of half-pay (not exceeding the rates stated in Clause 10), for such period and at such rate as shall be assigned to him by our Secretary of State for War, on a consideration of the length and character of the services rendered to the public by such Medical officer.

15. On reduction of establishment, the Surgeon and Assistant-Surgeon who are junior in the ranks, shall be the first reduced, and, on restoration to full-pay, the reduced officers who are senior in their rank shall be the first restored.

16. The relative rank of the Medical officers of our army shall be as follows:—Staff or Regimental Assistant-Surgeon as a lieutenant, according to the date of his commission; and, after six years' full-pay service, as captain, according to the date of the completion of such service. Staff or Regimental Surgeon as major, according to the date of his commission; and Surgeon-major, as lieutenant-colonel, but junior of that rank. Deputy Inspector-general of Hospitals, as lieutenant-colonel, according to the date of his commission; and, after five years' full-pay service as Deputy Inspector-general, as colonel, according to the date of the completion of such service. Inspector-general of Hospitals, as Brigadier-general, according to the date of his commission, if with an army in the field, or after three years' full-pay service as Inspector-general, as a major-general, from the date of his joining such army in the field, or according to the date of the completion of such service.

17. Such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds, [except as regards the presidency of courts-martial, where our will and pleasure is, that the senior combatant officer be always President,] and shall regulate the choice of quarters, rates of lodging money, servants, forage, fuel, and light, or allowances in their stead, detention, and prize-money. But when a Medical officer is serving with a regiment or detachment, the officer commanding, though he be junior in rank to such Medical officer, is entitled to a preference in the choice of quarters.

18. Medical officers shall be entitled to all the allowances granted by our warrant of 13th July, 1857, on account of wounds and injuries received in action, as combatant officers holding the same relative ranks.

19. Their families shall in like manner be entitled to all the allowances granted by our warrant of 15th June, 1855, to the families of combatant officers holding the same relative ranks.

20. Medical officers shall be entitled to field allowances, at home and abroad, at the following rates, subject to all the conditions and restrictions laid down in our warrant of 1st July, 1848:—

DAILY RATE.

Rank.	Ordinary.	Extra-ordinary.
	s. d.	s. d.
REGIMENTAL.		
Assistant-Surgeon, under Six Years' Service ..	1 0	2 0
,, ,, above Six Years' Service ..	1 6	2 6
Surgeon	2 6	4 6
Surgeon-Major	2 6	4 6
STAFF.		
Assistant-Surgeon, under Six Years' Service ..	1 6	2 6
,, ,, above Six Years' Service ..	2 0	3 6
Surgeon	3 0	5 0
Surgeon-Major	3 0	5 0
Deputy Inspector general, under Three Years' Service..	4 6	7 6
,, ,, ,, above Three Years' Service..	6 0	10 0
Inspector-general of Hospitals	9 0	15 0

21. Surgeons or Surgeons-major of Infantry regiments shall not in future be subject to any diminution of the allowance of forage, according to the regulations in force, nor to any stoppage out of their daily pay for any ration of hay, straw, or oats supplied for the horse or horses kept by them for the public service.

22. All Staff-Surgeons of the first class and senior Surgeons of Artillery now serving, or who, being now on half-pay, shall hereafter be called upon to serve, shall rank as Surgeons-major from the date of their commissions as Staff-Surgeons of the first-class, or Senior Surgeons of Artillery, and shall receive the pay of Surgeon-major, according to the foregoing schedule of full-pay from the date of this warrant, or from the date of being called from half-pay to full-pay; and all Surgeons who have already completed twenty years'

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full-pay service, or upwards, in any rank, shall have the rank and pay of Surgeons-major from the date of this warrant.

23. Medical officers shall be held entitled to the same honours as other officers of our army of equal relative rank (a).

24. A Medical officer, retiring after a full-pay service of twenty-five years and upwards, may, if recommended for the same by the head of his department, receive a step of honorary rank, but without any consequent increase of half-pay.

25. Good service pensions shall be awarded to the most meritorious Medical officers of our army under such regulations as shall be from time to time determined by us, with the advice of our Secretary of State for War.

26. Six of the most meritorious Medical officers of the Army shall be named My Honorary Physicians, and six My Honorary Surgeons.

Given at Our Court of St. James's, this first day of October, 1858, in the twenty-second year of our reign.

NAVY MEDICAL DEPARTMENT.

Director-General of the Medical Department of the Royal Navy.—Sir John Liddell, Kt., M.D., C.B., F.R.S.

REGULATIONS FOR CANDIDATES FOR THE OFFICE OF ASSISTANT-SURGEON IN THE ROYAL NAVY.

Admiralty, March 1, 1859.

The Right Honourable the Lords Commissioners of the Admiralty are pleased to direct that the following Regulations, relative to the Examination of Candidates for the Appointment of Assistant-Surgeon in the Royal Navy, shall in future be adopted:—

That a Candidate for entry into the Royal Navy shall make a written application to that effect, addressed to the Secretary of the Admiralty; on the receipt of which application he will be furnished with the Regulations, and a printed form, to be filled up by him, to show if he possesses the required qualifications.

As vacancies occur, the number of candidates required will be ordered to attend at the Admiralty Office, bringing with them the requisite certificates, showing that they are fully qualified by age, professional ability, etc., when they will be examined by a Board of Medical Officers, to be named by their Lordships.

Such candidates as shall have been found in all respects competent for the appointment of Assistant-Surgeon, will be forthwith nominated to one of the Naval Hospitals at home, to await appointments to any of Her Majesty's ships; or should their services not be immediately required, their names will be duly registered for early appointments, as vacancies may occur.

That no person be admitted as an Assistant-Surgeon in the Royal Navy, who shall not produce a certificate of being registered under the Medical Act, and a diploma from one of the Royal Colleges of Surgeons of England, Edinburgh, or Dublin, from the Faculty of Physicians and Surgeons, of Glasgow, from Trinity College, Dublin, or from other Corporate Body legally entitled to grant a Diploma in Surgery; nor as a Surgeon, unless he shall produce a certificate from one of the said Colleges, Faculty, or Corporate Body, founded on an examination to be passed subsequent to his appointment of Assistant-Surgeon, as to his fitness for the situation of Surgeon in the Navy; and in every case the person producing such diploma and certificate shall also undergo a further examination, touching his qualifications in all the necessary branches and points of Medicine and Surgery, both at the time of his entry, and after serving three years, to render himself eligible for Surgeon; and that previously to the admission of Assistant-Surgeons into the Navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess, in particular, a competent knowledge of Latin; also

That they are of good moral character; the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district.

That they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy.

That their age be not less than twenty years, or more than twenty-six years.

That they have actually attended a recognised Hospital for eighteen months subsequently to the age of eighteen, in which Hospital the average number of patients is not less than one hundred.

That they have been engaged in actual dissections of the human body twelve months; the certificate of which from the teacher, must state the number of subjects or parts dissected by the candidate.

That they have attended Lectures, etc., on the following subjects, at established schools of eminence, by Physicians or Surgeons of the recognised Colleges of Physicians and Surgeons, in the United Kingdom, for periods not less than hereunder stated; observing, however, that such Lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the Lectures on Anatomy, Surgery, and Medicine, be not attended during Winter Sessions of six months each:—Anatomy, 18 months; or General Anatomy 12 months, and Comparative Anatomy 6 months. General Surgery 12 months, or Military Surgery 6 months, and General Surgery 6 months. Theory of Medicine, 6 months, Practice of Medicine, 6 months; if the Lectures on the Theory and Practice of Medicine be given in conjunction, then the period required is 12 months. Clinical Lectures (at an Hospital as above), 12 months; on the Practice of Medicine 6 months, on the Practice of Surgery 6 months. Chemistry, 6 months; or Lectures on Chemistry 3 months, and Practical Chemistry 3 months. Materia Medica, 6 months. Midwifery, 6 months; accompanied by certificates stating the number of Midwifery cases personally attended. Botany, 3 months.

In addition to the tickets for the lectures, certificates must be produced from the Professors, etc., by whom the lectures were given, stating the periods (in months) actually attended by the candidates. The time also of actual attendance at an Hospital or Infirmary must be certified; and the tickets, as well as certificates of attendance, age, moral character, etc. must be produced by the candidate previously to his examination.

Although the above are the only qualifications which are absolutely required in candidates for the appointment of Assistant-Surgeon, a favourable consideration will be given to the cases of those who have obtained the degree of M.D. at either of the Universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, London, or Aberdeen; or who, by possessing a knowledge of the diseases of the eye, and of any branch of science connected with the Profession, such as Medical Jurisprudence, Natural History, Natural Philosophy, etc., appear to be more peculiarly eligible for admission into the service, observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the Regulations.

By the rules of the service, no Assistant-Surgeon can be promoted to the rank of Surgeon until he shall have served five years (two years of which must be in a ship actually employed at sea), and can produce a certificate from one of the before-mentioned Colleges, Faculty, or Corporate Body; and it is resolved, that not any certificate of examination from any of the aforesaid Institutions shall be admitted toward the qualification for Surgeon, unless the certificate shall be obtained on an examination passed after a period of not less than three years' actual service; observing, that no one can be admitted to an examination for Surgeon, unless, as hereinbefore mentioned, he can produce a certificate, together with the most satisfactory proof, that he has performed, on the dead body, under the superintendence of a professor or teacher of known eminence, all the capital operations of Surgery, and is perfectly competent to perform any operation with skill and dexterity, and thoroughly acquainted with the anatomy of the parts involved in such operation; without which qualification no one hereafter can be promoted to the higher branches of the service; and whenever Assistant-Surgeons already in the service (whose professional education may not be in accordance with the above) obtain leave to study previously to their passing for Surgeon, they will be required on their examination, to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these regulations generally.

(a) This clause does not extend to the compliments to be paid by Garrison or Regimental Guards as laid down in pages 29 and 30 of the Queen's Regulations for the Army.

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It is also to be observed, that Candidates who may be admitted into the Naval Medical Service, must serve in whatever ships, etc., they may be appointed to; and that in the event of their being unable to do so from sea-sickness, their names cannot be continued on the Navy Medical List, nor can they, of course, be allowed half-pay.

The following are the regulations as to pay, half-pay, rank, etc., of Naval Medical officers issued by the Admiralty, on the 30th of May, 1859:—

Her Majesty having been pleased, by Her Order in Council of the 13th instant, to establish the following regulations with regard to the pay, half-pay, rank, etc., of the Medical officers of the Royal Navy, My Lords hereby make known the same, for the information or all whom it may concern.

1. There shall in future be four grades of Medical officers, viz.:—1. Inspector-General of Hospitals and Fleets. 2. Deputy Inspector-General of Hospitals and Fleets. 3. Surgeon, who after twenty years' service on full pay, ten of which in the rank of Surgeon, shall be styled Staff-Surgeon. 4. Assistant-Surgeon.

2. No Candidate shall be admitted to the examination for a commission in the Medical Department of the Royal Navy who does not possess such a diploma as would qualify a civilian to practise Medicine and Surgery; and no such Candidate shall receive a commission as Assistant-Surgeon, until he shall have satisfactorily passed an examination in Naval Surgery and Hygiene before a Board of Examiners appointed by the Lords Commissioners of the Admiralty.

3. No Assistant-Surgeon shall be eligible for promotion to the rank of Surgeon, until he shall have passed such examination as the Lords Commissioners of the Admiralty may require; and shall have served on full-pay, with the commission of Assistant-Surgeon, for five years, of which two, at least, shall have been passed on board one or more of Her Majesty's sea-going ships.

4. No Surgeon shall be eligible for promotion to the rank of Deputy Inspector-general of Hospitals and Fleets, until he shall have served ten years in the Royal Navy, on full-pay, of which three, at least must have been passed in one of Her Majesty's ships, on some one or more foreign stations, with the rank of Surgeon.

5. No Deputy Inspector-general of Hospitals and Fleets shall be eligible for promotion to the rank of Inspector-general, until he shall have served five years at home, or three years abroad, in the rank of Deputy Inspector-general. In cases of emergency, however, or when the good of Her Majesty's Service may render such alteration desirable, it will be competent for the Lords Commissioners of the Admiralty to shorten the several periods of service above-mentioned, in such manner as they shall deem fit and expedient.

6. The rates of full-pay for the Medical officers of the Royal Navy will in future be in accordance with the following Schedule:—

Rank.	After 30 years' Service on Full-pay.	After 25 years' Service on Full-pay.	After 20 years' Service on Full-pay.	After 15 years' Service on Full-pay.	After 10 years' Service on Full-pay.	After 5 years' Service on Full-pay.	Under 5 years' Service on Full-pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-general of Hospitals and Fleets	2 5 0	2 5 0	*2 0 0	..	..	..	..
Deputy Inspector-general of Hospitals and Fleets	1 14 0	1 10 0	*1 8 0	..	..	..	..
Staff Surgeon ..	..	1 5 0	1 2 0	..	..	..	..
Surgeon	..	..	..	0 18 0	*0 15 0	..	..
Assistant-Surgeon	..	..	..	..	0 13 0	0 11 6	0 10 0

7. Every Medical officer on the active list, now on half-pay, and those who may be placed on half-pay, subsequently to the 13th instant, will be allowed the half-pay to which his period of service on full-pay shall entitle him, according to the following Schedule:—

Rank.	After 30 years' Service on Full-pay.	After 25 years' Service on Full-pay.	After 20 years' Service on Full-pay.	After 15 years' Service on Full-pay.	After 10 years' Service on Full-pay.	After 5 years' Service on Full-pay.	Under 5 years' Service on Full-pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-general of Hospitals and Fleets	1 17 6	1 13 6	*1 10 0	..	..	..	..
Deputy Inspector-general of Hospitals and Fleets	1 5 6	1 2 6	*1 1 0	..	..	..	..
Staff Surgeon ..	..	0 18 6	0 16 6	..	..	..	..
Surgeon	..	..	..	0 13 6	*0 11 0	..	..
Assistant-Surgeon	..	..	..	..	0 10 0	0 8 0	0 6 0

* Or on promotion, should these periods of Service not have been already completed.

8. With a view to maintain the efficiency of the service, all Medical officers, with the ranks of Staff-Surgeon, Surgeon, and Assistant-Surgeon, will be placed on the retired list when they shall have attained the age of 60 years. Deputy Inspectors-general, will be placed on such retired list when they shall have attained the age of 65 years, and Inspectors-general when they shall have attained the age of 70 years. Officers thus superannuated will receive the rates of half-pay mentioned in the preceding Schedule.

9. The relative ranks of the Medical officers of the Roya-Navy will be as follows:—An Assistant-Surgeon will rank al a Lieutenant in the Army, according to the date of his coms mission, and after six years' service on full-pay as a Captain in the Army, according to the date of the completion of such service. A Surgeon will rank as Major in the Army, according to the date of his commission, and a Staff-Surgeon as Lieutenant-colonel, but junior of that rank. A Deputy Inspector-general of Hospitals and Fleets will rank as Lieutenant-colonel, according to the date of his commission, and after five years' service on full-pay as Deputy Inspector-general, will rank as Colonel, according to the date of completion of such service. An Inspector-general of Hospitals and Fleets will rank as Brigadier-general, according to the date of his commission, and after three years' service on full-pay as Inspector-general will rank as Major-general, according to the date of completion of such service. Provided always, that no Medical officer, while borne on the books of one of Her Majesty's ships, or employed in establishments on shore, shall be deemed superior in rank to the officer appointed to command such ship or establishment; but such commanding officer shall, under all circumstances, be held to be superior in rank and precedence to every officer under his command.

10. When Medical officers of the Navy may be employed on shore, on joint service with Her Majesty's Land Forces, such relative rank will carry with it all precedence and advantages attaching to the rank with which it corresponds, and shall regulate the choice of quarters, rates of lodging-money, servants, forage, fuel, and light, or allowances in their stead; but Medical officers serving in the fleet, notwithstanding the relative rank thus conferred upon them, will, in all such details, and also in all matters relating to the duties of the fleet and to the discipline and interior economy of Her Majesty's ships, be subject, as heretofore, to the authority of any executive officer of the Military branch, while on duty, under the general regulations which may from time to time be prescribed by the Lords Commissioners of the Admiralty.

11. Medical officers will share prize money according to the proclamation or proclamations which may be in force at the time being, for regulating the distribution of the proceeds of prizes in the Royal Navy.

12. Medical officers will be entitled to the same allowances on account of wounds and injuries received in action as combatant officers holding the same relative ranks.

13. The families of Medical officers will in like manner be entitled to the same allowances as granted to the families of combatant officers holding the same relative ranks.

14. Medical officers will be held entitled to the same honours as other officers of the Royal Navy of equal relative rank.

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15. A Medical officer retiring, after a full-pay service of twenty-five years, may, in cases of distinguished service, receive a step of honorary rank, but without increase of half-pay.

16. Good service pensions will be awarded to the most meritorious Medical officers of the Royal Navy, under such regulations as shall from time to time be determined upon.

17. Four of the most meritorious Medical officers of the Royal Navy will be named "Honorary Physicians," and four "Honorary Surgeons," to Her Majesty.

HER MAJESTY'S INDIAN FORCES.

REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON.

All natural-born subjects of Her Majesty between 21 and 28 years or age, and of sound bodily health, may be candidates for admission into the service of Her Majesty as Assistant-Surgeons in Her Majesty's Indian Forces.

They must subscribe, and send in to Sir J. R. Martin, C.B., F.R.S., Examining Medical Officer to the Secretary of State for India in Council, fifteen days before the period fixed for each examination, a declaration to the following effect:—

"I (Christian and Surname at full length), a candidate for employment as an Assistant-Surgeon in Her Majesty's Indian Forces, do hereby declare that I was years of age on the day of last, and that I labour under no constitutional disease or physical debility that can interfere with the due discharge of the duties of a Medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents:—1. Proof of age, either by extract from the register of the Parish in which the candidate was born, or by his own declaration, pursuant to the Act 5 & 6 William IV., cap. 62. 2. A certificate of moral character from a magistrate, or a minister of the religious denomination to which the candidate belongs, who has personally known him for at least two preceding years. 3. A diploma in Surgery; or a degree in Medicine, provided an examination in Surgery be required for such degree; from some body competent by law to grant or confer such diploma or degree. 4. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended, for six months, the practice and clinical instruction of the Physicians at some Hospital, containing, at least, on an average one hundred in-patients; or of having attended one course of lectures, of six months, on the practice of Physic, and clinical instruction for twelve months. 5. A certificate of having attended, for three months, the practical instruction given at one of the public Asylums for the treatment of the Insane. 6. A certificate of having attended, for three months, one of the Institutions, or wards of an Hospital especially devoted to the treatment of Ophthalmic disease. Candidates who may not have been able to attend the practice of an Asylum for the Insane, or of an Ophthalmic Hospital, for three months previous to their offering themselves for examination, will not be excluded from examination, but will, if successful in obtaining recommendation for appointments, be required to produce certificates of having attended such practice during the interval between the examination and the time of proceeding to India. 7. A certificate of having attended a course of lectures on Midwifery, and of having conducted at least six labours. 8. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any Hospitals, or on any course of lectures, in addition to the above. Attendance on a course of Military Surgery, and the practical study of surgical operations on the dead body, are recommended.

The examination will include the following subjects:—1. Surgery in all its departments. 2. Medicine, including the Diseases of Women and Children, Therapeutics, Pharmacy, and Hygiene. 3. Anatomy and Physiology, including Comparative Anatomy. 4. Natural History, including Botany and Zoology.

The following are the books recommended in Zoology and Comparative Anatomy:—Outlines of the Structure of the Animal Kingdom, by Rymer Jones, or Cours Elémentaire d'Histoire Naturelle, par Milne-Edwards; Botany, Lindley's School Botany, or Lindley's Elements of Botany.

The examination will be conducted:—1. By means of written questions and answers. 2. By object examinations and experiments when the subject admits of such tests. 3. By practical examination of patients, and by operations on the dead body. 4. By *viva voce* examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects, will be appointed to fill the requisite number of appointments as Assistant-Surgeons in Her Majesty's Indian Forces, and, so far as the requirements of the service will permit, they will have the choice of the Presidency in India to which they shall be appointed, according to the order of merit in which they stand on the list resulting from such examination.

All Assistant-Surgeons are required to subscribe to the Military or Medical, and Medical Retiring Funds at the Presidencies to which they may be respectively appointed, and to the Military Orphan Society, also, if appointed to Bengal.

All Assistant-Surgeons who shall neglect or refuse to proceed to India under the order of the Secretary of State for India in Council, within three months from the date of their appointment, will be considered as having forfeited it, unless special circumstances shall justify a departure from this regulation.

A copy of these regulations, and any further information, may be obtained on application to the Military Department, East-India House.

The examinations will take place in the months of January and July in each year, and due notice will be given by public advertisement of the days appointed, and of the probable number of candidates to be selected.

The Examiners for Assistant-Surgeons in Her Majesty's Indian Forces having received many inquiries as to the object and extent of the examination in Comparative Anatomy, Zoology, and Botany, have considered it desirable to announce that their objects are,—

1. To ascertain who of the Candidates have devoted especial attention to any of these sciences, and are hence qualified to undertake duties requiring a knowledge of them, as well as the general duties of their profession. Proficiency in these sciences will, in classifying the Candidates by merit, be entitled to great consideration. 2. To encourage all Candidates to acquire an elementary knowledge of the structure and affinities of the principal natural families of animals and of plants, with the general plan upon which these are constructed, and the functions and relations of their most important organs. 3. To promote the study of Natural History as a most important adjunct or preliminary to a liberal Medical education; that of Comparative Anatomy, Zoology, or Botany, if properly cultivated, by means of specimens, for even a short period, being eminently calculated to develope habits of close observation, and to strengthen those powers of reasoning upon observed facts which must be habitually exercised by Medical men everywhere, but which must be exercised with the greatest energy and promptitude by those who practise in a tropical climate, and who are often thrown wholly upon their own resources. The general examination in these sciences will be elementary, and will embrace a very limited range of technical terms. At the written examination, a considerable number of questions will be put, with the view of allowing each candidate to select such subjects as he has attended to, and, thereby, of enabling the examiners to ascertain the particular departments of science in which the verbal examination should be conducted. With those candidates who have attained proficiency in any branch of these sciences, the verbal examination will be pursued in the branch selected, so as to ascertain the full extent of their knowledge.

FACULTY OF MEDICINE IN IRELAND.

UNIVERSITIES, COLLEGES, COURSES OF STUDY, DEGREES AND LICENCES TO PRACTISE.

The following bodies grant one or more degrees or licences to practise Medicine or Surgery, and provide courses of instruction in the Medical sciences:—The University of Dublin

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grants the degrees of M.B. or Bachelor of Medicine; M.D. or Doctor of Medicine; M.C. or Master of Surgery; also Licences in Medicine (L.M.) and Surgery (L.S.) The Queen's University in Ireland, with its Provincial Colleges at Belfast, Cork, and Galway; this University confers the degree of M.D. The King and Queen's College of Physicians in Ireland, granting a licence and fellowship. This institution, in connexion with the Medical Faculty of the University of Dublin, constitutes the School of Physic in Ireland. The Royal College of Surgeons in Ireland, which grants letters testimonial qualifying to practise Surgery as a Licentiate, and also confers a Fellowship. Fellows and Licentiates of the Colleges of Physicians and Surgeons may obtain from their respective Colleges a diploma in Midwifery. The Rotunda and Coombe Lying-in Hospitals grant diplomas in Midwifery, which are, however, not recognised under the Medical Act. The Governor and Company of the Apothecaries' Hall of Ireland.

The Medical Session in Ireland commences about the first week in November.

UNIVERSITY OF DUBLIN.

The School of Physic was instituted by Act of Parliament (40 Geo. III. c. 84), and consists of the three University Professors, viz., the Professor of Anatomy and Surgery, the Professor of Chemistry, and the Professor of Botany; together with the King's Professors of the City of Dublin, on the foundation of Sir Patrick Dun, viz. the Professors of the Institutes of Medicine, of the Practice of Medicine, and of Materia Medica and Pharmacy. The Provost and Senior Fellows of Trinity College have added to these a Professor of Surgery, and the College of Physicians has added a Professor of Midwifery, and one of Medical Jurisprudence.

The Professors specified in the Act of Parliament are bound to give Clinical Lectures at Sir Patrick Dun's Hospital at least two days in each week during every session; and each Professor lectures during the space of three months in alternate succession.

MATRICULATION.

All Students in Medicine of the University of Dublin must be matriculated by the Senior Lecturer of Trinity College, for which a fee of five shillings is payable under the Act of Parliament; but no such Student shall be obliged to have his name on the College books, or to attend any of the academical duties of the University, unconnected with the School of Medicine and Surgery, unless he desire to obtain a degree or licence in Medicine or Surgery.

No Student can be admitted for the Winter Courses after the 25th of November, or for the Summer Courses after the 20th of May.

DEGREES IN MEDICINE AND SURGERY.

1. Bachelor in Medicine.—A Candidate for the degree of Bachelor in Medicine must be a graduate in Arts, and may obtain the degree of Bachelor in Medicine at the same commencement as that at which he receives his degree of B.A., or at any subsequent commencement, provided the requisite Medical education shall have been completed.

The Medical education of a Bachelor in Medicine is of four years' duration, and comprises attendance on the following courses of lectures:—

COURSES OF SIX MONTHS' DURATION, OR LONGER.

Anatomy and Physiology; Practical Anatomy, with Anatomical Demonstrations; Surgery; Chemistry; Materia Medica and Pharmacy; Institutes of Medicine and Pathology; Practice of Medicine; Midwifery.

Clinical Lectures: Attendance on Sir Patrick Dun's Hospital during nine months, with three consecutive Courses of Clinical Lectures, each of three months' duration. Also nine months' attendance on some general Hospital in Dublin, approved of by the Board, in which Clinical Instruction in Medicine and Surgery is delivered.

COURSES OF THREE MONTHS' DURATION.

Botany, commencing in the first week of April, and continued during the months of May and June; Practical Chemistry; Medical Jurisprudence.

Any of the above-named Courses may be attended at the Schools of the Royal College of Surgeons in Ireland, and three of them, at the discretion of the Candidate, may be attended in the University of Edinburgh, provided the Candidate have kept an *Annus Medicus* in the School of Physic.

An *Annus Medicus*, or year's attendance in the School of Physic, may be kept in three ways:—1. By attending at least two, or not more than three, of the foregoing courses, which are of six months' duration. 2. By attending one course of six months' and two of three months' duration. 3. By nine months' attendance on Sir Patrick Dun's Hospital, and Clinical Lectures, together with one course of six months', or, in lieu thereof, two courses of three months' duration.

Every pupil, before he be admitted to attend the Clinical Lectures, must pay the Professor £3 3s. for each three months' course of Lectures, and shall enter his name with the Treasurer of Sir Patrick Dun's Hospital, and pay him ten guineas, unless he shall have been matriculated in one of the Universities of Dublin, Oxford or Cambridge, and shall have continued his studies in Arts, under a tutor, in one of the said Universities, for the space of two years at least; in which case he shall pay the sum of £3 3s. to such Treasurer, for the first half-year, with a proportionate sum for any longer period.

The examination for the degree of Bachelor of Medicine is conducted by the Regius Professor of Medicine, the University Professor of Surgery, the six Professors of the School of Physic, the Professor of Midwifery, and the Professor of Medical Jurisprudence in the College of Physicians. All the Candidates are examined together publicly in the Examination Hall, on two days of the week next preceding that in which the University Commencements are held. The Examination is conducted partly by printed, partly by oral questions.

Total amount of fees for the Degree of M.B., £11 15s.

2. Doctor in Medicine.—A Doctor in Medicine must be M.B. of at least three years' standing, and must perform exercises for the Degree before the Regius Professor of Physic, in accordance with the Rules and Statutes of the University.

Total amount of Fees for this Degree, £22.

3. Master in Surgery.—The Degree of Master in Surgery can be obtained only by Students who are Bachelors of Arts, and who have completed the Professional curriculum and passed the Examination required.

The Examination for the Degree of Master in Surgery is conducted publicly in the Examination Hall, during the week next preceding that in which the University Commencements are held.

The curriculum is the same as that for the Licentiate, as given below, with the addition of one Session of nine months' attendance on an Hospital, having at least twenty beds for cases of fever. A Special Certificate for such attendance will be required.

In addition to the subjects of Examination required for the Licentiates, Candidates for the Degree of Master in Surgery will be examined specially in the following subjects:—

Comparative Anatomy.
Medical and Surgical Pathology.
Animal Chemistry.
Ophthalmic Surgery.

They will also be required to perform Surgical operations on the dead subject.

The Examination will be conducted partly by oral and partly by printed questions, and will be continued for four hours each day, for two successive days; the first day being devoted to the printed, and the second to the oral questions.

The constitution of the Court of Examiners is the same as for the Licentiate in Surgery, but Students who have already taken the degree of M.B. (or the Licence in Medicine), will be examined only by the Regius Professor of Physic, the University Professor of Surgery, the Professor of Surgery of the School of Physic, the Professor of Anatomy and Physiology, and the Professor of Chemistry.

The days of graduation are Shrove-Tuesday, the first Wednesday in July, and the last Wednesday in Michaelmas Term.

Total amount of fees for the degree of Ch. M., £11 15s.

4. Licentiates in Medicine and Surgery.—The licence or diploma in Medicine or Surgery may be obtained by such Students as are matriculated in Medicine, and have completed at least one year in Arts, on the following conditions:—

(1.) To complete one year in Arts, it shall be necessary to have answered at least one Term Examination, subsequent to

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the Junior Freshman year; or to have completed the Junior Freshman year only, by passing the Michaelmas Examination of that year, and keeping one previous Term, either by Lectures or by Examination.

(2.) Students who have not passed an examination in the Senior Freshman year will be required to attend one Course of Lectures in Logic. Students who have not passed the Junior Sophister year of the Undergraduate Course will be required to attend one Course of Lectures on Mechanics with the Assistant to the Professor of Natural Philosophy.

(3.) Students so qualified will be admitted to Examination for the Licence in Medicine or Surgery as soon as they shall have completed the prescribed curriculum.

(4.) The Professional curriculum for the Licence in Medicine is the same as that prescribed for the Degree of Bachelor of Medicine. The total amount of fees is £11 15s.

(5.) The curriculum necessary for the Licence in Surgery shall extend over a period of four years, and shall comprise attendance upon the following Courses of Lectures:—

Anatomy and Physiology	Two Courses.
Demonstrations and Dissections ..	Three Courses.
Theory and Practice of Surgery ..	Two Courses.
Practice of Medicine	One Course.
Chemistry	One Course.
Materia Medica	One Course.
Midwifery	One Course.
Practical Chemistry	One Course each.
Botany	One Course each.
Medical Jurisprudence	One Course each.

Any of the above-named Courses may be attended at any Medical School recognised by the University, provided the Candidate has kept an *Annus Medicus* in the School of Physic.

Also attendance for three Sessions, each of nine consecutive months' duration, on the practice of any of the following Hospitals, together with attendance on the Clinical Lectures on Medicine and Surgery there delivered.

1. Richmond, Whitworth, and Hardwicke Hospitals; 2. Meath Hospital; 3. Steevens' Hospital; 4. Jervis-street Infirmary; 5. City of Dublin Hospital; 6. Mercer's Hospital; 7. St. Vincent's Hospital; 8. Adelaide Hospital.

Of the Courses of Lectures which are of six months' duration, not more than three can be attended during any one Session.

4. Candidates for the Licentiateship who have complied with the foregoing regulations must pass an Examination before a Court of Examiners, consisting of the Regius Professor of Physic, the Professors of Anatomy, Surgery, Chemistry, Midwifery, and Botany.

The Examination of each Candidate will be divided into two parts; one of which shall be devoted to Anatomy and Physiology, Surgical Anatomy, the Theory and Practice of Surgery, and Operative Surgery; and the other to the Practice of Medicine, Midwifery, Chemistry, Materia Medica, and Toxicology.

A fee of £2 10s. is charged on taking the diploma.

PRIVILEGES OF MATRICULATED MEDICAL STUDENTS.

The Medical Library at Sir Patrick Dun's Hospital is open on Tuesdays and Fridays, at two o'clock, for the delivery of books to Students, conformably with the regulations of the College of Physicians.

Medical Students, being Junior or Senior Sophisters on the College Books, and in attendance on two of the winter Courses of Medical Lectures are exempted from the Classics of the Junior Sophister year, and from one of the three optional Courses (Mathematical Physics, Experimental Physics, or Classics) of the Senior Sophister year. To obtain this privilege it is necessary that the Student be matriculated in Medicine, and that the proper certificates of his attendance on Medical Lectures be submitted to the Senior Lecturer.

By the Act 40 Geo. III. c. 84, the several Lecturers and Professors of the School of Physic are bound during each Medical Session to return to the Senior Lecturer the names of such Students as have attended their Lectures.

Students in Arts having their names on the College Books, will be permitted to attend one Course free of expense, with each of the University Professors.

No Testimonium, or certificate of attendance, will be issued to such Students until after they have proceeded to their first degree in Medicine. Should the Student who has had the privilege of free attendance desire to obtain an official Testimonium, before proceeding to his Medical degree, he must, on obtaining it, pay to the Professor the usual fee.

THE QUEEN'S UNIVERSITY IN IRELAND,

granting the degree of M.D., is the centre or head of the Queen's Colleges of Belfast, Cork, and Galway, each of which possesses a Faculty of Medicine. The curriculum of Medical study, extends over a period of at least four years, and is subdivided into two periods of two years each; the first period comprises attendance on Chemistry, Botany and Zoology, Anatomy and Physiology, Practical Anatomy, Materia Medica, and Pharmacy. The second period comprises attendance on Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, Medical Jurisprudence, Also, during the first period, Practical Chemistry in a recognised laboratory during three months, and the practice during six months of a Medico-Chirurgical Hospital, containing at least sixty beds, together with Clinical Lectures delivered therein. During the second period three months' Practical Midwifery in a recognised Hospital with not less than thirty beds; three months' Practical Pharmacy; and eighteen months' practice of a Medico-Chirurgical Hospital, containing at least sixty beds, and in which Clinical Instruction is delivered. At least one-third of the courses of Medical Lectures must be attended in some one of the Queen's Colleges; the remainder may be taken at the option of the candidate, in any University, College, or School recognised by the Senate of the Queen's University. Candidates are required before graduating to have also attended in one of the Colleges of the Queen's University, Lectures on Natural Philosophy, and on one Modern Language, and to have passed the Matriculation Examination. There are two University Examinations; one comprising the subjects of study in the first period, the other the subjects of the second period. Candidates may, if they prefer to do so, pass both these Examinations at the same time. The University Examinations are held twice in each year, in June and September. Further information will be found in the "Queen's University Calendar," or may be obtained by application to the Secretary, Queen's University, Dublin Castle.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

RESPECTING THE EDUCATION, EXAMINATION, AND ADMISSION OF CANDIDATES FOR THE LICENTIATESHIP IN MEDICINE.

Candidates for the Licentiateship in Medicine are required to make application to the College according to the form supplied by the Registrar; to produce the Treasurer's Certificate of having lodged the Admission Fee, and to produce Certificates of having attended the following Courses for the periods specified:—

Anatomy and Physiology	12 Months.
Or, Anatomy and Physiology and Institutes of Medicine	6 Months.
Practical Anatomy and Demonstrations ..	12 Months.
Chemistry	6 Months.
Operating Chemistry, in a recognised Laboratory	3 Months.
Materia Medica	6 Months.
Botany	3 Months.
Medical Jurisprudence	3 Months.
Practice of Medicine	6 Months.
Practice of Surgery	6 Months.
Midwifery, and Diseases of Women and Children, one Course of .. .. .. or two Courses of 3 Months each.	6 Months,
Practical Midwifery, in a recognised Hospital	6 Months.

In addition to the above Courses, Candidates are required to have attended a Medico-Chirurgical Hospital, in which regular courses of Clinical Lectures are delivered, together with Clinical Instruction, for twenty-seven months, or such Hospital, for eighteen months, with nine months' attendance on a Medical Hospital, with similar courses of Clinical

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Lectures and Clinical Instruction; the attendance in each case being for not more than nine months in any year, and the attendance on a Medico-Chirurgical Hospital and Medical Hospital not being taken out in the same year.

Candidates who are not personally known to any resident Fellow of the College are required to transmit Testimonials of Character from registered Members of the Medical Profession; those from Physicians or Surgeons attached to public Hospitals or Infirmaries being preferred.

Students are recommended to divide their course of study into two periods, of two years each; the first to comprise Anatomy and Physiology, or Institutes of Medicine, Surgery, Chemistry, Botany, and Hospital Attendance; the second to comprise Practice of Medicine, Materia Medica, Medical Jurisprudence, Midwifery, and Hospital Attendance.

The several Courses of Lectures are required to have been delivered by the respective Professors of the School of Physic in Ireland, or by other Lecturers recognised by the College.

The Candidate is required to present himself for Examination within three months after he has obtained permission to be examined for the Licence.

The President and Censors examine the Candidates in the presence of the Fellows and Licentiates of the College.

The Examination is divided into two parts:—

First Part.—Anatomy, Physiology, Botany, and Chemistry.

Second Part.—Materia Medica, Practice of Medicine, Medical Jurisprudence, and Midwifery.

Students may be examined in the subjects of the first part at the termination of the first period of study; or in all the subjects of their education, on the completion of their Medical studies.

Before being admitted to the final Professional Examination, Candidates are required to have passed an Examination in the following subjects of preliminary education:—

In English—English Composition; in Greek—Homer's Iliad, first Book; or Xenophon's Anabasis, first Book; or Walker's Lucian, first twelve Dialogues, at the option of the Student; in Latin—Virgil's Æneid, first and second Books; or Sallust; or first two Books of Cæsar, "De Bello Gallico;" at the option of the Student; in Mathematics—Euclid, first Book; Arithmetic, to the end of Decimal Fractions.

Students in Arts of one year's standing of any University in the United Kingdom requiring Examinations in the first year, will be exempted from the Preliminary Examination.

The above regulations respecting Preliminary Examination will not come into force until 1st January, 1861.

Candidates qualified as follows are required to undergo the second part of the Professional Examination only, viz.:—1. Graduates in Medicine of a University in the United Kingdom. 2. Fellows, Members, or Licentiates of either of the Royal Colléges of Physicians of London or Edinburgh, who have been admitted upon Examination. 3. Licentiates in Surgery of five years' standing previous to 1st June, 1859.

All other Licentiates in Surgery, whose education has comprised the Courses required by the College, will be examined in Botany and Chemistry, in addition to the subjects of the second part of the Examination.

If the applicant be a member of an Apothecaries' Company, he must surrender his Certificate as an Apothecary previous to Examination, and, if admitted, must cease to act as such in any part of the United Kingdom.

Every Member of this College who may desire to obtain the Licence in Midwifery will be required to undergo a special Examination, and, if approved, will receive such Licence, and rank as a Practitioner in Midwifery in the authorised Lists of the College.

Fee for the Licence, £15 15s., which may be divided as follows:—For Examination at the termination of the first period of Study, £5 5s. For final Examination for the Licence, £10 10s. Fee for the Midwifery Diploma, £3 3s.

The Charter of William and Mary, and the Act of the Irish Parliament, 1 Geo. III., cap. xiv., made perpetual by the Act 30 Geo. III., cap. xlv., § 11, confer on the Fellows and Licentiates of the King and Queen's College of Physicians the title of Doctors of Physic.

By the Act 21 and 22 Vict., Fellows and Licentiates in Medicine and Midwifery of this College are entitled to be placed on the Medical Register; and are qualified to practise Physic and to hold appointments as Physicians to Public Institutions in any part of the United Kingdom.

Copies of the Regulations of the College, and of the Form of Application, may be had from the Registrar; or at Messrs. Hodges, Smith, and Co.'s, Booksellers and Publishers to the College, 104, Grafton-street, Dublin.

ROYAL COLLEGE OF SURGEONS, IRELAND.

President.—Robert Adams.

Vice-President.—William Jameson.

Secretary of the College.—Edward Hutton.

Secretary of the Council.—James S. Hughes.

COUNCIL.

James W. Cusack.	Robert Pentland.
Arthur Jacob.	Samuel G. Wilmot.
Wm. H. Porter.	Auley P. Banon.
Thomas E. Beatty.	Peter Shannon.
William Hargrave.	Hamilton Labatt.
James Barker.	Josiah Smyly.
William Colles.	Benj. G. McDowel.
John H. Power.	Maurice H. Collis.
Hans Irvine.	Edward Ledwich.
Edward Hutton.	

Court of Examiners.—R. G. H. Butcher, Jerome Morgan, M. H. Stapleton, B. W. Richardson, Edward A. Stoker, J. Hamilton, G. H. Porter.

Examiners in Midwifery.—Robert Johns, Edward Quinan, Humphrey Minchin.

Fellows of the College are Members of the Corporation, and are admitted by examination; letters testimonial are granted to Licentiates, and a diploma in Midwifery to Fellows and Licentiates educated and examined in that branch of Surgery.

Candidates for the Fellowship must be 25 years of age, and must give proof of liberal preliminary education and good conduct during professional education. They are required to produce certificates of Surgical studies for six years (three of which must be for exercises in Dublin), and also of practice as House-Surgeon or dresser in an Hospital; as well as certificates of attendance on Hospitals, lectures, and dissections, as required from Licentiates; with the addition of Botany, Comparative Anatomy, and Natural Philosophy. Fee, £26 5s.; if the candidate be a Licentiate, £10 10s.

Candidates for Letters Testimonial are required to produce certificates of preliminary classical education, of four years' professional study (three of them in metropolitan schools), also three years' attendance on Hospital practice and dissections. Fee, £21.

Candidates for the Midwifery Diploma must be Fellows or Licentiates of the College, are required to produce certificates of attendance on midwifery lectures and practice, with proof of having attended thirty cases of parturition.

Candidates for the Fellowship and Letters Testimonial are publicly examined on two separate days, in Anatomy, Physiology, Surgery, Practice of Medicine, and Pharmacy. The examiners are elected by a sworn jury of the Council appointed by lot, teachers being ineligible. Fellows and Licentiates of the College are qualified to practise as Surgeons in any part of the British dominions, and to be appointed Medical officers to the Army and Navy, public Hospitals, Infirmaries, Dispensaries, and Workhouses.

By a new bye-law it is enacted that—"Certificates of attendance on lectures and of the performance of dissections, shall be received from professors and lecturers in all universities, colleges, and recognised schools in her Majesty's dominions, as qualifications for the fellowship and letters testimonial of this College; and also certificates of attendance on all Hospitals recognised by the Council, where clinical instruction is given."

SCHOOL OF PHYSIC IN IRELAND.

Under this head are comprised the educational establishments, partly on the foundation of Trinity College, and partly on the foundation of the late Sir P. Dun, in connexion with the King and Queen's College of Physicians in Ireland.

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APOTHECARIES' HALL OF IRELAND.

Governor.—Christopher Shaw, M.R.C.S.E.

Deputy-Governor.—Charles Holmes, M.D.

The Court of Examiners.—Drs. John Betty, Edward Howard Bolland, Charles Henry Leet, William Madden, sen.; William Madden, jun.; Robert Mulock, Henry P. Nolan, John McMunn, George B. Owens, John Shea, George Wyse, Mr. Jerome O'Flaherty, Mr. Thomas Collins.

Secretary.—Charles H. Leet, M.D.

REGULATIONS REGARDING THE EDUCATION AND EXAMINATION OF CANDIDATES FOR THE LICENCE TO PRACTISE AS AN APOTHECARY.

Every Candidate shall undergo a Preliminary and a Professional Examination.

Candidates for the Preliminary Examination (for the Certificate of Apprentice) shall be examined in the following:—In Latin—the Catiline Conspiracy of Sallust, and the first three Books of the Æneid of Virgil; in Greek—the Gospel of St. John, and the first twenty Dialogues of Lucian, or the first two Books of Homer's Iliad; in French—Telemachus, or the History of Charles XII.; in Science—the first two Books of Euclid, Algebra inclusive of Simple Equations, and Arithmetic to the end of Decimals; and, in English—writing a short Composition.

Candidates for the Professional Examination (for the Licence to practise as an Apothecary) shall produce Certificates to the following effect:—

1. Of having passed the Preliminary Examination.

2. Of being twenty-one years of age, and of good moral character.

3. Of having served an Apprenticeship, of not less than three years, to a qualified Apothecary in practice.

4. Of having attended the following courses, viz.—Chemistry, during one winter session; Anatomy and Physiology, during two winter sessions, Demonstrations and Dissections, during two winter sessions; Botany and Natural History, during one summer session; Materia Medica and Therapeutics, during one summer session; Practical Chemistry, during three months (a); Principles and Practice of Medicine, during one winter session; Midwifery and Diseases of Women and Children, during six months; Practical Midwifery, attendance upon twenty cases; Surgery, during one winter session; Medical Jurisprudence, during one summer session.

5. Of having attended, at a recognised Hospital or Hospitals in the United Kingdom, the Practice of Medicine, and Clinical Lectures on Medicine during two winter and two summer sessions; also the Practice of Surgery, and Clinical Lectures on Surgery during one of the winter, and one of the summer sessions.

The Examination for the Licence to practise as an Apothecary shall be divided into two parts. It shall be conducted as follows:—

The First Examination.—On Chemistry, Botany, Anatomy, Materia Medica, Therapeutics, and Pharmacy.

This Examination shall be principally experimental and demonstrative; the Candidate shall also translate Latin Prescriptions into English.

The Second or Final Examination.—On Medicine, Surgery, Physiology, Pathology, Midwifery, and Medical Jurisprudence.

This Examination shall be partly written and partly *vivâ voce*, and shall include the demonstration of Morbid Preparations and Drawings. The Candidate shall also write Prescriptions in Latin. The First of these Examinations may be undergone at the termination of two years' study; and the Second or Final not before the completion of four years' study. The Licence entitles its possessor to register as a qualified Medical Practitioner under the Medical Act, 1858; and, when registered, is a recognised Medical qualification for the appointment of Assistant-Surgeon in the Army.

Rotunda Lying-in Hospital, Dublin.—This Institution, a monument of the philanthropy of the late Dr. Mosse, contains nearly 130 beds. About 2000 women are annually admitted. There is a museum and lecture-room, and clinical courses are delivered in winter and summer. There is accommodation for seven intern pupils: fees for interns, 20 guineas; for externs, 10 guineas for six months.

Coombe Lying-in Hospital.—Instruction in Midwifery is given in this Institution, which contains 40 beds. According to the last report of the Board of Dublin Hospitals, 460 labour cases were admitted during the year ending March 31, 1860; and the number of externs attended at their own residences was nearly 800.

(a) Comprehending practical exercises in conducting the more important processes of General and Pharmaceutical Chemistry, in applying tests for the presence of poisons, and in the examination of mineral waters and animal secretions.

VITAL STATISTICS OF LONDON.

Week ending Saturday, September 15, 1860.

BIRTHS.

Births of Boys, 890; Girls, 842; Total, 1722.
Average of 10 corresponding weeks, 1850–59, 1536·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	484	478	962
Average of the ten years 1850–59	595·5	590·2	1185·7
Average corrected to increased population	..	..	1133
Deaths of people above 90	..	1	1
Deaths in 15 General Hospitals	52	25	77

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	6	12	..	5	2	11
North	490,396	3	7	3	2	4	3	15
Central	393,256	..	3	6	..	4	4	6
East	485,522	5	10	5	..	6	5	15
South	616,635	..	10	10	2	6	2	15
Total	2,362,236	10	36	39	4	25	16	60

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·840 in.
Mean temperature	52·6
Highest point of thermometer	67·2
Lowest point of thermometer	35·7
Mean dew-point temperature	48·1
General direction of wind	S.W.
Whole amount of rain in the week	0·08 in.

APPOINTMENTS FOR THE WEEK.

September 22. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

24. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

25. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

26. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

27. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, p.m. London, 1½ p.m.; Great Northern, 2 p.m.

28. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

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TABULAR LIST OF LECTURES, ETC., REQUIRED FOR UNIVERSITY DEGREES, COLLEGES, DIPLOMAS, ETC.

Universities, Colleges, Etc.	Age.	Anatomy.	Physiology.	Dissections.	Surgery.	Practice of Physic.	Chemistry.	Practical Chemistry.	Materia Medica.	Medical Jurisprudence.	Midwifery.	Natural Philosophy.	Botany.	Natural History.	Practical Pharmacy.	Pathology, or Morbid Anatomy.	Surgical Hospital.	Clinical Surgery.	Medical Hospital.	Clinical Medicine.	Midwifery Hospital.	Remarks.
Univ. of Lond., M.B. 1st Examination M.B. 2nd Exam. M.D.																						See regulations (page 279).
University of Durham																						
Edinburgh Univ. M.D.	21	6 mos	6 mos	6 mos	6 mos	6 mos	6 mos		6 mos	3 mos	6 mos		3 mos	3 mos	6 mos		2 yrs	3 mos	12 mo	6 mos		6 months' Dispensary or Hospital extern Practice.
University of Glasgow	21	6 mos		6 mos	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos				2 yrs	2 yrs	2 yrs	2 yrs		1 year's residence required.
University of Aberdeen	21	12 mo	6 mos	6 mos	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos		3 mos		2 yrs	3 mos	2 yrs	3 mos		1 year's residence necessary.
Univ. of St. Andrew's	21	12 mo	6 mos	12 mo	6 mos	6 mos	6 mos	3 mos	3 mos		3 mos						2 yrs	6 mos	2 yrs	6 mos		
The Queen's University of Ireland		12 mo	12 mo	12 mo	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos	6 mos	3 mos	6 mos	3 mos		24 mo	18 mo	24 mo	18 mo	3 or 6 mos	6 months' Modern Languages; which, with the Course on Natural Philosophy and one third of the other Courses, must be attended in the Queen's Colleges.
Dublin University, M.B. and L.M.(a)		6 mos	6 mos	6 mos	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos				9 mos	9 mos	18 mo	9 mos		Degree in Arts. At least 1 year in Arts; candidates who have but 1 year in Arts are required to have attended in addition 1 course of Lectures in Logic and 1 on Mechanics; those who have two years in Arts, must have attended a course of Lectures on Mechanics.
Dublin Univ. L.S.		18 mo	18 mo	18 mo	18 mo	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos				27 mo	27 mo	27 mo	27 mo		
Royal College of Physicians, London	25																9 mos		3 yrs			See regulations for subjects to be studied.
Royal College of Physicians, Edinburgh	21	12 mo	6 mos	12 mo	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	3 mos		3 mos		3 mos	3 mos	24 mo	6 mos	24 mo	12 mo		
King and Queen's College of Physicians, Ireland		12 mo	12 mo	12 mo	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos						30 mo	30 mo	6 months	
Royal Col. of Surgeons, London	21	2 crs	2 crs	2 crs	2 crs	1 crs	1 crs		3 mos		3 mos				3 mos		3 win 2 sum	27 mo	1 win 1 sum	9 mos		
Royal Col. of Surgeons, Edinburgh		12 mo	6 mos	12 mo	12 mo	6 mos	6 mos	3 mos	6 mos	3 mos	3 mos		3 mos		6 mos	3 mos	24 mo	6 mos	24 mo	6 mos		
Royal Col. of Surgeons, Dublin		18 mo	18 mo	18 mo	18 mo	6 mos	6 mos	3 mos	3 mos	3 mos	3 mos						27 mo	27 mo	27 mo	27 mo		Certificate of having passed a Preliminary Examination in Classics.
Double Qualification — Colleges of Physicians and Surgeons, Edinburgh.		12 mo	6 mos	12 mo	6 mos	6 mos	6 mos	6 mos	3 mos	3 mos	3 mos		3 mos		6 mos	3 mos	24 mo	12 mo	24 mo	12 mo	6 labours	
Faculty of Physicians, & Surgeons, Glasgow	21	12 mo	6 mos	12 mo	12 mo	6 mos	6 mos	3 mos	6 mos	6 mos	6 mos		3 mos		6 mos		21 mo	6 mos	21 mo	6 mos		
Apothecaries' Hall, England	21	12 mo	6 mos	12 mo		6 mos	6 mos	3 mos	3 mos	3 mos	3 mos		3 mos		Appr.				18 mo	6 mos	20 cases	
Apothecaries' Hall, Ireland	21	12 mo	12 mo	12 mo	6 mos	6 mos	6 mos	3 mos	6 mos	3 mos	6 mos		3 mos		Appr.		18 mo	18 mo	18 mo	18 mo	20 cases	Preliminary Examination in Classics, French, Mathematics, and English Composition.
Army Med. Department	21 to 25	24 mo		12 mo	12 mo	12 mo	12 mo	6 mos	3 mos		6 mos	6 mos	3 mos	3 mos	3 mos		18 mo	8 mos	18 mo	8 mos		Double Qualification required.
Navy Med. Department	20 to 26	18 mo		12 mo	12 mo	12 mo	3 mos	3 mos	6 mos		6 mos		3 mos		6 mos		18 mo	6 mos	18 mo	6 mos	Certificate of cases	Must be registered and hold a *Surgical* qualification.
E. I. Company Medical Service						12 mo					1 crs								6 mos	6 mos	6 cases	3 months' attendance in a Lunatic Asylum; 3 months' Ophthalmic Hospital; Certificate of Cupping. A Surgical Diploma or Medical Degree.

(a) *University Standing:* M.D., M.B. of 3 years; M.B. must be A.B.; M.C. must be A.B.; L.M., 1 year in Arts; L.S., ditto.

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Guy's Hospital.—The Medical Session

commences in October. The INTRODUCTORY ADDRESSES will be given by Dr. WILKS, on Monday, the 1st of October, at Two o'clock.

MEDICAL OFFICERS.

Physicians—G. H. Barlow, M.D.; Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F. W. Pavy, M.D.
Surgeons—Edward Cock, Esq.; John Hilton, Esq., F.R.S.; John Birkett, Esq.
Assistant Surgeons—Alfred Poland, Esq.; Cooper Foster, Esq.; T. Bryant, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—Braxton Hicks, M.D.
Surgeon Dentists—T. Bell, Esq., F.R.S.; J. Salter, Esq.
Surgeon of the Eye Infirmary—John F. France, Esq.

LECTURERS.—WINTER SESSION.

Medicine—Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Surgery—John Hilton, Esq., F.R.S.; John Birkett, Esq.
Anatomy—Alfred Poland, Esq.; Cooper Foster, Esq.
Physiology—F. W. Pavy, M.D.
Chemistry—Alfred Taylor, M.D., F.R.S.
Experimental Philosophy—Arthur Durham, Esq.
Demonstrations on Anatomy—Arthur Durham, Esq.; and Walter Moxon, Esq.
Demonstrations on Morbid Anatomy—S. Wilks, M.D.

LECTURERS.—SUMMER SESSION.

Demonstrations on Cutaneous Diseases—Dr. Gull.
Medical Jurisprudence—Dr. Taylor, F.R.S.
Materia Medica—Dr. Habershon.
Midwifery—Dr. Oldham.
Ophthalmic Surgery—Mr. Franco.
Pathology—Dr. Wilks.
Comparative Anatomy—Dr. Pavy.
Botany—Mr. Johnson.
Practical Chemistry—Dr. Odling, F.R.S.
Manipulative and Operative Surgery—Mr. Bryant.

Gentlemen desirous of becoming Students, must give satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance, or £100 in one payment entitles a Student to a Perpetual Ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year. A Resident House-Surgeon is appointed every six months from those Students who have obtained the College Diploma.

Six Scholarships, varying in value from £25 to £40 each, will be awarded at the close of each Summer Session, for general proficiency.

Two Gold Medals will be given by the Treasurer—One for Medicine, and One for Surgery.

A Voluntary Examination will take place at entrance, in Elementary Classics, and Mathematics. The three first Candidates will receive respectively, £25, £20, £15.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

Guy's Hospital, July, 1860.

St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, OCTOBER 1st, at Eight o'Clock, p.m., with an INTRODUCTORY ADDRESS by Dr. TYLER SMITH, after which a Conversazione will be held in the Museum.

It is a distinctive characteristic of St. Mary's Hospital that its Medical Appointments are conferred upon the Pupils without additional fee. Three Resident Medical Officers are appointed for Twelve Months, and one, the Obstetric Officer, for Six Months, all of whom board free of every expense in the Hospital. The money-value of these Five Appointments far exceeds as many Scholarships of £50 each. Four non-Resident Medical Officers are also selected from the best-qualified Students.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. James Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee. Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Clinical Medicine—Dr. Alderson, Dr. Chambers, and Dr. Sibson. Clinical Surgery—Mr. Coulson, Mr. Lane, and Mr. Ure. Medicine—Dr. Chambers and Dr. Sibson. Surgery—Mr. Coulson and Mr. Spencer Smith. Physiology and Morbid Anatomy—Dr. Markham and Mr. James Lane. Anatomy—Mr. James Lane and Mr. Gascoyen. Operations upon the Dead Body—Mr. Walton. Dissections—Mr. Gascoyen and Mr. Davy. Chemistry and Practical Chemistry—Mr. Field. Midwifery—Dr. Tyler Smith and Dr. Grailly Hewitt. Materia Medica—Dr. Sieveking. Botany—Dr. Dresser. Medical Jurisprudence—Dr. Sanderson. Ophthalmic Surgery—Mr. White Cooper. Aural Surgery—Mr. Toynbee. Dental Surgery—Mr. Sercombe. Comparative Anatomy—Dr. Grailly Hewitt. Natural Philosophy—Mr. Smalley.

The In-Patients are visited daily by the Medical Officers and the Out-Patients are also attended daily by the Physicians and Surgeons in charge of them. During the past year relief was afforded to 1549 In-Patients and to 13,727 Out-Patients. A Maternity Department is also attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers, in each session, during the last two years of their curriculum.

SCHOLARSHIP, PRIZES, ETC.—In addition to the Medical Appointments mentioned above, a Scholarship in Anatomy of the annual value of £25, is offered to the Students. Examinations for Prizes will take place at the end of each Session.

The Fee for the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, is £89 5s., which may be paid by instalments.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in Practice near the Hospital willing to receive Pupils to reside with them.

GEO. G. GASCOYEN, Dean of the School.

St. Mary's Hospital, August, 1860.

St. George's Hospital Medical School.

—The WINTER SESSION will commence on MONDAY, the 1st of OCTOBER, with an INTRODUCTORY ADDRESS by Dr. PITMAN, at Two p.m.

LECTURERS.

Practice of Physic—Dr. Pitman.
Practice of Surgery—Mr. Tatum.
Descriptive and Surgical Anatomy—Mr. Pollock and Mr. Gray.
Physiology, General and Comparative Anatomy—Mr. A. Johnson.
Chymistry—Dr. H. M. Noad.

The Hospital contains 350 beds. Clinical Lectures will be delivered every week by one of the Physicians and Surgeons.

A Ward is devoted to Diseases peculiar to Women. Pupils have ample opportunity to attend Midwifery cases.

Fees for Hospital Practice and Lectures to qualify for

The College of Physicians....£81 18s.
The College of Surgeons ....£87 3s.
The Society of Apothecaries..£67 4s.
The College of Surgeons and Society of Apothecaries.. } £96 12s.

Pupils who prefer to spread the payment of the fees for the College and Hall over a period of three years, may do so, by payment of £42 the first year, £42 the second year, and £12 12s. the third year. Perpetual Pupils of the Surgeons, have to pay an additional sum of 80 guineas the first year; or of the Physicians, 8 guineas. Separate Entries may be made to any one Course of Lectures, or to the Medical or Surgical Practice.

Perpetual Pupils of the Surgeons are alone eligible to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months, without additional fee. Students of this Hospital are eligible to the office of Obstetric Assistant, who resides and boards in the Hospital, with a salary of £100 a-year. The Obstetric Assistant gives instruction in Vaccination.

EXHIBITIONS AND PRIZES.

The William Brown Exhibition of £40 per annum, tenable for three years, will be open to Students entering to the Hospital as Perpetual Pupils during the Winter Session 1860.

The following Prizes will be offered at the termination of the Session, viz.—

The Thompson Silver Medal, for Clinical Reports.
Sir Charles Clarke's Prize for Good Conduct.
Sir Benjamin Brodie's Prize for Surgical Reports of Cases.
Mr. Lewis Powell's Prize for Medical Reports of Cases.

A Prize of Twenty Guineas, for general proficiency in Medical Studies, for Students who enter to the Hospital Medical School for the Session 1860.

And for the encouragement of Clinical Study—

A Prize of Twenty Guineas, for Surgeons' Pupils in their second year.
A Prize of Twenty Guineas, for Physicians' Pupils in their second year.

*** Further information may be obtained from Mr. Pollock, the Treasurer of the School; or from Mr. Hammerton, the Resident Medical Officer of the Hospital.

Westminster Hospital School of

MEDICINE.—The INTRODUCTORY ADDRESS of the Session 1860-61, will be delivered by Mr. POWER, on MONDAY, OCTOBER 1, at Eight p.m., and after the Address a CONVERSAZIONE will be held in the Board-Room.

The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 175 Beds, and affords relief to about 20,000 Out-Patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Marcet, Dr. Anstie.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr. Hillman, Mr. Power.
Surgeon-Dentist—Mr. Clendon.

LECTURES.

Descriptive and Surgical Anatomy—Mr. Holthouse.
Practical Anatomy—Mr. Heath and Mr. Gray.
Dental Surgery—Mr. Clendon.
Chemistry—Dr. Marcet, F.R.S.
Surgery—Mr. Barnard Holt and Mr. Brooke, M.A., F.R.S.
Physiology and Physiological Anatomy—Mr. Power.
Medicine—Dr. Basham.
Botany—Mr. Syme, F.L.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.
Materia Medica and Therapeutics—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Practical Chemistry—Dr. Marcet, F.R.S.
Midwifery—Dr. Frederic Bird.

Clinical Lectures.—In addition to the instruction given by all the Medical Officers during their Visits, Courses of Lectures on Clinical Medicine and Surgery, in accordance with the New Regulations of the Examining Boards, will be delivered during the Winter and Summer Terms by the Physicians and Surgeons.

Clinical Appointments.—The offices of House-Physician and House-Surgeon, are open to competition solely amongst Gentlemen who have been educated at the Hospital, and who are qualified to practise. They are appointed without the payment of any fee, and are provided with Board and Lodging in the Hospital free of expense. They hold office for one year.

Clinical Clerks and Dressers are selected from the most qualified Students, without additional fee.

The entire Course of Study (including Hospital Practice and Lectures) required by the College of Surgeons and the Society of Apothecaries, may be attended on payment of 75 guineas. Perpetual, 80 guineas.

Further information may be obtained on application to

F. J. WILSON, Secretary to the Westminster Hospital.

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Charing Cross Hospital Medical

COLLEGE, WEST STRAND, LONDON.—The WINTER SESSION will commence on MONDAY, October 1st, with an INTRODUCTORY ADDRESS by Dr. CHOWNE at Three o'clock, p.m.

WINTER SESSION, October 1st, 1860, to end of March 1861.

Anatomy—E. Canton, Esq., F.R.C.S.
Chemistry—R. V. Tuson, Esq., F.C.S.
Demonstrations and Dissections—T. W. J. Goldsbro, M.D.
Physiology and Pathology—Hyde Salter, M.D., F.R.S.
Medicine—W. D. Chowne, M.D., and W. H. Willshire, M.D.
Surgery—H. Hancock, Esq., F.R.C.S.

SUMMER SESSION, May, 1861, to end of July, 1861.

Materia Medica—J. Steggall, M.D.
Botany—J. Symes, Esq.
Comparative Anatomy—R. Barwell, Esq., F.R.C.S.
Midwifery, &c.—W. D. Chowne, M.D.
Forensic Medicine—G. Birkett, M.D., and F. Hird, Esq., F.R.C.S.
Practical Chemistry in the Laboratory—R. V. Tuson, Esq., F.C.S.

Fee to Matriculated Students for all the Lectures required by the College of Surgeons and Society of Apothecaries (including Practical Chemistry), £42 2s.

HENRY HANCOCK, Dean of the College.

HOSPITAL PRACTICE.

Consulting-Physician—Wm. Shearman, M.D.
Physicians—Dr. Golding and Dr. Chowne.
Assistant-Physicians—Dr. Willshire and Dr. Salter.
Surgeons—Mr. Hancock and Mr. Canton.
Assistant-Surgeons—Mr. Hird and Mr. Barwell.

MEDICAL PRACTICE.—Full period required, £15 15s. SURGICAL, £15 15s. Both Medical and Surgical Practice, full period, £26 5s.

JOHN ROBERTSON, Hon. Sec.

St. Thomas's Medical Session.—

A GENERAL INTRODUCTORY ADDRESS will be delivered by R. D. GRAINGER, Esq., F.R.S., on MONDAY, 1st October, 1860, at Eight o'clock p.m.; the Distribution of Prizes will take place early in the Session.

Gentlemen have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or £90 at one payment, as perpetual.

A rumour having been current that this Hospital will shortly be removed to another site, it is thought desirable to contradict such report.

PRIZES AND APPOINTMENTS FOR 1860-61.

Voluntary Matriculation Examinations are held early in October, and Prizes are given in each of the three following divisions:—

1st. In Mathematics, Classics, and Ancient History. The President's Prize of 20 guineas.

2nd. In Physics and Natural History. A College Prize of £20

3rd. In Modern Languages and Modern History. A College Prize of £20.

The TITE SCHOLARSHIP, founded by W. Tite, Esq., M.P., F.R.S., the proceeds of £1000 Consols, tenable for three years.

To the three most distinguished Pupils for General Proficiency in each year, the following Prizes are awarded:—

FIRST YEAR'S STUDENTS.

1st. The Treasurer's Prize of 30 guineas. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

SECOND YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10

The Dressers, and the Clinical Clerks, are awarded to merit, after examination.

THIRD YEAR'S STUDENTS.

1st. A College Prize of £30. 2nd. A College Prize of £20. 3rd. A College Prize of £10.

Mr. George Vaughan's Cheselden Medal. The Treasurer's Gold Medal.

Mr. Newman Smith's Prize of £5 for the best Essay on "Neuralgia."

The Two House-Surgeons, the Resident-Accoucheurs, and the Dressers, are periodically selected, and are provided with Rooms and Commons in the Hospital, free of expense.

Two Hospital Registrars, at an Annual Salary of £40 each, or one at £80.

To enter, or to obtain Prospectuses, the conditions of the Tite Scholarship, and further information, apply to Mr. Whitfield, Medical Secretary, resident at the Hospital.

London Hospital Medical College,

MILE-END. JULY 28, 1860.—The next WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st, 1860, when the INTRODUCTORY LECTURE will be delivered by Dr. BARNES, at Three p.m.

LECTURERS.

Medicine—Nicholas Parker, M.D.
Surgery—T. B. Curling, F.R.S., and George Critchett.
Descriptive and Surgical Anatomy—John Adams.
Physiology and General and Morbid Anatomy, Practical Histology—Andrew Clark, M.D.
Practical Anatomy—John Couper.
Chemistry and Practical Chemistry—Henry Letheby, M.B. Lond.
Anatomy and Pathology of the Teeth and Dental Surgery—H. J. Barrett.
Midwifery, and Diseases of Women and Children—F. H. Ramsbotham, M.D.
Forensic Medicine—F. H. Ramsbotham, M.D., & H. Letheby, M.B. Lond.
Materia Medica and General Therapeutics—Herbert Davies, M.D.
Ophthalmic Surgery—George Critchett.
Botany—Christopher Dresser, Ph.D.
Comparative Anatomy—J. Langdon and H. Down, M.D.

General Fee qualifying for the Examinations of the London University, Royal College of Surgeons, and Apothecaries' Hall, 84 Guineas, payable in two instalments of 42 Guineas each, at the commencement of the two first Winter Sessions of attendance.

Perpetual Fee to the Lectures alone, £50.

Students can make special entries to Lectures or Hospital Practice.

Further particulars and prospectuses can be had on application to Dr. Parker, Hon. Secretary, 22, Finsbury-square, E.C.; or at the College.

Grosvenor-place School of Medicine,

No. 1, GROSVENOR-PLACE (Adjoining St. George's Hospital).

The WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st.

The INTRODUCTORY LECTURE will be delivered at Three p.m. by Dr. BLOXAM.

General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Dr. Halford.
Practical Anatomy—Dr. Arlidge.
Chemistry—Dr. Thudichum.
The Principles and Practice of Medicine—Dr. Cockle and Dr. Leared.
The Principles and Practice of Surgery—Mr. Spencer Wells and Mr. William Adams.
Military Surgery—Mr. Blenkins.

The following Prizes and Honorary Certificates will be awarded at the termination of the Session:—

Gold Medal, for General Proficiency.

A Prize of Ten Guineas, to be given by T. Scott, Esq., M.R.C.P. Ed., of the Indian Army (late a Pupil of the School), for an Essay, the Subject of which is to be chosen by the Faculty and announced in October. This Prize is open for Competition to all unpassed Students of the School.

The Lecturers' Prize of Ten Guineas, for competition by Students of first year only.

Certificates of Honour, for distinguished position in the individual classes.

The Dissecting Room and Museum of Anatomy are open to the Students during daylight, where their Studies are superintended by the Lecturers on Anatomy.

Instruction in Pathological Anatomy is given by the Lecturer on Physiology.

Midwifery cases are provided for the Pupils of the Midwifery Class.

General Fee to all the Lectures required by the Universities of London and St. Andrews, the Royal College of Surgeons of England, and the Society of Apothecaries, Thirty-five Guineas.

Further information may be obtained at the Theatre, 1, Grosvenor-place; of Dr. Richardson, 12, Hinde-street, Manchester-square, W.; or at the Residences of the different Lecturers.

City of London Hospital for Diseases

OF THE CHEST, VICTORIA-PARK.

CONSULTING PHYSICIANS:

B. G. Babington, Esq., M.D., F.R.S., 31, George-street, Hanover-square.
Henry Jeaffreson, Esq., M.D., 2, Finsbury-square.

CONSULTING SURGEON:

John Hilton, Esq., F.R.S., 10, New Broad-street.

PHYSICIANS:

Thomas B. Peacock, Esq., M.D., 20, Finsbury-circus.
James Risdon Bennett, Esq., M.D., 15, Finsbury-square.
Edmund Lloyd Birkett, Esq., M.D., 48, Russell-square.

ASSISTANT PHYSICIAN:

George Nelson Edwards, Esq., M.D., 1, Finsbury-square.

RESIDENT MEDICAL OFFICER:

Herbert Thompson, Esq.

The Hospital contains eighty beds, which are occupied by patients as applications occur. During last year 323 were under treatment in the wards, and 8172 were relieved as Out-patients.

In-patients admitted since the wards were opened in 1855, 1450; Out-patients admitted since the establishment of the Institution in 1848, 59,750.

Information respecting Medical Instruction at the Hospital may be obtained on application to the Physicians.

Offices—6, Liverpool-street, E.C.

King's College, London.—Medical

DEPARTMENT.—The WINTER SESSION will commence on MONDAY, October 1, with an INTRODUCTORY LECTURE by Dr. JOHNSON, at Eight p.m.

Anatomy—Professor Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—Professor Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson.

KING'S COLLEGE HOSPITAL.

Physicians: George Budd, M.D., F.R.S.; George Johnson, M.D.; Lionel S. Beale, M.B., F.R.S. — With care of In-Patients.
W. A. Guy, M.B., F.R.S. — With care of Out-Patients.

Assistant-Physicians—C. Murchison, M.D.; Conway Evans, M.D.; A. B. Duffin, M.D.; E. S. Thompson, M.B.

Physician—A. Farre, M.D. ... ... For Diseases of Women and Children.
Assistant-Physicians—T. H. Tanner, M.D.; A. Meadows, M.D. ... ...

Surgeons: W. Fergusson, F.R.S.; Richard Partridge, F.R.S.; William Bowman, F.R.S.; Henry Lee, F.R.C.S. — With care of In-Patients.
With care of Out-Patients.

Assistant-Surgeons—J. Wood, F.R.C.S.; J. W. Hulke, F.R.C.S.

The Hospital is visited daily. Clinical Lectures are given every week by the Physicians and by the Surgeons. The Physicians' Assistants, Clinical Clerks, the House-Surgeons, and Dressers, are selected by examination from the Students of the Hospital.

WARNEFORD SCHOLARSHIPS.—Students who enter the Medical Department of King's College in October, 1860, will have the exclusive privilege of contending for the Scholarships founded by the late Dr. Warneford, for the encouragement of the previous education of Medical Students. There will be five, of £25 each, given this year—two to be held for three years, and three for two years.

The subjects of examination are the usual branches of school education—viz. Divinity, Classics, Mathematics, Modern History, and Foreign Languages; but any subject, except Divinity, may be omitted. The classical subjects are the same as those fixed for the Matriculation Examination at the University of London in July, 1860.

For full particulars, apply to J. W. Cunningham, Esq., King's College, London, W. C.

R. W. JELF, D.D., Principal.

Government School of Mines, and of

SCIENCE APPLIED to the ARTS.

DIRECTOR—Sir Roderick Impey Murchison, D.C.L., M.A., F.R.S., &c.

During the Session 1860-61, which will commence on the 5th of October, the following COURSES of LECTURES and PRACTICAL DEMONSTRATIONS will be given:—

1. Chemistry—By A. W. Hofmann, LL.D, F.R.S., &c.
2. Metallurgy—By John Percy, M.D., F.R.S.
3. Natural History—By T. H. Huxley, F.R.S.
4. Mineralogy } By Warington W. Smyth, M.A., F.R.S.
5. Mining }
6. Geology—By A. C. Ramsay, F.R.S.
7. Applied Mechanics—By Robert Willis, M.A., F.R.S.
8. Physics—By J. Tyndall, F.R.S.

Instruction in Mechanical Drawing, by Mr. Binns.

The Fee for Matriculated Students (exclusive of the Laboratories) is £30 in one sum, on entrance, or two annual payments of £20.

Pupils are received in the Royal College of Chemistry (the Laboratory of the School), under the direction of Dr. Hofmann, and in the Metallurgical Laboratory, under the direction of Dr. Percy.

Tickets to separate Courses of Lectures are issued at £1, £1 10s., and £2 each.

Officers in the Queen's Service, Her Majesty's Consuls, acting Mining-Agents and Managers, may obtain Tickets at reduced Prices.

Certificated Schoolmasters, Pupil-Teachers, and others engaged in Education, are also admitted to the Lectures at reduced Fees.

His Royal Highness the Prince of Wales has granted two Exhibitions; and others have also been established.

For a Prospectus and Information, apply at the Museum of Practical Geology, Jermyn-street, London.

TRENHAM REEKS, Registrar.

University College, London.—Faculty

OF MEDICINE.—SESSION 1860 61.—The SESSION will open on MONDAY, the 1st OCTOBER, at Three p.m.

The Courses of Lectures, &c., will commence on Tuesday, October 2.

Classes in the order in which Lectures are delivered during the day:—

WINTER TERM.

Anatomy—Professor Ellis, at 9 a.m.
Anatomy and Physiology—Professor Sharpey, M.D., F.R.S., at 10 a.m.
Chymistry—Professor Williamson, F.R.S. at 11 a.m.
Comparative Anatomy—Professor Grant, M.D., F.R.S., at 3 p.m.
Surgery—Professor Erichsen, at 4 p.m.
Practical Physiology and Histology—Professor Harley, M.D., (Wednesday) at 4 p.m.
Medicine—Professor Walshe, M.D., at 5 p.m.
Dental Surgery—Mr. G. A. Ibbetson.
Practical Anatomy—The pupils will be directed in their studies during several hours daily by Professor Ellis, and Mr. I. B. Lyon, Demonstrator.

SUMMER TERM.

Materia Medica—Professor Garrod, M.D., F.R.S.
Pathological Anatomy—Professor Jenner, M.D.
Medical Jurisprudence—Professor Harley, M.D.
Practical Chemistry—Professor Williamson, F.R.S.
Midwifery—Professor Murphy, M.D.
Palæozoology—Professor Grant, M.D., F.R.S.
Ophthalmic Medicine and Surgery—Prof. T. Wharton Jones, F.R.S.
Botany—Professorship Vacant.
Practical Instruction in Operative Surgery—John Marshall, F.R.S.
Analytical Chymistry—Professor Williamson, throughout the Session.

Logic, French, and German Languages, Natural Philosophy, Geology and Mineralogy, according to announcement for the Faculty of Arts.

CLINICAL INSTRUCTION.

Hospital Practice daily throughout the year.
Physicians—Dr. Walshe, Dr. Garrod, Dr. Jenner, Dr. Hare.
Obstetric Physician—Dr. Murphy.
Assistant Physician—Dr. Reynolds.
Surgeons—Mr. Quain, F.R.S., Mr. Erichsen, Mr. Marshall, F.R.S.
Consulting Surgeon to the Eye Infirmary—Mr. Quain, F.R.S.
Ophthalmic Surgeon—Mr. Wharton Jones.
Assistant-Surgeon—Mr. Henry Thompson.
Dental Surgeon—Mr. G. A. Ibbetson.

Medical Clinical Lectures by Dr. Walshe, Dr. Garrod, and Dr. Murphy, also by Dr. Jenner, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease, and who gives a series of Lessons and Examinations on the Physical Phenomena and Diagnosis of Disease to classes consisting of a limited number, and meeting at separate hours.

Surgical Clinical Lectures, especially by Mr. Quain, and by Mr. Erichsen.

Lectures on Ophthalmic Cases by Mr. Wharton Jones.

Practical Instructions in the Application of Bandages and other Surgical Apparatus, by Mr. Marshall.

Practical Pharmacy.—Pupils are instructed in the Hospital Dispensary.

Prospectuses may be obtained at the Office of the College.

Prizes.—Gold and Silver Medals for excellence in the Examinations at the close of the Courses in most of the Classes.

Liston Gold Medal for Clinical Surgery.

Dr. Fellowes' Medals for Clinical Medicine, two Gold and two Silver.

Filliter Exhibition for Proficiency in Pathological Anatomy, £20.

Longridge Exhibition for general Proficiency in Medicine and Surgery, £40.

An Atkinson Morley Scholarship for the Promotion of the Study of Surgery, £45; tenable for three years.

Residence of Students.—Several of the Professors receive Students to reside with them, and in the Office of the College there is kept a Register of parties, unconnected with the College, who receive boarders into their families. Among these are several Medical gentlemen. The Register will afford information as to terms and other particulars.

JOHN E. ERICHSEN, Dean of the Faculty.
August, 1860. CHAS. C. ATKINSON, Secretary to the Council.

The Lectures to the Classes of the Faculty of Arts will commence on Tuesday, 16th October.

The Junior School will open on Tuesday, the 25th September.

Hospital for Diseases of the Skin,

NEW BRIDGE-STREET, BLACKFRIARS.

Between 700 and 800 cases attend weekly. The out-patients are seen on Mondays, Wednesdays, and Thursdays, at Four o'clock p.m.

Particulars can be obtained by application to the Secretary and Dispenser at the Hospital.

St. Bartholomew's Hospital and

MEDICAL COLLEGE.—The WINTER SESSION will COMMENCE on OCTOBER 1st, with an INTRODUCTORY ADDRESS by Mr. SAVORY, at Eight o'clock, p.m.

LECTURES.

Medicine—Dr. Baly and Dr. Kirkes.
Surgery—Mr. Lawrence.
Descriptive Anatomy—Mr. Skey and Mr. Holden.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Frankland.
Superintendence of Dissections—Mr. Callender and Mr. Smith.
Demonstrations of Morbid Anatomy—Dr. Harris.

SUMMER SESSION, 1861, commencing May 1st.

Materia Medica—Dr. F. Farre.
Botany*—
Forensic Medicine—Dr. Black.
Midwifery, &c.—Dr. West.
Comparative Anatomy*—
Practical Chemistry—Dr. Frankland and Mr. Attfield.

* The Lectureships on Botany and Comparative Anatomy have been recently vacated, but the names of the Lecturers will be shortly announced.

HOSPITAL PRACTICE.—The Hospital contains 650 beds, and relief is afforded to more than 90,000 patients annually. The in-patients are visited daily by the Physicians and Surgeons, and Clinical Lectures are delivered—On the Medical Cases, by Dr. Burrows, Dr. Farre, and Dr. Black; on the Surgical Cases, by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skey. The out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

COLLEGIATE ESTABLISHMENT.—Students can reside within the Hospital walls, subject to the rules of the Collegiate system, established under the direction of the Treasurer and a Committee of Governors of the Hospital. Some of the teachers and other gentlemen connected with the Hospital also receive students to reside with them.

SCHOLARSHIPS, PRIZES, &c.—At the end of the Winter Session, examination will be held for two Scholarships of the value of £45, for the year. The examination for Prizes and Certificates of Merit will take place at the end of the Winter and Summer Sessions.

Further information may be obtained from Mr. Paget, Dr. Kirkes, Mr. Holden, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

Pharmaceutical Society of Great

BRITAIN, 17, BLOOMSBURY-SQUARE, W.C., SCHOOL of PHARMACY, SESSION 1860-61.

The next Session will commence on MONDAY, the 1st of October, and extend to the end of July, 1861.

LECTURES.

On Chemistry and Pharmacy—By Dr. Redwood.

These Lectures will be delivered on Tuesday, Wednesday, and Friday mornings, at half-past Eight o'clock, commencing on Tuesday the 2nd of October.

On Botany and Materia Medica—By Professor Bentley.

The first and second parts of this Course extending over the winter months, will be delivered at 17, Bloomsbury-square, on Monday and Saturday mornings, at half-past Eight o'clock, commencing on Saturday the 16th of October. The third part of the Course on Systematic Botany, will be delivered at the Royal Botanic Gardens, Regent's-park.

Students who are not registered in connexion with the Society, are required to pay a fee of One Guinea for attendance at each of the Courses of Lectures. A Competitive Examination will be held in each Class at the end of the Session, when the Council award bronze medals, and certificates of honour to the successful Candidates.

LIBRARY AND MUSEUM.

Associates, Apprentices, and Students, have free admission to the Library and Museum. A special collection of the articles of Materia Medica is provided in the Museum for the use of the Students.

LABORATORY COURSE.

The New Suite of Laboratories for Practical Instruction in Pharmaceutical Chemistry, will be opened on Monday, the 1st of October, 1860, under the direction of Professor Redwood.

The Laboratories will be opened from Nine o'clock in the morning, until Five in the afternoon daily, excepting Saturday, throughout the Session. All necessary materials, and the principal parts of the apparatus will be provided. Fee for the Session of Ten months, £30.

DEMONSTRATIONS IN PRACTICAL PHARMACY,

by Mr. J. C. Braithwaite.

A Course of Twenty-five Demonstrations in Practical Pharmacy, will be given on Tuesday and Thursday evenings, from Eight till Ten o'clock, commencing on Tuesday, the 6th of November. Fee to the Course, One Guinea and a-half.

DEMONSTRATIONS IN CHEMICAL ANALYSIS,

by Mr. C. H. Wood.

A Course of Twenty-five Demonstrations in Chemical Analysis, including its special applications to the Detection of Adulterations in Food, Drink, and Medicine, will be given on Monday and Friday evenings, commencing on Friday, the 9th of November. Fee to the Course, One Guinea.

Persons not registered in connexion with the Society, will be required to pay an additional fee of Half-a-Guinea for attendance at the above Courses of Demonstrations.

Detailed Prospectuses, and further information may be obtained from the Secretary.

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Middlesex Hospital Medical College.

—WINTER SESSION.—A Course of CLINICAL LECTURES on the DISEASES of WOMEN and CHILDREN will be delivered, by Dr. PRIESTLEY, to the Students in this College.

The Middlesex Hospital Medical COLLEGE.

GENERAL FEE for all the Lectures and Hospital Practice required by the College of Surgeons and Society of Apothecaries, £88 4s. 0d., payable by three instalments, falling due as follows:—First Session, £35; Second Session, £35; Third Session, £18 4s.

For those who desire to comply with the regulations of the Royal College of Surgeons in respect to the Examination for Certificates in Dental Surgery only, the general fee will be Forty Guineas. This sum may be paid by instalments of Twenty-five Guineas at the beginning of the First Session, and Fifteen Guineas at the beginning of the Second Session.

The Middlesex Hospital, having an endowed Cancer Department and special Wards for Uterine Diseases and Syphilis, contains in the aggregate 305 beds. There are separate Out-patient Departments for Ophthalmic Cases, and for the Diseases of Women and Children.

FIVE APPOINTMENTS within the walls of the Hospital, with free board and residence, are open to those Gentlemen who have completed their education in the Medical College; namely—Two House Surgeoncies (Fee, £21) and Three Clinical Assistantships (no Fee), tenable for one year. The award of these appointments is made by means of Competitive Examination.

The arrangements for Clinical Instruction provide that every general Student shall be, during certain distinct periods, both Clinical Clerk and Dresser

INSTRUCTION IN MODERN LANGUAGES.—To encourage and aid those Pupils in the College who may be desirous of extending their acquaintance with the French and German Languages, the Board of Management has sanctioned the establishment of Classes within the Hospital, and has appointed Dr. Buchheim, Ph.D. Vienna, Certificated Preceptor, Teacher.

Certificates of Honour are given in each Class, and also for good Clinical Reports. Prizes are given for general proficiency. Written Periodical Examinations are held several times in the Session—the results of which determine the award of the Prizes.

The Prizes of each of the two first Winter Sessions are in value Six and Four Guineas. The Prizes of the Third Session are—The Governors' Prize, value Twenty Guineas; Two Prizes, value Six Guineas each; Two Prizes, value Four Guineas each, for Reports in Clinical Medicine and in Clinical Surgery.

The Prizes of each of the Summer Sessions are in value Three and Two Guineas.

The Clayton Prize, value Three Guineas, given by Oscar Clayton, Esq., for proficiency in Comparative Anatomy.

NAMES OF THE MEDICAL OFFICERS OF THE HOSPITAL AND OF THE LECTURERS.

Names.	In the Hospital Staff.	Lecturer in the College, on
Dr. Stewart	Physician	Medicine
Dr. Goodfellow	Physician	Medicine
Dr. H. Thompson	Physician	Materia Medica
Dr. Frere	Physician-Accoucheur	
Dr. Priestley	..	Midwifery
Dr. F. Weber	Assistant-Physician	
Dr. Charles Coote	Assistant-Physician	Medical Jurisprudence
Mr. Shaw	Surgeon	Surgery
Mr. De Morgan	Surgeon	Physiology
Dr. Woodham Webb	..	Histology
Mr. Moore	Surgeon	Anatomy
Mr. Henry	Surgeon	Medical Jurisprudence
Mr. Nunn	Assistant-Surgeon	Practical Anatomy
Mr. Flower	Assistant-Surgeon	Ditto
Mr. Tomes	Surgeon-Dentist	
Mr. Taylor Mr. Heisch	..	Chemistry
Dr. Lawrence	..	Botany
Mr. Sibley	Superintending Registrar	Pathology
Dr. Murchison	Superintendent of Post Mortems	Ditto
Dr. T. S. Cobbold	..	Comparative Anatomy

CERTIFICATES IN VACCINATION.—The Royal College of Surgeons now require that Certificates of Instructions in Vaccination shall be obtained by all Candidates for its Diploma; arrangements have in consequence been made with Mr. Simpson, one of the Public Vaccinators authorised to give Certificates of Proficiency in Vaccination, and who attends in the immediate neighbourhood of the Hospital, by which all Students at this College may obtain the necessary instruction and Certificates.

The Fee for the Course required is One Guinea, and Tickets may be obtained from the Dean of the College.

A Course of Surgical Operations on the Dead Body can be obtained by arrangement with the Teachers of Practical Anatomy.

PRACTICAL PHARMACY.—Students receive instruction from the Resident Apothecary, Mr. Plaskett, in the Dispensary and Drug Room, Fee, from £4 4s. to £8 8s.

For other information, Prospectuses, &c., apply to the Resident Apothecary; to Mr. De Morgan, the Treasurer to the Medical College; or to the Dean,

THOMAS WILLIAM NUNN.

Royal College of Surgeons of England.

—NOTICE is Hereby Given, That the Registration at this College of the Students attending the London Medical Schools, will be OPEN from the 1st to the 13th of OCTOBER next, inclusive. That Candidates for the Diploma of this College will be required to produce, in addition to the Certificates of Professional Studies heretofore required by the regulations of the Council, a Certificate of Instruction and Proficiency in Vaccination. That the next Primary or Anatomical Examination for the Membership of the College will be held on the 5th of November, and subsequent days, and that the next Pass or Surgical Examination on the 10th of November next, and following days.

By Order,

September 11, 1860. EDMUND BELFOUR, Secretary.

British Lying-In Hospital, Endell-

STREET, LONG ACRE.—FOUNDED 1749,

Gentlemen are admitted as Resident Pupils of the Hospital on application to the Weekly Board.

No Pupil can be admitted for less than two months, or for a longer period than six months.

FEES.—For Two months, Seven Guineas; Four Months, Ten Guineas; Six Months, Twelve Guineas; Board and Lodging, One Guinea per week.

Resident Pupils have the advantage of attending the In- and Out-Patients of the Hospital during labour, under the direction of the Medical Officers. The above Fees also include attendance on the Clinical Lectures in Midwifery, which are delivered periodically by the Medical Officers.

FEMALE PUPILS are also admitted into the Hospital for Systematic Instruction in Midwifery. Terms can be known on application at the Hospital. EDWIN PHILLIP, Secretary.

Hull and East-Riding School of

MEDICINE and ANATOMY, KINGSTON-SQUARE.—SESSION 1860-1861.

The WINTER SESSION will commence on MONDAY, October 1, 1860.

		Sessional Course. £ s. d.	Perpetual Course. £ s. d.
Anatomy, Physiology, and Pathology—Mr. R. M. Craven	Daily at 8 a.m.	5 5 0	8 8 0
Anatomy and Anatomical Demonstrations—Dr. King	Daily at 5 p.m.	4 4 0	6 6 0
Principles and Practice of Medicine—Dr. Daly	Daily at 3 p.m.	5 5 0	7 7 0
Principles and Practice of Surgery—Mr. J. H. Gibson	Tuesday, Thursday, and Saturday, at 4 p.m.	3 3 0	5 5 0
Chemistry—Dr. Beckitt	Tuesday, Wednesday, Thursday, and Friday, at 8 p.m.	5 5 0	
SUMMER SESSION—Commencing May 1, 1861.			
Midwifery and Diseases of Women and Children—Mr. Henry Gibson	Daily at 7 a.m.	4 4 0	6 6 0
Materia Medica and Therapeutics—Mr. Carnley, M.B.	Daily at 8 a.m.	5 5 0	7 7 0
Forensic Medicine and Histology—Dr. Munroe, F.L.S.	Monday, Wednesday, Friday, and Saturday, at 3 p.m.	3 3 0	
Botany—Mr. Niven	Monday, Wednesday, Friday, and Saturday, at 3 p.m.	3 3 0	
Practical Chemistry — Dr. Beckett		2 2 0	

Perpetual to all the Lectures, except Chemistry, £42.

Attendance at the above Lectures and at the Hospital, which contains 152 beds, will confer the same qualification as is obtained in the Medical Schools of London.

Clinical Lectures will be given at the Hospital twice a-week; on Medicine by Dr. Sandwith, Sir H. Cooper, and Dr. Daly; on Surgery by Dr. Lunn, Mr. Craven, and Dr. King.

Perpetual Fee for attendance on the Medical and Surgical Practice, £21. Clinical Lectures, £1 1s.

The Library of the Hospital is open to the Students of the Medical School, by an annual payment of ten shillings.

Application for tickets may be made to Mr. R. M. Craven, 14, Albion-street, Hull.

Liverpool Royal Infirmary School of

MEDICINE.—The SESSION of 1860-61 will commence on MONDAY, October 1, when the INTRODUCTORY ADDRESS will be delivered by R. GEE, Esq., M.D.

WINTER SESSION.

Principles and Practice of Surgery—Mr. Long, and Mr. E. R. Bickersteth.
Principles and Practice of Physic—Dr. Inman.
Anatomy, Physiology, and Pathology } Mr. F. D. Fletcher and Dr. A. T. H.
Descriptive and Surgical Anatomy— } Waters.
Chemistry and Pharmacy—Dr. Edwards.

SUMMER SESSION.

Midwifery and Diseases of Women—Mr. Batty.
Diseases of Children—Dr. Grimsdale.
Materia Medica and Therapeutics—Dr. Nevins.
Medical Jurisprudence—Dr. Cameron.
Toxicology—Dr. Edwards.
Botany—Dr. Collingwood.
Ophthalmic Medicine and Surgery—Dr. R. Hibbert Taylor.
Practical Chemistry—Dr. Edwards.
Pathological Anatomy—Dr. Gee.

ANNUAL EXHIBITIONS.

ROYAL INFIRMARY MEDICAL SCHOLARSHIP—value £42—consisting of a Gold Medal, value £10 10s., and Six Months' free Board and Residence, with Dressership and Clerkship in the Royal Infirmary. In case the Scholarship is gained by a Resident Pupil, Six Months' payment (£31 10s.) will be returned to him.

FOUR EXHIBITIONS—value £31 10s. each—consisting of free Board and Residence in the Royal Infirmary for Six Months', with Dressership on award of the Medical Board.

Medals and other Prizes are awarded annually in each subject at the close of the Session.

The Fee for all the Lectures (including Practical Chemistry) required by the College of Surgeons and the Apothecaries' Hall is £45, payable in advance.

Further particulars may be obtained from the Registrar, Mr. Fletcher, 13, Mornington-terrace.

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Liverpool Northern Hospital.—The

WINTER SESSION will commence on MONDAY, the 1st October.

Clinical Lectures will be delivered by the Physicians and Surgeons.

Physicians—Dr. Collingwood, and Dr. Waters.

Surgeons—Mr. Ellis Jones, Mr. D. Chalmers, and Mr. Millett-Davis.

Junior Surgeon—Mr. Hakes.

Fees for Hospital Practice—Perpetual, 30 guineas; one year, 12 guineas; six months, 9 guineas.

For further particulars, apply to the House-Surgeon,

Mr. WORKMAN.

Liverpool Northern Hospital, September 1, 1860.

Queen's College, Birmingham.—The

WINTER SESSION will Commence on the 1st of OCTOBER, and the INTRODUCTORY ADDRESS will be Delivered by Professor Dr. WADE, on TUESDAY, the 2nd, at One o'Clock.

WINTER SESSION.

Medicine—Professor F. W. Wade, M.A., M.B.
Surgery—Professor Sands Cox, F.R.S.
Physiology—Professor Andrews, M.D.
Descriptive and Surgical Anatomy—Professor Furneaux Jordan, M.R.C.S.
Practical Anatomy—Professor F. Jordan and W. B. Foster, L.Q. and K.C.P.I.
Chemistry—Professor Anderson, F.C.S.L.

SUMMER SESSION.

Forensic Medicine—Professor Postgate, F.R.C.S.
Practical Chemistry—Professor Anderson, F.C.S.L.
Botany—Professor Hinds, M.D.
Midwifery, Materia Medica } Professors Clay and Suckling.

CLINICAL INSTRUCTION.

Clinical Medicine—Professors Wade, Fleming, and Andrews.
Clinical Surgery—Professors Cox, West, and Gamgee.
Clinical Midwifery—Professor Berry, F.R.C.S.

HOSPITAL PRACTICE.

Hospital Practice: Medical—Drs. Wade, Fleming, and Andrews.
Assistant Physician—Dr. Foster.
Hospital Practice: Surgical—Messrs. Sands Cox, West, and Gamgee.
Assistant Surgeon—Mr. F. Jordan.
Hospital Practice: Midwifery—Dr. Suckling and Mr. John Clay.

FEES FOR LECTURES.

	Single Course. £ s. d.		Single Course. £ s. d.
Descriptive Anatomy, General Anatomy, and Physiology	7 7 0	Materia Medica	4 4 0
		Botany	4 4 0
		Medicine	4 4 0
Anatomical Demonstrations	4 4 0	Surgery	4 4 0
		Medical Jurisprudence	4 4 0
Chemistry	4 4 0	Midwifery	4 4 0
Practical Chemistry	3 3 0	Comparative Anatomy	3 3 0

FEES FOR THREE YEARS' COURSE.—The Composition Fee to be paid for the Course of Lectures required by the College of Surgeons, and the Society of Apothecaries, and the Army and Navy and East India Boards, is Forty-five Guineas. The payment may be made at once, or, on special application, in two equal sums. The Students will have the services of the Resident Medical Tutor in the Dissecting Room, and admission to the Museum and Library without any additional fee.

SCALE OF FEES

FOR ADMISSION TO THE MEDICAL, SURGICAL, AND MIDWIFERY PRACTICE OF THE QUEEN'S HOSPITAL.

Number of beds, 150; average number of out-patients weekly, 1000. Three years, or the period required by the Examining Boards, Medical and Surgical, £21.

CLINICAL INSTRUCTION.—Clinical, Surgical, and Medical Lectures will be delivered by the Physicians and Surgeons weekly, which the Students are required to attend without additional Fee.

APPOINTMENTS OPEN TO STUDENTS.—The Offices of Physicians' Clerks, Surgeons' Dressers, and Midwifery Students are also open to the Students without further Fee.

TOTAL EXPENSES.—The total expenses of the Course of Lectures and Hospital Practice required by the Examining Bodies over a period of Three years will be covered by the sum of £68 6s.

For further particulars, apply to Dr. Wade, Honorary Secretary to the Professors, Temple-row; or to Mr. Sands Cox, Dean of the Faculty, Temple-row.

University of Durham.—College of

MEDICINE, NEWCASTLE-UPON-TYNE.

Students who Matriculate at the University are enabled to proceed to a Licence in Medicine, and then to the Degrees of M.B. and M.D.

The Course required is as follows:—They must reside for one Academical year in the University, attend Lectures similar to those given to Students in Arts in their first year, and at the end of the year pass an Examination in the Rudiments of Religion, Literature and Science. Afterwards they must pursue their studies for three years in the College of Medicine at Newcastle, and then, preparatory to obtaining a licence in Medicine, pass at Durham and at Newcastle the final Examinations, which will be in the Medical Sciences.

Licentiates in Medicine may proceed to the Degrees of M.B. and M.D. by writing an Essay, and passing an Examination, upon some proposed Medical subject. Such Licentiates being of the standing of twenty-one Terms from the date of Matriculation for the Degree of Bachelor, and of thirty-three Terms for the Degree of Doctor of Medicine.

WINTER SESSION—commencing October 1, 1860.

Physiology—D. Embleton, M.D.
Anatomy—T. F. McNay, M.D.
Dissections—W. Murray, M.R.C.S.
Medicine—E. Charlton, M.D., and G. Robinson, M.D.
Mental Diseases—G. Robinson, M.D.
Surgery—G. Y. Heath, M.D.
Principles of Chemistry—T. Richardson, Ph.D., E. J. J. Browell, and A. F. Marreco.

SUMMER SESSION—Commencing May 1, 1861.

Midwifery, &c.—S. M. Frost, M.D.; W. Dawson, M.D.; and C. Gibson, M.D.
Botany—J. Thornhill and H. B. Brady.
Medical Jurisprudence—A. S. Donkin, M.D.
Materia Medica and Therapeutics—Thomas Humble, M.D.
Practical Chemistry—T. Richardson, Ph.D., E. J. J. Browell, and A. F. Marreco.
Operative Surgery—G. Y. Heath, M.D
Military Surgery—Sir John Fife, F.R.C.S.
Pathological Anatomy—S. Fenwick, M.D., and C. J. Gibb, M.D.
Medical Tutor—W. Murray, M.R.C.S., L.S.A.

HOSPITAL PRACTICE.

This can be attended at the Newcastle Infirmary, which contains 230 beds, and in which the required Clinical Lectures are delivered. The number of patients last year was 12,326.

Perpetual Fee, Seventeen Guineas.

There are two resident and two non-resident Clinical Clerks, who hold office for six months, and are re-eligible. The resident Clerks pay £10 10s.

Four gratuitous Dresserships are at the disposal of the Surgeons.

Perpetual Fee to all the Lectures, Forty-four Guineas.

The Laboratories, Libraries, and Museums are open daily.

Medical Scholarships in the University:—Four Scholarships of £25 a-year each, are tenable for four years by Students residing at Durham or Newcastle, and not of sufficient standing to proceed to a Licence in Medicine. A Scholarship will be awarded in October next. Three Exhibitions of £4, £6, and £10, for First, Second, and Third Years' Students respectively, will be competed for at the end of the Summer Session.

D. EMBLETON, M.D., Registrar.
T. F. McNAY, M.D., Secretary.

Newcastle-upon-Tyne, September 16, 1860.

Leeds School of Medicine.—Thirtieth

SESSION, 1860-1.—PLAN of LECTURES.—The WINTER SESSION will commence on MONDAY, OCTOBER 1st, 1860, when T. SCATTERGOOD, Esq., President, will deliver the INTRODUCTORY LECTURE at Twelve o'clock.

Physiology, General Anatomy, and Pathology, by Mr. Ikin and Mr. C. G. Wheelhouse. The First Lecture, Tuesday, October 2nd, at Twelve	Monday, Tuesday, and Thursday, at Twelve o'clock.
Anatomy, by Mr. Wm. Nicholson Price and Mr. T. Pridgin Teale, jun. The First Lecture, Tuesday, October 2nd, at Ten a.m.	Tuesday, Ten a.m., Wednesday, Friday, and Saturday, at Twelve o'clock.
Principles and Practice of Surgery, by Mr. Nunneley and Mr. S. Hey. The First Lecture, Wednesday, October 3rd, at Eight p.m.	Monday, Wednesday, and Friday, at Eight p.m.
Chemistry, by Mr. Morley and Mr. Scattergood. The First Lecture, Wednesday, October 3rd, at Six p.m.	Monday, Wednesday, Thursday, and Friday, at Six p.m.
Principles and Practice of Physic, by Dr. Chadwick and Dr. Heaton. The First Lecture, Monday, October 1st, at Five p.m.	Monday, Tuesday, Wednesday, and Thursday, at Five p.m.

Demonstrators Mr. T. Pridgin Teale, jun. and Mr. Hall.

SUMMER SESSION, 1861, Commencing May 1st.

Materia Medica and Therapeutics, by Mr. Bishop.	Monday, Tuesday, Wednesday, Thursday, and Friday at Half-past Five p.m.
Midwifery and Diseases of Women and Children, by Mr. Smith and Mr. Braithwaite	Daily at Seven a.m.
Forensic Medicine and Toxicology, by Dr. Pyemont Smith.	Monday, Tuesday, Wednesday, Thursday, and Friday, at Twelve o'clock.
Botany, by Mr. William Hall	Monday, Tuesday, Thursday, and Friday at Ten a.m.
Practical Chemistry, by Mr. Scattergood.	Monday and Thursday, Four p.m.

Operative Surgery, by Mr. Nunneley, and Mr. Samuel Hey.

Fee to all the Courses required by the Examining Bodies, except Practical Chemistry, £42. Entrance fee to Library and Reading Room, £1.

*** Application for Tickets may be made to the Treasurer, Mr. Samuel Hey, Albion-place.

Registrar—Dr. Pyemont Smith.

N.B.—Attendance at the above Lectures will confer the same qualification for Examination as is obtained in the Medical Schools of London. The Terms of attendance on the Practice of the Infirmary, the House of Recovery, the Dispensary, and the Eye and Ear Infirmary may be known on application to the Officers of those Institutions.

Clinical Lectures, in conformity with the regulations of the College and Hall, will be given at the General Infirmary; in Medical Cases by Dr. Chadwick, Dr. Heaton, and Dr. Hardwick; and in Surgical Cases by Mr. Smith, Mr. T. P. Teale, and Mr. Samuel Hey.

Clinical Clerkships and Dresserships.—Three Clinical Clerkships and Three Dresserships are at the disposal of the Physicians and Surgeons to the General Infirmary, and are gratuitous.

Clinical Lectures are also given on Ophthalmic and Aural Practice at th Eye and Ear Infirmary, by Mr. Nunneley.

Medical Libraries are connected both with the School and the Infirmary.

*** Notice to Students.—By a Regulation of Apothecaries' Hall, attendance on no Lectures will be recognised unless entered to within seven days after their commencement.

Dr. E. E. Barron will Resume his

COURSES of MEDICAL and SURGICAL TUITION adapted to Gentlemen preparing for Professional Examinations, on September 24.

The Winter Course will commence on Tuesday, October 2.

Class-room, 16, St. Thomas's-street East, Borough.

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UNIVERSITY OF ABERDEEN.

SESSION 1860-61.

(Being the first Session of the University as remodelled by the Union of the Universities of King's and Marischal Colleges, under the Act 21 and 22 Vict., Chap. 83.)

I.—FACULTY OF MEDICINE.

WINTER SESSION commences on MONDAY, November 5, and extends over Six Months.

Classes.	Professors.	Hours.	Class Fees. £ s. d.
Anatomy ..... Anatomical Demonstrations	Professor A. J. Lizars, M.D.	12 Noon.	3 3 0
Practical Anatomy.....	Professor A. J. Lizars and Demonstrator ..	2 p.m.	2 2 0
Chemistry	Prof. A. Fyfe, M.D.; Mr. Brazier, Substitute..	3 p.m.	3 3 0
Materia Medica	Professor R. Harvey, M.D..	8 a.m.	3 3 0
Institutes of Medicine....	Professor G. Ogilvie, M.D..	4 p.m.	3 3 0
Surgery	Prof. W. Pirrie, F.R.S.E....	1 p.m.	3 3 0
Practice of Medicine.....	Professor Macrobin, M.D..	3 p.m.	3 3 0
Midwifery and Diseases of Women and Children	Professor R. Dyce, M.D....	4 p.m.	3 3 0
Natural History	Professor J. Nicol, A.M....	2 p.m.	3 3 0
Medical Logic & Medical Jurisprudence.....	Professor F. Ogston, M.D..	9 a.m.	3 3 0
Natural Philosophy	Professor D. Thomson, M.A.	9 or 10 a.m.	3 3 0

Matriculation Fee (including all dues) for the Winter and Summer Sessions together, £1.

SUMMER SESSION commences on MONDAY, May 6, and extends over Three Months.

Classes.	Professors.	Hours.	Class Fees. £ s. d.
Botany	Professor G. Dickie, M.D..	—	3 3 0
Practical Anatomy and Demonstrations	Professor A. J. Lizars and the Demonstrator	—	2 2 or both courses £3 3s.
Comparative Anatomy....	Professor A. J. Lizars.....	—	2 2
Dietetics and Hygiene	Professor R. Harvey, M.D..	—	2 2 0
Practical Chemistry	Prof. A. Fyfe, M.D.; Mr. Brazier, Substitute	—	3 3 0
Histology		—	2 2 0
Natural Philosophy	Professor D. Thomson, M.A.	—	2 2 0

Matriculation Fee (including all dues), if the previous Winter Session has not been attended, 10s.

The various Courses delivered at this University qualify for examination here, and at the Universities of Oxford, Cambridge, London, Dublin, Queen's University, Ireland, St. Andrew's, Glasgow, and Edinburgh; the Royal College of Surgeons of England, Edinburgh, and Ireland; the Apothecaries' Hall, London; and the Medical Boards of the Army and Navy.

HOSPITAL PRACTICE AND CLINICAL LECTURES.

Hospital Practice daily at Ten o'clock at the Royal Infirmary, which contains upwards of 280 Beds.

Physicians.		Surgeons.	
DR. DYCE.	DR. NICOL.	WM. KEITH, Esq.	DAVID KERR, Esq
DR. KILGOUR.	DR. WILLIAMSON.	WM. PIRRIE, Esq.	

Ophthalmic Surgeon, Dr. CADENHEAD.

Lectures on Clinical Medicine, by Dr. KILGOUR, First Course, £2 2s.; Second Course, £1 1s.
Lectures on Clinical Surgery, by WILLIAM KEITH, Esq., First Course, £2 2s.; Second Course, £1 1s.
Lectures on Ophthalmic Surgery, by Dr. CADENHEAD, First Course, £2 2s.; Second Course, £1 1s.
The Perpetual Fee to the Hospital, £5 5s.

THE LUNATIC ASYLUM,

Under the care of Dr. Macrobin, Consulting Physician, and Dr. Robert Jamieson, Resident Physician, contains about 280 Patients. A limited number of Pupils is permitted to witness the practice pursued in this Asylum, in the treatment of Mental Disease.

A Course of Clinical Instruction in the Treatment of Insanity is given during the Summer Session by Dr. Jamieson, the Medical Superintendent. Fee, £2 2s.

REGULATIONS FOR GRANTING MEDICAL DEGREES.

Students commencing their Studies next Session will come under the following Regulations:—

CURRICULUM.

I. Four years of attendance on Medical Classes, of which two years may be passed at a properly organised Medical School; but two must be passed in a University, and one of them, at least, in this University. The attendance, in each year, must embrace not fewer than two courses of not less than one hundred Lectures each; or one such Course, with two Courses of not less than fifty Lectures each, with the exception of the Clinical Courses, in which Lectures are to be given at least twice a week during the prescribed periods. But in the case of a Graduate in Arts, it will be held equivalent to one of these four years, that he has attended one Medical Class while passing through the Curriculum of Arts. The University attendance must include the following Classes, each for at least one course of not less than one hundred Lectures:—Anatomy, Chemistry, Materia Medica, Institutes of Medicine, Practice of Medicine, Surgery, Medical Logic and Medical Jurisprudence, and Midwifery, with Practical Midwifery at an Hospital for three months, or attendance on six cases elsewhere; and the following Classes for, at least, one course of not less than fifty Lectures:—Botany and Practical Chemistry.

Practical Anatomy also must be attended for not less than six months, and every Candidate must produce a certificate that he has dissected all the parts of the human body at least once.

II.—Two years of attendance on the Medical and Surgical Practice of an Hospital containing not fewer than Eighty Beds, and which possesses a distinct staff of Physicians and Surgeons; along with attendance for Six Months on Lectures on Clinical Medicine, and for Six Months on Lectures on Clinical Surgery.

III.—Attendance for at least Six Months, by Apprenticeship or otherwise, on the Practice of a Physician, Surgeon, or Member of the Apothecaries' Company of London, or of Dublin, or on the out-practice of an Hospital, or the Practice of a Dispensary.

IV.—Three Months of Compounding and Dispensing Medicines in the Laboratory of an Hospital, or of a Public Dispensary, or of a Licensed General Practitioner, or of a regular Dispensing Druggist.

EXAMINATIONS.

There shall be two Examination Terms in each year, viz., in April and October.

(1.) PRELIMINARY EXAMINATION.

All Candidates, not possessed of a Degree in Arts, obtained on Examination, shall undergo an Examination on the following subjects:—The English Language, Latin (from prescribed authors), the Elements of Mathematics (Three Books of Euclid), Arithmetic, Algebra (as far as Simple Equations inclusive), and the elements of Mechanics.* In addition to the above, Candidates, before being admitted to the First Professional Examination, shall also be examined upon any two of the following subjects, at their option, viz.:—Greek, German, French, Natural History, Higher Mathematics, Natural Philosophy, Logic, Moral Philosophy.

It will be held equivalent to the foregoing Examination for the Candidate to have attended the first two Sessions in the Curriculum of Arts in this University, and passed the Entrance Examinations, provided he also undergo an Examination in Mechanics, and in one of the above optional branches, exclusive of Greek, on which he has previously been examined.

These Examinations shall be conducted by Professors in Arts, together with Members of the Medical Faculty.

* It is considered by this and the other Universities of Scotland to be highly desirable that at least this part of the non-Professional Examination hould be undergone before the student enters upon his Medical Studies at this or any other Medical School.

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(2.) PROFESSIONAL EXAMINATIONS.

Candidates shall undergo *Three* Professional Examinations, which shall be conducted both by written questions and *viva voce*, as follows:—
The First Examination not to be taken before the end of the Second year of Study, and to include Botany, Chemistry, and Materia Medica.
The Second Examination not to be taken before the end of the Third Year, and to include Anatomy, Institutes of Medicine and Surgery.
The Third Examination not to be taken before the end of the Fourth Year, and to include Practice of Medicine, Midwifery, and Medical Jurisprudence and Medical Logic.†
The Examinations on these subjects shall include Demonstrations and Clinical Cases.
It is recommended that Candidates should not take more than one Examination at each term; but Candidates will be allowed, if they choose, to appear for their First and Second Professional Examinations at the end of the Third Year of their Medical Studies, or the Three Professional Examinations at the end of the Fourth Year.

CONFERRING OF DEGREES.

The Degrees of Bachelor of Medicine (M.B.) and of Master of Surgery (C.M.) ‡ may be conferred on any Candidate who has passed the prescribed Examinations, and is of the age of twenty-one years.
The Degree of Doctor of Medicine (M.D.) may be conferred on any Candidate who has obtained the Degree of M.B. and is of the age of twenty-four, having been engaged, subsequently to his having received the Degree of M.B., for two years in Medical and Surgical Practice, or in either of the Public Services, or in attendance on an Hospital. The Medical Faculty shall have the power to require an Examination for this Degree, if they see cause, and to decline recommending the Candidate to the Senatus, should the result of the Examination not prove satisfactory.

FEES FOR GRADUATION IN MEDICINE.

For the Degrees of Bachelor of Medicine, and of Master of Surgery, together‡..... £21 0 0
Additional for the Degree of Doctor of Medicine, exclusive of stamp duty (£10)..... 5 0 0

II.—FACULTY OF ARTS.

The SESSION commences on MONDAY, November 5, and closes on FRIDAY, April 5.

Years of the Curriculum.	Classes.	Professors.	Hours.	Class Fees.	Total Fees, including Matriculation and all other Dues.
				£ s. d.	£ s. d.
First	Greek	Wm. D. Geddes, A.M., & Assistant	9 to 10 a.m., and 11½ a.m. to 12½ p.m.	3 3 0	
	Latin	Robert Maclure, LL.D., & Assistant	10 to 11 a.m., and 12½ to 1½ p.m. ..	3 3 0	
	English Language and Composition	Alex. Bain, A.M.	1½ to 2½ p.m., Monday, Wednesday, and Friday	1 1 0	8 7 0
Second	Mathematics	Fred. Fuller, M.A., and Assistant	9 to 10 a.m., and 12½ to 1½ p.m. ..	3 3 0	
	Greek	Wm. D. Geddes, A.M., & Assistant	10 to 11 a.m.	1 1 0	
	Latin	Robert Maclure, LL.D., & Assistant	11½ a.m. to 12½ p.m.	1 1 0	
	Natural History	James Nicol, A.M.	2 to 3 p.m..	3 3 0	9 8 0
Third	Natural Philosophy	David Thomson, M.A., & Assistant	9 to 10 a.m. daily; 12½ to 1½ p.m., on Monday, Wednesday and Thursday	3 3 0	
	Mathematics	Fred. Fuller, M.A., and Assistant	11½ a.m. to 12½ p.m.	1 1 0	
	Logic	Alex. Bain, A.M.	10 to 11 a.m. daily; 12½ to 1½ p.m. on Tuesday & Thursday; 1½ to 2½ p.m. on Wednesday..	2 2 0	7 6 0
Fourth	Moral Philosophy	William Martin, A.M..	9 to 10 a.m. daily, and 11½ a.m. to 12½ p.m. on Monday, Wed. and Friday	3 3 0	
	Natural Philosophy	David Thomson, M.A., & Assistant	10 to 11 a.m.	1 1 0	
	Chemistry	Andrew Fyfe, M.D.; James S. Brazier, Substitute ..	3 to 4 p.m..	3 3 0	8 7 0

Fee for the Degree of A.M., £4 4s.

The above is the Course of Study for the Degree of A.M., which has been prescribed by the University Commissioners, for Students commencing their Studies after the 15th of September, 1860; but Students, who have already commenced their Studies either at King's College or at Marischal College, will be bound to attend only those Classes which were required at those Colleges respectively. Students of the Fourth Year next Session, who have not already attended Senior Latin, will do so daily from 1½ to 2½ p.m.
Students taking a Senior Class in any subject, without previous attendance on the Junior Class in the same subject, shall pay a Fee of Three Guineas.

BURSARIES AND PRIZES IN THE FACULTY OF ARTS.

On Monday, the 29th of October, at 9 a.m., and subsequent day, between thirty and forty Bursaries, tenable during the four years of the Curriculum, and ranging in annual value between £30 and £10, will be offered to public competition.
A sum of upwards of £80 will be applied for books to be given as Class Prizes at the close of the Session. The Students of the Fourth Year may also compete for the Greek Prize of £60, the Mathematical Prizes of £70, £60, and £25, and the Prize of £25 for General Scholarship.

III.—FACULTY OF DIVINITY.

The SESSION will commence on MONDAY, December 10, and close on FRIDAY, March 29.

Classes.	Professors.	Hours.	Fees.	Classes.	Professors.	Hours.	Fees.
Systematic Theology.....	Robert Macpherson, D.D.	12½	1 11 6	Church History.....	William R. Pirie, D.D....	11½ to 12½	1 11 6
Oriental Languages.....	A. Scott, A.M. (Jun. Class)	9½ to 10½	1 11 6	Biblical Criticism.....	William Milligan, A.M....	2 to 3	1 11 6
	(Sen. Class)	10½ to 11½	1 11 6			Matriculation Fee	1 0 0

BURSARIES.

Two Bruce Bursaries, each of the value of £10 per annum, will be offered for competition on Saturday, the December 15, at 10 o'clock. Subjects—Gospel of Luke (Greek); Butler's Analogy, Part I.; Paley's Evidences, Part I.

IV.—FACULTY OF LAW.

WINTER SESSION.—The Session will commence on MONDAY, November 5, and close at the end of MARCH.

Class.	Professors.	Hour.	Fee.
Scots Law.....	Patrick Davidson, LL.D., and George Grub, A.M., Substitute	3 p.m. daily.	£2 2 0

Matriculation Fee for Winter and Summer Session £1 0 0

SUMMER SESSION.

Lectures will be given on Conveyancing, of which due intimation will be given.

AGRICULTURAL CHEMISTRY.

Mr. BRAZIER, Fordyce Lecturer on Agriculture, will give a Course of Lectures on this subject, during the Winter Session.

† If Logic be taken as a part of the Preliminary Examination, the Candidate shall be exempted from Examination on Medical Logic
‡ These two Degrees together give the Double Qualification required for the practice of Medicine and Surgery.

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Royal College of Physicians of EDINBURGH.

ABSTRACT OF REGULATIONS FOR THE LICENCE, 1860-61.

1. No one can obtain the Licence of the College until he has completed the age of twenty-one years.

2. Every Applicant for the Licence must produce satisfactory evidence that he has been engaged in the study of Medicine during a period of at least four years, and that he has attended the following Courses at a University, or at some Medical School recognised by the College:—

		Duration at least
ANATOMY	1 Course	Six Months.
PRACTICAL ANATOMY	1 Course, or 2 Courses	Six Months, or Three Months each.
BOTANY (unless taken as a branch of preliminary study)	1 Course	Three Months.
CHEMISTRY	1 Course	Six Months.
PRACTICAL CHEMISTRY	1 Course	Three Months.
MATERIA MEDICA AND PHARMACY	1 Course (a)	Six Months.
PHYSIOLOGY OR INSTITUTES OF MEDICINE	1 Course	Six Months.
PRACTICE OF MEDICINE	1 Course	Six Months.
CLINICAL MEDICINE	extending to	Six Months.
PRINCIPLES AND PRACTICE OF SURGERY	1 Course	Six Months.
CLINICAL SURGERY	1 Course	Three Months.
MIDWIFERY	1 Course	Three Months.
MEDICAL JURISPRUDENCE	1 Course	Three Months.
PATHOLOGICAL ANATOMY	1 Course	Three Months, or
GENERAL PATHOLOGY	1 Course	Three Months.
PRACTICAL PHARMACY	1 Course	Three Months.

The Applicant must also produce evidence of having attended the practice of a Public Hospital (containing not fewer than 80 Beds) during a period of not less than twenty-four months, twelve of which must have been spent in attendance on the Medical Wards.

The Applicant must also have attended at least six cases of Labour under the superintendence of a qualified Medical Practitioner, either in a recognised Maternity Hospital, or a Dispensary where Midwifery cases are admitted, or in private practice; and must produce a Certificate to that effect from the Practitioner under whom he attended.

3. Every Applicant for the Licence must pass the Preliminary Examination in Literature and Science before being admitted to the Professional Examination. The subjects of Examination during the ensuing year are the following:—

A. *English.*—Writing a passage to Dictation, and explaining the grammatical construction of the passage written.

B. *Arithmetic.*—The ordinary Rules, including Vulgar and Decimal Fractions.

C. *Mathematics.*—The first and second Books of Euclid; Algebra to Quadratic Equations inclusive.

D. *Latin.*—1. Translating into English a passage from the "Bellum Jugurthinum" of Sallust. 2. Rendering a passage in English into Latin, the uninflected forms of the Latin words being supplied. (Applicants are referred to Mair's Introduction, or to Ellis' or Clarke's Exercises, for examples of the mode in which this is to be done.)

4. Masters and Bachelors of Arts of any British or Foreign University, whose Course of Study may from time to time be approved of by the College, shall be exempted from the above Preliminary Examination; and also those who have successfully undergone Examination by the National Educational Bodies, or by any of the Licensing Boards recognised by the Medical Act, provided the course of Examination, and the subjects of Examination, be equivalent to those included under Regulation 3.

5. The Professional Examinations are conducted either as a whole, at the conclusion of the Course of Study, or in parts, according to the following arrangement of subjects:—

(1.) ANATOMY, PHYSIOLOGY, CHEMISTRY, BOTANY.

(2.) MATERIA MEDICA and PHARMACY, PATHOLOGY and PATHOLOGICAL ANATOMY, SURGERY.

(3.) PRACTICE OF MEDICINE, MIDWIFERY, MEDICAL JURISPRUDENCE.

The Examinations are conducted partly *viva voce*, partly by written papers; and, whenever practicable, consist in part in the Examination of persons suffering under disease.

6. The following will be the periods of Examination, from November 1860 to August 1861:—

(1.) PRELIMINARY EXAMINATIONS in Literature and Science—
On Saturday, Nov. 3rd, 1860.
On Saturday, May 4th, 1861.
On Saturday, Aug, 3rd, 1861.

(2.) FIRST PROFESSIONAL EXAMINATIONS—
On Wednesday, Nov. 7th, 1860.
On Wednesday, Feb. 6th, 1861.
On Wednesday, April 17th, 1861.
On Wednesday, May 8th, 1861.
On Wednesday, July 17th, 1861.
On Wednesday, Aug. 7th, 1861.

(3.) The SECOND PROFESSIONAL EXAMINATIONS will take place immediately after the conclusion of each of the First Professional Examinations.

7. Licentiates of the Royal College of Physicians of London, or of the King's and Queen's College of Physicians in Ireland, who have been admitted after Examination; Licentiates in Surgery of one of the Royal Colleges of Surgeons, or of the Faculty of Physicians and Surgeons of Glasgow, of five years' standing: or Licentiates of an Apothecaries Company of five years' standing, who do not deal in Drugs, will be required to undergo Examination in the following subjects only:—Practice of Medicine and Pathology, Materia Medica, Midwifery, and Medical Jurisprudence.

(a) This Course will be accepted for three months, provided the School at which the Candidate has studied does not afford an opportunity for attending a Six Months' Course.

N.B.—Candidates applying under this law must, before being admitted to Examination, send with their Petitions Testimonials (to be approved of by the Council) from at least two well-known Medical men; and, if reported on favourably by the Examiners, their applications shall be laid by the Council before the College, and decided upon by Ballot,—a majority of two-thirds of those who vote being necessary to declare the Applicants duly elected Licentiates.

8. By the Charter of the College (1681), Doctors of Medicine of British Universities are entitled to be admitted as Licentiates on exhibiting their diplomas to the President and paying the usual Fee.

9. The Fee payable by a Licentiate is Ten Guineas.

D. R. HALDANE, M.D., Hon. Secretary.

September, 1860.

Royal Colleges of Physicians and SURGEONS of EDINBURGH.

The ROYAL COLLEGES of PHYSICIANS and SURGEONS of EDINBURGH will hold PRELIMINARY EXAMINATIONS in GENERAL EDUCATION for CANDIDATES for the DOUBLE QUALIFICATION in MEDICINE and SURGERY, on SATURDAY, NOVEMBER 3rd, 1860, SATURDAY, MAY 4th, 1861, and SATURDAY, AUGUST 3rd, 1861. Admission Cards to the Examination will be issued at the Surgeons' Hall, not later than two days prior to the days of Examination.

The following is the mode in which the Preliminary Examinations will be conducted:—

1. The competence of the Candidate will be ascertained, in the Literary department, by means of written translations and exercises, and in the Scientific department, by written answers to questions proposed. In each department numerical values will be affixed to the several themes proposed; and Candidates whose success, as estimated by those values, amounts to a certain minimum, will be admitted.

2. In the LITERARY DEPARTMENT, the Candidate will be required,

A. To Translate into English a Passage from the "Bellum Jugurthinum" of Sallust.

B. To Render a Passage in English into Latin, the uninflected forms of the Latin words being supplied. (The Examiners refer to Mair's Introduction, or to Ellis' or Clarke's Exercises, for examples of the mode in which this is to be done.)

The Examiners take this opportunity of informing intending Candidates that this latter exercise (B), will be considered of great and increasing importance. Regard will be paid by the Examiners, not merely to the fidelity of the translations (A), but to their accuracy in English Grammar and Orthography.

Besides what is required for the simple pass, additional exercises will be proposed, a satisfactory performance of which will entitle the Candidate to an Honorary Certificate.

3. The SCIENTIFIC EXAMINATION will be divided into three sections, a certain minimum in each of any two of these being essential:—

A. *Arithmetic.*—The ordinary rules, including Vulgar and Decimal Fractions.

B. *Mathematics.*—The First and Third Books of Euclid, Algebra to Simple Equations, inclusive.

C. *Natural Philosophy.*—Embracing such a knowledge as may be obtained in Lardner's Handbook, or the like.

The above is what is prescribed for a simple pass, but Certificates of Honour will be given to those who manifest superior excellence.

(N.B.—After August 1861 a knowledge of GREEK, or in lieu of Greek, at the option of the Candidate, FRENCH, GERMAN, or ITALIAN will be required.)

Those who pass both in the Literary Department and the Scientific will be admitted to sign the Record book, and will receive Certificates.

Those who are successful in one Department only shall not be entitled to Certificates, but a Record will be preserved of their partial success.

In lieu of this Examination, a Certificate of having passed any of the following Examinations will be accepted:—

A Degree in Arts of any University of the United Kingdom, of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council.—Oxford Responsions or Moderations.—Cambridge Previous Examinations—Matriculation Examination of the University of London.—Oxford Middle Class Examinations, Senior and Junior.—Cambridge Middle Class Examinations, Senior and Junior.—Durham Middle Class Examinations, Senior and Junior.—Durham Examinations for Students in Arts for their second and first years.—Dublin University Entrance Examination.—Queen's University in Ireland, two years' Arts Course for the Diploma of Licentiate in Arts; Preliminary Examinations at the end of the A.B. Course; Middle Class Examinations; Matriculation Examinations.—An Examination by any other University of the United Kingdom, equivalent to the Middle Class Examinations of Oxford and Cambridge—The Preliminary Examination of any of the Licensing Bodies under the Medical Act, provided the course of Education and the subjects of Examination be equivalent to those required for the Double Qualification.

PROFESSIONAL EXAMINATIONS.—The following will be the periods for the Professional Examinations, from November, 1860, to August, 1861.

First Professional Examinations.—November 7th, 1860, February 6th April 17th, May 8th, July 17th, August 7th, 1861.

The Second Professional Examinations will take place immediately after the conclusion of each of the First Professional Examinations.

Certificates of having passed the Preliminary Examinations in some one of the prescribed methods are in all cases required of Candidates for the first Professional Examination. Candidates for either of the Professional Examinations must apply to the Inspector of Certificates (Dr. Gairdner, 45, Northumberland-street), on or before the Saturday preceding the first of those Examinations, and must produce Registered Tickets, and also Certificates of Attendance, in conformity with the regulations. Candidates at a distance are requested to send their certificates much earlier, so as to give sufficient time for the exchange of one or two explanatory letters; as much disappointment has been occasioned by the discovery of defects in their Course of Study when it was too late to rectify them by the production of documents.

By Order of the Royal Colleges,
JOHN GAIRDNER, M.D.
Inspector and Treasurer for the Double Qualification.

45, Northumberland-street, Edinburgh, Sept., 1860.

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Metropolitan School of Dental Science.

—SESSION 1860-61. This School will RE-OPEN on WEDNESDAY, the 10th of OCTOBER, at 8 p.m., when the INTRODUCTORY LECTURE will be delivered by R. T. HULME, Esq., M.R.C.S., F.L.S. A Prospectus of the School, and further information may be obtained on application to Mr. Kempton, Hon. Sec., 8, Princes-street, Hanover-square, W.

Surgeons' Hall, Edinburgh.—Winter

SESSION, 1860-61.—The following COURSES of LECTURES on MEDICAL and SURGICAL SCIENCE, and also those delivered in the University, qualify for Examination for the Diploma of the Royal College of Surgeons.

CLASSES OPEN ON TUESDAY, NOVEMBER 6.

Materia Medica and Dietetics ..	9 a.m. ..	Dr. Douglas Maclagan.
Surgery	10 a.m. ..	Mr. Spence.
Surgery (4, High School-yards) ..	10 a.m. ..	Dr. P. H. Watson.
Surgery (5, High School-yards) ..	10 a.m. ..	Mr. A. M. Edwards.
Chemistry (School of Arts Adam-sq.)	10 a.m. ..	Dr. Stevenson Macadam.
Practical Chemistry ..... / Analytical Chemistry.....	9 a.m till 5 p.m.	Dr. Stevenson Macadam (At Surgeons' Hall).
Chemistry (8, Infirmary-street), ..	10 a.m. ..	Dr. Murray Thomson.
Practical Chemistry ..... / Analytical Chemistry.....	9 a.m. till 5 p.m.	Dr. Murray Thomson (8, Infirmary-street).
Physiology	11 a.m. ..	Dr. Sanders.
Medical Jurisprudence (Course commences on December 3) ..	2 p.m. ..	Dr. Littlejohn.
Clinical Medicine (Royal Infirmary)	1 p.m. ..	Drs. Keiller (Diseases of Women), W. T. Gairdner, and Warburton Begbie.
Clinical Surgery (Royal Infirmary)	12 noon ..	Mr. Spence.
Anatomy	2 p.m. ..	Dr. John Struthers.
Anatomical Demonstrations ..	4 p.m. ..	
Practical Anatomy	..9 a.m. till 4 p.m.	
General Pathology	4 p.m. ..	Dr. Rutherford Haldane.
Pathological Anatomy (Saturdays)	11 a.m. ..	Dr. Rutherford Haldane.
Practice of Physic	3 p.m. ..	Dr. W. T. Gairdner.
Practice of Physic (4, High School-yards)	3 p.m. ..	Dr. Warburton Begbie.

By Order of the Royal College, JOHN SCOTT, Secretary.

The INTRODUCTORY ADDRESS will be delivered by Dr. SANDERS, on MONDAY, November 5, at One o'clock.

Diseases of Children	2 p.m. ..... Dr. Keiller.
Natural Philosophy (Three Months' Course, commencing in February)	1 p.m. ..... W. Lees, A.M.

PRACTICAL INSTRUCTION.—Royal Infirmary; 12 till 2 p.m.; Perpetual Ticket, at one payment, £10; Annual, £5 5s.; Half-yearly, £3 3s.; Separate payments for two years and a-half entitle the Student to a Perpetual Ticket. Sick Children's Hospital, Ticket, Three Months, £1 1s.; Perpetual, £2 2s. Dispensary Visit—Royal Public Dispensary, and New Town Dispensary, each, Six Months, £3 3s. Practical Midwifery—Royal Maternity Hospital, Royal Public Dispensary, New Town Dispensary, Ticket, £1 8s. Diseases of the Eye—Eye Dispensary, and Eye Infirmary. Diseases of the Ear—Dispensary, Lawnmarket. Diseases of the Teeth—Dispensary, Drummond-street. Practical Pharmacy—Royal Public Dispensary, New Town Dispensary, Six Months, £3 3s.

FEES.—For the First of each of the above Courses, £3 5s.; for the Second, £2 4s.; Perpetual £5 5s. To those who have already attended a First Course in Edinburgh, the Perpetual Fee for that Class is £2 4s. The Fees for the following Courses are,—Natural Philosophy, £2 2s.; Practical Chemistry and Practical Anatomy, £3 3s.; Anatomical Demonstrations, £2 2s.; Practical Anatomy with Demonstrations, £4 4s.; Analytical Chemistry, £2 a Month, £5 for Three Months, or £10 for the Winter Session.

During the SUMMER SESSION, 1861, the following Three Months' Courses will be delivered:—

Midwifery—Dr. Keiller.
Midwifery—(4, High School-yards)—Dr. J. Matthews Duncan.
Medical Jurisprudence—Dr. Littlejohn.
Clinical Surgery—Mr. Spence.
Clinical Medicine—Drs. Keiller, W. T. Gairdner, and Warburton Begbie.
Botany—Mr. Baylton.
Practical and Analytical Chemistry—Dr. Stevenson Macadam.
Practical and Analytical Chemistry—Dr. Murray Thomson (8, Infirmary-street).
Practical and Comparative Anatomy, Diseases of the Eye, } Dr. John Struthers.
Pathological Anatomy—Dr. Rutherford Haldane.
Natural Philosophy—W. Lees, A.M.
Histology—Dr. Sanders.
Insanity—Dr. Skae.
History of Medicine—Dr. Warburton Begbie.
Dental Surgery—Dr. John Smith.
Venereal Diseases—Dr. P. H. Watson.
Surgical Appliances—Mr. Edwards.

The above Courses qualify for Examination at the Royal Colleges of Physicians and Surgeons of Edinburgh; the Royal College of Surgeons, and the Apothecaries' Society, London; the Royal Colleges of Physicians and Surgeons of Dublin; the Faculty of Physicians and Surgeons of Glasgow; the Boards of the Army, Navy, and Indian Medical Service; and also, so far as required, for the Universities of London, Oxford, Cambridge, St. Andrew's, Aberdeen, and the Queen's University in Ireland.

In accordance with the Statutes of the University of Edinburgh, one-third of the entire Medical Classes required for Graduation may be attended under any of the above Teachers; and one of the four years of Study required for the University Degree may be constituted by attendance, in one year, on two of the above Six Months' Courses, or on one of these and two Three Months' Courses. The Regulations require that, in this case, the Fee for any of the above Classes shall be the same as that for the corresponding Class in the University. When Surgery and Clinical Surgery are taught, as at present, by the same Lecturer, they do not qualify for Graduation at the University of Edinburgh, but for every other Public Board.

JOHN STRUTHERS,
Secretary to the Medical and Surgical School.

Glasgow Royal Infirmary.—

ESTABLISHED 1795.

600 Beds in three contiguous buildings—200 in each.
Physicians and Clinical Lecturers—Drs. Bell, Ritchie, Fraser and Scott Orr.
Surgeons and Clinical Lecturers—Drs. A. Buchanan, Lyon, Morton, and G. Buchanan.
Superintendent—Dr. M'Ghie.
Visit at 8½ a.m.; Clinical Lectures at 9 a.m., on Mondays, Tuesdays, Thursdays, and Fridays; Operations on Wednesdays and Saturdays.
Dispensary Physicians—Drs. Cowan and Steven.
Surgeons—Drs. Dewar and M'Leod.
Visit at 2 p.m.; Vaccination at 3 p.m.

FEES.—For Practice and Clinical Lectures—First year, £5 5s.; Second year, £5 5s.; Third year, £1 1s.; or Perpetual, £10 10s. Practical Pharmacy, £3 3s.

The office of Clerk, or Interne, held for two years, is open to all Students of the third year. The Clerks, Eight in number, are boarded in the Hospital for £22 10s. per annum. Dressers to the Surgical Wards and Clerks to the Dispensary are appointed for three months without fee.

Highland and Agricultural Society.—

EDINBURGH VETERINARY COLLEGE.—The Committee of the Highland and Agricultural Society of Scotland, appointed to superintend the Veterinary College, hereby intimate that SESSION 1860-61 will Commence on WEDNESDAY the 7th November, at Four p.m.

The Course of Study embraces the following Classes:—

1st. Zoiatrics, Veterinary Medicine, and Surgery—Professor Dick.
2nd. Zootomy, comprising Veterinary Descriptive Anatomy, and Physiology—Mr. Strangeways, V.S.
3rd. Practical Anatomy, and Anatomical Demonstrations—Mr. Strangeways, V.S.
4th. Chemistry, Theoretical and Descriptive, from commencement of Session till end of January—Dr. A. Dalzell.
5th. Veterinary Materia Medica and Pharmacy from beginning of February till end of Session—Dr. A. Dalzell.
6th. Physiology and Histology, Physiological and Pathological—Dr. P. Young.
7th. Practical Pharmacy and Clinical Instruction — Professor Dick, assisted by Mr. Worthington, V.S.

Fee for Attendance on all the Classes, £16 16s.

JN. HALL MAXWELL, Secretary.

Anderson's University, Glasgow.—

LECTURES on the following Branches of Medical Science will be delivered during the WINTER SESSION, commencing on TUESDAY, November 6th.

Chemistry	10 a.m.	Dr. Penny.
Practical Chemistry	11 a.m.	
Midwifery & Diseases of Women & Children	10 a.m.	Dr. Paterson.
Institutes of Medicine	12 Noon	Dr. Eben. Watson.
Anatomy, Demonstrative and Surgical ..	1 p.m.	Dr. G. Buchanan.
Anatomy, Descriptive and Physiological..	5 p.m.	
*Practical Anatomy	Daily.	
Surgery	2 p.m.	Dr. Hunter.
Practice of Medicine	3 p.m.	Dr. A. Anderson.
Materia Medica, Pharmacy, and Dietetics	4 p.m.	Dr. Morton.
Botany	In Summer.	Dr. Bell.
Medical Jurisprudence	In Summer.	Dr. Cowan.

Royal Infirmary, Visit at 8½ a.m. Clinical Lectures, at 9 a.m.

Fee, for each Class, First Session, £2 2s. Fee, for both Classes o Anatomy, £4 4s. Second Session, £1 1s.—Perpetual, in advance, £8 8s. The Fees admi ting to all the Classes required for Surgical Diploma and Medical Qualification amount to £30.

Courses of Botany, Anatomy, Practical Chemistry, Medical Jurisprudence, and Midwifery, are delivered in Summer.

Natural Philosophy—Dr. Taylor.
Mathematics—Mr. Laing.

* The Dissecting Room is free to those attending both of the Courses of Anatomy, during the first and second Sessions, and attached to it there is a Reading Room and Museum for the use of the Anatomical Students. To those who join only one Class of Anatomy the fee for the Dissecting Room is £1 1s. After the second year the fee for the Dissecting Room will be £1 1s. per Session. The rooms will be open for Practical Anatomy early in October.

The Extensive Laboratory of the Institution, fitted up expressly for instruction in Practical and Analytical Chemistry, is open Daily from Ele.en till Three o'clock. Fee, £1 1s. per month. No charge for Apparatus and Materials in the Class for Practical Medical Chemistry.

The Materia Medica Museum contains a valuable collection of Plates and Specimens, to which additions are constantly being made.

Students attending the Medical Classes have the opportunity of witnessing the practice of the following Hospitals, viz., Lying-in Hospital, £1 1s. for Six Months; Eye Infirmary, £2 2s. for Six Months; Royal Infirmary, 530 Beds £10 10s. perpetual, including Medical and Surgical Clinical Lectures, which are delivered four times weekly. The Patients admitted to the Eye Infirmary average 1600 annually; those admitted to the Royal Infirmary, 4000; besides 10,000 out-patients treated at the Dispensary. Average number of Surgical Operation, 200 annually.

Gentlemen attending the Botany Class have Free Admission to the Botanic Garden.

THE UNIVERSITY MUSEUM, a Splendid Collection of Specimens of Natural History, including more particularly those of Zoology, Geology, Mineralogy, and Antiquities, is open to all Students attending the University.—A valuable Medical Library is also attached to the Medical School.

Certificates of Attendance on the above Courses are received by the Universities of Oxford, Cambridge, London, Aberdeen, and St. Andrew's, —by the Royal College of Physicians of Edinburgh,—by the Royal Colleges of Surgeons in Great Britain and Ireland, by the Faculty of Physicians and Surgeons of Glasgow, and by the Army, Navy, and East India Boards, and the Apothecaries' Hall.

A Syllabus of the Lectures and other particulars may be had by applying at the University, George-street, or to

ANDREW ANDERSON, M.D., Secretary,
2, Woodside-crescent.

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Royal College of Surgeons of

EDINBURGH.—The REGULATIONS for the PRELIMINARY EXAMINATION in GENERAL EDUCATION, and also the PERIODS for the PRELIMINARY and PROFESSIONAL EXAMINATIONS for the DIPLOMA of the ROYAL COLLEGE of SURGEONS, will be the same with those announced for the Double Qualification.

By Order of the Royal College,
Surgeons' Hall, Edinburgh, Sept. 1860. JOHN SCOTT, Secretary.

Royal Infirmary, Edinburgh.—In this

Hospital a portion of the beds is set apart for Clinical Instruction by the Professors of the University of Edinburgh. Courses of Clinical Medicine and Surgery are also given by the Ordinary Physicians and Surgeons. Special instruction is given in the Medical Department on Diseases of Women, Physical Diagnosis, &c., and in the Surgical Department on Diseases of the Eye. Separate Wards are devoted to Fever, Small-pox, Venereal Diseases, Diseases of Women, Diseases of the Eye; also to cases of incidental Delirium or Insanity. Post-mortem Examinations are conducted in the Anatomical Theatre by the Pathologist, who also gives practical Instruction in Pathological Anatomy and Histology.

MEDICAL DEPARTMENT.

Professors of Clinical Medicine—Dr. Bennett and Dr. Laycock.
Extra Physician and Lecturer on Diseases Peculiar to Women—Dr. Simpson.
Extra Physician attached to Dr. Simpson's Ward—Dr. T. G. Weir.
Ordinary Physicians, and Lecturers on Clinical Medicine—Dr. Keiller (Diseases of Women), Dr. W. T. Gairdner, and Dr. Warburton Begbie.
Special Assistant Physician—Dr. Rutherford Haldane.
Pathologist—Dr. Rutherford Haldane.

SURGICAL DEPARTMENT.

Professor of Clinical Surgery—Mr. Syme.
Consulting Surgeon—Dr. Dunsmure.
Ordinary Acting Surgeons—Mr. Spence (Lecturer on Clinical Surgery), and Dr. J. D. Gillespie.
Extra Acting Surgeon—Professor Miller.
Ophthalmic Surgeon—Mr. Walker.
Assistant Surgeons—Dr. John Struthers and Dr. P. H. Watson.

Hospital Tickets.—Perpetual, in one Payment, £10; Annual, £5 5s.; Half-yearly, £3 3s. Separate Payments for Two Years and a-half entitle the Student to a Perpetual Ticket. A Half-yearly Ticket can be obtained only by those Students who have previously had an Annual Ticket of this Hospital.

N.B.—In future no charge will be made for Certificates.

APPOINTMENTS.

No Fees are payable for any Medical or Surgical Appointments in this Hospital. The Subordinate Appointments are made by the Physicians and Surgeons, or, on their recommendation, by the Managers: and they are open to all Students and Junior Practitioners holding the Hospital Ticket during the period over which the Appointment extends. These Appointments are as follows:—

1. Four Resident Physicians and Three Resident Surgeons are from time to time appointed by the Managers, on the recommendation of the Physicians and Surgeons. The holders of these offices live in the House free of charge. Candidates must be legally qualified to practise. The appointment is for six months, but may be renewed at the end of that period by special recommendation.
2. Non-resident Clinical Clerks are appointed by the Physicians and Surgeons for such periods and under such conditions as they deem expedient.
3. Dresserships.—Each Surgeon appoints from Four to Nine Dressers, the appointment being for Six Months.
4. Assistants in the Pathological Department are appointed by the Pathologist.

By Order of the Managers,
PETER BELL, Clerk to the Incorporation.

Edinburgh, September, 1860.

City of Dublin Hospital.—The Course

of PRACTICAL, MEDICAL, and SURGICAL INSTRUCTION in this HOSPITAL will commence in OCTOBER.

The Clinical Lectures will be delivered on three days in each week during the Session, by Dr. Jacob, Dr. Benson, Mr. Hargrave, Dr. Geoghegan, Mr. Tuffnell, and Dr. Power; and on Diseases peculiar to Women and Children by Dr. Beatty. Dr. Jacob's Clinical Lectures on Diseases of the Eye, Illustrated by the Cases in the Hospital, are open to the Pupils in attendance.

Sir Henry Marsh, Mr. Cusack, Dr. Apjohn, and Mr. Porter, give their assistance in cases requiring consultation.

The certificates of attendance are received as Qualification by all the Colleges, Halls, and Boards.

Royal College of Surgeons in Ireland.

—SCHOOL OF SURGERY.—SESSION 1860-61. The DISSECTING ROOMS will be opened on the 1st of OCTOBER, and the LECTURES will commence on MONDAY, the 29th.

Anatomy and Physiology—Dr. Jacob.
Descriptive Anatomy—Dr. Power and Dr. Bevan.
Surgery—Mr. Porter and Mr. Hargrave.
Practice of Medicine—Dr. Benson.
Chemistry—Dr. Barker.
Materia Medica—Mr. R. Macnamara.
Midwifery—Dr. Sawyer.
Medical Jurisprudence—Dr. Geoghegan.
Practical Chemistry—Dr. Barker.
Comparative Anatomy—Dr. Jacob.
Botany—Dr. Mitchell.
Logical Science—John Murray, A.M., LL.D.

The Fee for each of the above Courses is Two Guineas, except Comparative Anatomy, which is free.

Dissections under the direction of the Professors of Anatomy, assisted by the Demonstrators, Messrs. Morgan, Mapother, and Egan.

For further information, application to be made to any of the Professors, or to the Registrar at the College. By Order,

JOHN BRENNEN, Registrar.

Royal College of Surgeons in Ireland.

PRESIDENT—Robert Adams.
VICE-PRESIDENT—William Jameson.
SECRETARY OF THE COLLEGE—Edward Hutton.

COUNCIL:

James W. Cusack.	Robert Pentland.
Arthur Jacob.	Samuel G. Wilmot.
William H. Porter.	Auley P. Banon.
Thomas E. Beatty.	Peter Shannon.
William Hargrave.	Hamilton Labatt.
James Barker.	Josiah Smyly.
William Colles.	Benjamin M'Dowel.
John H. Power.	Maurice Collis.
Hans Irvine.	Edward Ledwich.
Edward Hutton.	

COURT OF EXAMINERS.—R. G. H. Butcher, Jerome Morgan, M. H. Stapleton, B. W. Richardson, Edward A. Stoker, John Hamilton, George H. Porter.

EXAMINERS IN MIDWIFERY.—Robert Johns, Edward Quinan, Humphrey Minchin.

PROFESSORS:

Anatomy and Physiology—Dr. Arthur Jacob.
Descriptive Anatomy—Dr. J. H. Power and Dr. Bevan.
Surgery—W. H. Porter and W. Hargrave.
Medicine—Dr. C. Benson.
Chemistry—Dr. W. Barker.
Materia Medica—Dr. R. Macnamara.
Midwifery—Dr. Sawyer.
Medical Jurisprudence—Dr. T. Geoghegan.
Botany—Dr. A. Mitchell.
Practical Chemistry—Dr. Barker.
Comparative Anatomy—Dr. Jacob.
Logical Science—John Murray, LL.D.

Fellows of the College are members of the Corporation, and are admitted by examination; Letters Testimonial are granted to Licentiates, and a Diploma in Midwifery to Fellows and Licentiates educated and examined in that branch of Surgery.

Candidates for the Fellowship must be twenty-five years of age, and must give proof of liberal preliminary education, and good conduct during professional education. They are required to produce certificates of surgical studies for six years (three of which must be for exercises in Dublin), and also of practice as House-Surgeon or Dresser in any Hospital; as well as certificates of attendance on Hospitals, Lectures, and Dissections, as required from Licentiates; with the addition of Botany, Comparative Anatomy, and Natural Philosophy. Fee, £26 5s.; if the Candidate be a Licentiate, £10 10s.

Candidates for Letters Testimonial are required to produce certificates of preliminary classical education, of four years' professional study (three of them in metropolitan schools) also three years' attendance on Hospital Lectures and Dissections. Fee, £21.

Candidates for the Midwifery Diploma must be Fellows or Licentiates of the College, are required to produce certificates of attendance on Midwifery Lectures and practice, with proof of having attended thirty cases of parturition.

Candidates for the Fellowship and Letters Testimonial are publicly examined on two separate days, in Anatomy, Physiology, Surgery, Practice of Medicine, and Pharmacy. The Examiners are elected by a sworn jury of the Council appointed by lot, teachers being ineligible. Fellows and Licentiates of the College are qualified to practise as Surgeons in any part of the British dominions, and to be appointed Medical officers to the Army and Navy, Public Hospitals, Infirmaries, Dispensaries, and Workhouses.

Diseases of the Eye.—Dr. Jacob will

Deliver a Full COURSE of LECTURES on the ANATOMY, PHYSIOLOGY, and OPTICAL MECHANISM of the EYE, during the ensuing Session, in the COLLEGE of SURGEONS, and also a separate Course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

Anatomy.—Dr. John Struthers,

F.R.C.S., will Resume his COURSES of ANATOMY, at SURGEONS HALL, on November 5.

Lectures at 2 p.m. Demonstrations at 4 p.m. Practical Anatomy, 9 a.m. till 4 p.m.

These Courses qualify for the Royal Colleges of Physicians and Surgeons, the University of Edinburgh, and the other Public Boards.

Edinburgh, September, 1860.

The Drs. Power continue daily their

LECTURES and EXAMINATIONS for the College, Hall, Universities, Army, Navy, and India Board.

The Special Practitioners' Class for the Degree of M.D. is now going on.

The Special Class in Natural History, Comparative Anatomy, &c., for the Army and India Board, will commence Thursday, September 27.

Dr. W. H. Power prepares Practitioners for the M.D., by correspondence.

Dr. Power receives Two House Pupils.

Lecture-room, Exeter Hall, Strand, September 20, 1860.

Vaccination.—North Educational

VACCINE STATION, under the Authority of Government, Tottenham Chapel, Tottenham court-road. As all Candidates are required by the College of Surgeons in England, to produce a Certificate of Instruction and Proficiency in the Practice of Vaccination. Mr. SIMPSON F.R.C.S., 9, Gower-street, Bedford-square, receives Pupils. Fee, One Guinea. Attendance, Mondays and Wednesdays, from One to Two. Mr Simpson is recognised by the College, as one of the Teachers appointed.

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Dr. Steevens' Hospital and Medical

COLLEGE, DUBLIN.—The COURSE of INSTRUCTION during the SESSION 1860-61, will be given by

Sir Henry Marsh, Bart., Physician in Ordinary to the Queen, Ex-President of the Royal College of Physicians, Visiting Physician.
J. W. Cusack, Ex-President of the Royal College of Surgeons, Surgeon in Ordinary to the Queen, University Professor of Surgery, Visiting Surgeon.
C. P. Croker, M.D., T.C.D., Ex-Pres R.C.P., M.R.I.A., Physician.
H. Freke, M.D., T.C.D., F.C.P., M.R.I.A., Assistant Physician and Professor of Medicine.
W. M. Burke, L.C.P., M.R.C.S., Assistant Physician and Professor of Medicine.
W. Colles, Fellow and Member of Council R C.S., Examiner in Surgery, Queen's University, Assistant Surgeon and Professor of Surgery.
S. G. Wilmot, Fellow and Member of Council R.C.S., Assistant Surgeon and Professor of Surgery.
E. Hamilton, M.D., T.C.D., F.R C.S., late Lecturer on Anatomy, Dublin School of Medicine, Assistant Surgeon and Professor of Anatomy and Physiology.
S. L. Hardy, M.D., F.R.C.S , M.R.I.A., Physician Accoucheur and Professor of Midwifery.
W. Grimshaw, F.R.C.S., M.R.I.A., Surgeon Dentist and Professor of Dental Surgery.
J. Aldridge, M.D., M.R.I.A., Professor of Chemistry and Natural Philosophy.
C. A. Cameron, M.D., F.C.S.L., Professor of Chemistry.
S. Gordon, M.D., F.R.C.S., Physician to the Whitworth and Hardwicke Hospitals, Examiner in Medicine, Queen's University, Professor of Materia Medica.
E. P. Wright, M.B., T.C.D., Professor of Botany.
J. F. Pollock, M.B., T.C.D., L.R.C.S.I., Professor of Medical Jurisprudence.
Rev. W. P. H. Dobbin, A.M., Ex-S.T.C.D., Professor of Logical Science.
G. R. Symes, L.R.C.S.I., Assistant Professor of Anatomy.
T. Telford, M.R.C.S.E., Demonstrator of Anatomy.

HOSPITAL PRACTICE.—The Hospital, which contains 250 beds, and is provided with distinct Wards for the treatment of Fevers, Syphilis, and Diseases of the Eye, is visited daily, at 8 a.m., by the Physicians and Surgeons.

CLINICAL LECTURES are given by the Physicians and Surgeons, during the Session, at 9 a.m., two days in the week.

SURGICAL OPERATIONS.—On Saturdays, at 10 a.m., except in cases of emergency, when notice is sent to the Pupils in the Recognised Residences.

THE OUT-PATIENTS are prescribed for on Tuesdays, at 10 a.m., when the Pupils have an opportunity of performing the minor Surgical operations.

OPHTHALMIC SURGERY.—Patients with Diseases of the Eye are treated on Saturdays, at 9 a.m. A course of Lectures on Ophthalmic Surgery will be given during the Summer Session.

DENTAL SURGERY.—Patients with derangements of the Teeth are seen on Saturdays, at 9½ a.m., by Mr. GRIMSHAW, who will deliver a course of lectures on Dental Surgery during the Summer Session.

DRESSERS.—There is accommodation in the Hospital for Two Medical and Six Surgical Resident Pupils.

MIDWIFERY.—A Maternity Department, for the delivery of lying in women at their own homes, is conducted under the superintendence of the Physician Accoucheur. A Midwifery Diploma will be granted, at the end of the Session, to those Pupils who have attended a sufficient number of cases and passed a satisfactory examination.

THE READING-ROOM AND MUSEUM are open daily to the Pupils of the Hospital and School. There is also a LENDING LIBRARY, containing every modern Medical and Surgical work.

HOURS OF ATTENDANCE.

Dr. Croker	Monday 8½
Mr. Colles	Tuesday 8½
Mr. Hamilton	Wednesday, 8½
Mr. Wilmot	Thursday, 8½
Dr. Freke, Dr. Burke	Friday, 8½
Dr. Hardy	Saturday, 8½
Operations	Saturday, 10
Pathological Demonstrations by the Lecturers, as opportunity offers.	
Anatomy and Physiology, and Morbid Anatomy, —Mr. Hamilton	Monday, Tuesday, Wednesday, Thursday, and Friday, at 10
Practice of Medicine—Dr. Freke, Dr. Burke	Monday, Wednesday, and Friday, at 11
Surgery—Mr. Colles, Mr. Wilmot	Tuesday, Thursday, and Saturday, at 11
Descriptive Anatomy—Dr. Symes	Monday, Tuesday, Wednesday, Thursday, and Friday, at 12
Midwifery and Diseases of Women and Children, —Dr. Hardy	Monday, Wednesday, and Friday, at 1
Chemistry—Dr. Aldridge, Dr. Cameron	Tuesday, Thursday, and Saturday, at 1
Dissections—Superintended by the Lecturers on Anatomy and the Demonstrators	7 a.m. to 8 p.m., commencing October 1st,

FEES.—For Hospital Practice—Nine Months, £9 9s.; Six Months, £7 7s. Lectures, each Course, £2 2s. Dressership—Winter Six Months, £21. Summer Six Months, £15 15s.

MATRICULATED PUPILS.—Students who wish to attend all the Courses of Lectures and Hospital Practice required by the College of Surgeons and other Licensing Boards, in the Institution, may become Matriculated Pupils of the Hospital and College, on payment of Seventy Guineas. Such Pupils will have all the advantages of Apprentices, and will have a priority of claim to subsequent Hospital appointments.

The Governors of Dr. Steevens' Hospital have adopted the Matriculation system, in hopes that Parents and Guardians will communicate with one of the Professors, under whose care a Pupil is placed, both at his first entrance, and also from time to time during the progress of his subsequent studies.

MEDICAL TUTOR.—Dr. Hamilton prepares gentlemen in Anatomy, Medicine, and Surgery for the Examinations of the several Colleges and Examining Boards. (Class Rooms, 128, Stephen's-green West.)

Dr. Symes prepares gentlemen in Chemistry, Materia Medica and Botany.

The Rev. W. P. H. Dobbin, A.M., Ex-S.T.C.D., Chaplain to the Hospital, prepares gentlemen for the preliminary Classical Examinations of the College of Surgeons, Apothecaries' Hall, &c.

RECOGNISED RESIDENCES.—Arrangements have also been made, with persons of respectability, to provide Pupils with lodgings in the neighbourhood, on reasonable terms. Parents and Guardians availing themselves of the accommodation, will have the alternative of placing the Pupil under the superintendence either of the Chaplain at the Hospital or of one of the Professors.

HONORARY DISTINCTIONS.—One day in the week will be devoted by each Professor to Examination in the subject last taught.

Senior, Middle, and Junior Exhibitions will be awarded, at the end of the Session, to those whose answering exhibits general proficiency in every branch of their Professional studies.

There will also be a Prize for the best reported series of cases which have occurred in the Hospital during the Session, with commentaries. Given by J. W. Cusack, Esq.—£20.

Two Midwifery Assistants are each year (month of November), selected by Competitive Examination—Salary, £30 per annum.

Further particulars may be learned from any of the Professors; from the Secretary, Dr. E. Hamilton, 128, Stephen's-green; or from the Resident Surgeon at the Hospital.

September 1, 1860.

The Adelaide Hospital, Peter-street,

DUBLIN.

PHYSICIANS:

James F. Duncan, M.D., F.C.P. | Alfred Hudson, M.D., F.C.P.

SURGEONS:

Albert J. Walsh, M.D., F.R.C.S.I.
John Morgan, F.R.C.S.I. Senior Demonstrator of Anatomy, Royal College of Surgeons.
John K. Barton, M.B., F.R.C.S.I., Lecturer on Practical Anatomy, Trinity College.
Benjamin Wills Richardson, F.R.C.S.I., Member of the Court of Examiners in the Royal College of Surgeons, and one of the Hon. Secretaries to the Surgical Society of Ireland.

The WINTER SESSION of this Hospital COMMENCES the FIRST MONDAY in October. It now contains 100 beds, of which twenty-four are devoted to the Special Diseases of Infants and Children.

Clinical Instruction.—Two Medical and Two Surgical Lectures, including Lectures on the Diseases of the Eyes, will be delivered in each week; Bedside Instruction being given daily by both the Physicians and Surgeons. Practical Demonstrations in the use of the Stethoscope and Microscope, as applied to the Diagnosis of Disease, will be given during the Session.

Hours of Attendance.—The Physicians will visit the Hospital daily at Half-past Eight, a.m., the Surgeons at Half-past Nine, a.m, punctually. Operations which admit of delay will be performed on Wednesdays and Saturdays; so far as practicable, notice of all operations taking place at other times will be given to the Students.

Dispensary.—There is a numerously-frequented Dispensary attached to the Hospital, which is attended daily by the Physicians and Surgeons.

Fees.—For Nine Months' Hospital Attendance, £8 8s.; For Six Months' Hospital Attendance, £6 6s.; For Summer Three Months' Hospital Attendance, £3 3s.; Perpetual Pupils (paid at entrance), £21.

Prizes.—Two Medical and Two Surgical Prizes will be given at the close of the Session.

Hospital Residence.—A house next door to, and communicating with, the Hospital has been fitted up for the reception of a limited number of Students, who will thus have the combined advantages of a Private and Hospital Residence.

Certificates of Attendance upon this Hospital are fully recognised by the King and Queen's College of Physicians in Ireland; the University of Dublin; Queen's University in Ireland; the Royal Colleges of Surgeons, England and Ireland; the Army, Navy, and East India Boards, &c.

The central position of the Hospital, and its close proximity to the Schools of the Royal College of Surgeons and the Ledwich School, renders it peculiarly convenient to Students attending those Institutions.

Further particulars can be obtained from Mr. Richardson, Secretary to the Medical Board, 2, North Frederick-street; or any of the other Physicians or Surgeons.

Evening Demonstrations of Anatomy.

Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will Resume his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT on Wednesday, the 3rd of October. The Demonstrations take place on Monday, Wednesday, and Friday evenings, during the Winter Session, from Seven to Nine o'clock, at the Westminster Hospital. Entrance fee (perpetual), Five Guineas.

University of London, &c.—A First-

class B.A. and M.D., prepares Gentlemen for the MATRICULATION and MEDICAL EXAMINATIONS, the Preliminary at the Hall and College, the Membership, the Fellowship Examinations, &c. Full MS. and printed Notes on all the subjects forwarded. Resident Pupils received. Address A. Z., Ferriman's, Stationer, 49, Albany-street, Regent's-park, N.W.

The Rev. W. Watson Prepares Pupils

for the PRELIMINARY EXAMINATIONS at the APOTHECARIES' HALL and the COLLEGE of SURGEONS. His Pupils have been very Successful. Terms, Eight Guineas per Month, or Thirty Guineas per Half-year; Board and Lodging included.

Cotterstock Vicarage, Oundle.

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Carmichael, or Richmond Hospital

SCHOOL of MEDICINE.—The School is conducted by
Robert Mayne, A.B., M.B., Fellow of the King and Queen's College of Physicians, Physician to the Hospital of the South Dublin Union.
Maurice H. Collis, M.B., C.D., F.R.C.S.I., Surgeon to the Meath Hospital.
Robert M'Donnell, A.B., M.D., T.C.D., Fellow of the Royal College of Surgeons in Ireland.
Henry Curran, Licentiate of the Royal College of Surgeons in Ireland.
Francis Cruise, A.B., M.B., T.C.D.
John Denham, M.D., L.R.C.S.I., late Assistant to the Rotunda Lying-in Hospital.
C. O'Reilly, M.D., Licentiate of the King and Queen's College of Physicians.
William Frazer, Licentiate of the Royal College of Surgeons in Ireland, and of the King and Queen's College of Physicians.
Edmund W. Davy, A.B., M.B., T.C.D.
John R. Kinahan, M.D., T.C.D., M.R.I.A., F.L.S., &c. &c.
W. B. Jennings, L.R.C.S.I., late Assistant to the Rotunda Lying-in Hospital.
T. W. Maunsell, L.R.C.S.I.
Thomas Carson, L.R.C.S.I.

The Carmichael, or Richmond Hospital School of Medicine, in which all the Courses of Lectures required by the different Colleges are delivered, is in the immediate vicinity of the Richmond, Whitworth, and Hardwicke Hospitals; the student is thus furnished with every facility for completing his Professional Education.

The Winter Course of Lectures will commence on November 1, when the INTRODUCTORY LECTURE will be delivered at Twelve o'clock.

The following are the Courses of Lectures:—

Courses of Lectures.	Lecturers.	Hours.
Theory and Practice of Surgery, & Operative Surgery	Mr. Hamilton & Mr. Collis	11 o'clock, Monday, Wednesday, and Friday.
Anatomy and Physiology	Dr. M'Donnell	12 o'clock, daily.
Anatomy, Descriptive, Practical, and Surgical	Messrs. Curran and Cruise	1 o'clock, daily.
Theory and Practice of Medicine	Dr. Mayne	2 o'clock, Monday, Wednesday, and Friday.
Chemistry, Theoretical and Practical	Dr. Davy	2 o'clock, Tuesday, Thursday, and Saturday.
Midwifery and Diseases of Women and Children	Dr. Denham	3 o'clock, Tuesday, Thursday, and Saturday.

SUMMER SESSION.

Botany—Dr. Kinahan.
Materia Medica and Pharmacy—Dr. Frazer.
Medical Jurisprudence—Dr. O'Reilly.
Practical Chemistry—Dr. Davy.
Comparative Anatomy—Dr. Robert M'Donnell.

Examinations upon the several subjects lectured on forms a part of the system of education in this School.

Dissections are superintended by the Anatomical Lecturers and the Demonstrators, Messrs. Jennings, Telford, and Hayes, who attend constantly in the rooms to assist the students in Practical Anatomy.

The Dissecting Rooms, which are spacious and thoroughly ventilated, open on the 1st of October.

The Museum of the School comprises a valuable collection of Anatomical and Pathological preparations. There is also an extensive Museum of Materia Medica.

CARMICHAEL PREMIUMS.

Premiums to the value of Fifty Pounds, on the foundation of the late Richard Carmichael, Esq., are awarded at the termination of the Session.

SUMMER SESSION.

The Summer Session commences immediately after the Easter recess.

Carmichael Premiums will be awarded in each of these classes also, at the termination of the Session.

Certificates of attendance on all the Lectures delivered in this School are recognised by the Queen's University in Ireland, the King and Queen's College of Physicians, the several Colleges of Surgeons, the Army and Navy Medical Boards, the Universities of Glasgow, London, St. Andrew's, and Aberdeen, the Faculty of Glasgow, and by the Apothecaries' Halls of London and Dublin.

FEES.

The Fee for each Course of Lectures delivered in this School is Two Guineas, except Comparative Anatomy, which is free.

Perpetual Pupils, paying on entrance £34 13s., can attend all Lectures necessary to obtain the licence of the Dublin College of Surgeons.

Perpetual Pupil's Fee to both Hospital and School, paid on entrance, £59 13s.

PUBLIC MEDICAL SERVICE.

COMPETITIVE EXAMINATIONS.

Arrangements are matured for the private instruction of Candidates seeking for appointments in the different departments of the Public Medical Service.

For further particulars relating to the Hospitals, apply to Dr. Hutton, Treasurer, 29, Gardiner's-place; Dr. Gordon, Secretary, 11, Hume-street; or at the Hospitals. And for information respecting the School, apply to Dr. R. M'Donnell, Secretary, 11, Lower Pembroke-street; or to any of the Lecturers.

Sulphuric Acid, Muriatic Acid for

Home Consumption and Exportation, JOSLING and CO., 134, Fenchurch-street, E.C.

PURE SPIRITS FOR THE FACULTY.

S. V. R. 56 O.P., 21s. net Cash.—

This quotation admits of neither credit nor discount, and 1s. per gallon must be added for packages, to be allowed on their return.

HENRY BRETT and Co., Old Furnival's Distillery, Holborn.

Important to the Medical Profession.—

GLOVER and Co., Wholesale Druggists, are supplying GENUINE DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS of first-class quality at a very low figure. Price Lists may be had on application, 19, Goodge-street, London.

Caution.—French, 9, Royal Exchange,

London, Chronometer, Watch, and Clock Maker, Established 1810, has no connexion whatever, and never had any, with the City Observatory, carried on by Mr. Jacob French since 1854, as jeweller and watchmaker. Mr. Jacob French sold his premises in July last to Mr. Bennett, of 64 and 65, Cheapside. The words "late French" in his advertisement being calculated to mislead the public, renders this Caution necessary.

Francis L. Puckridge, Sole Inventor

and Manufacturer of the late Mr. R. Liston's WATERPROOF TRANSPARENT ISINGLASS MEMBRANE PLASTER now patronised by Mr. Liston's successor, Mr. Quain, in his hospital and private practice. Patronised likewise by Mr. W. Fergusson, Surgeon at King's College Hospital; Mr. J. M. Arnott, and Mr. Wormald, at Bartholomew's Hospital; used for amputations and other serious wounds requiring observation without exposure to air. F. L. P. begs to state there are two qualities, and it is particularly beneficial for spinal complaints, ruptures, sprains, burns, scalds, and any weakened part; also a defensive skin to apply between the wound and lint, and causes less pain in dressing; likewise a superior Waterproof Gauze Lisse and Linen, spread with the same adhesive properties as the membrane; also superior tinted Court Plasters, and Gold Beater's Skin by the yard, and in cases. F. L. P. offers his most grateful thanks for the encouragement and kind patronage he has received from the Medical gentlemen of England and foreign parts, and hopes to merit a continuance of their favours by manufacturing his Plasters with the same unremitting care as heretofore.

May be had of the Proprietor, 4, York-place, Walworth, Surgical Instrument Maker, Chemist, &c., with improved directions how to apply.

Poultices Superseded: Spongio Piline.

The Profession is respectfully informed, that the WANDLE FELT COMPANY having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 13, Hanover-street Long-acre, London, and also through the Wholesale and Retail Druggists in town and country.

W. Twinberrow begs to draw the

attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible. Also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropa, Belladonna, Cotylodon Umbilicus, etc.) Also to his Liq. Taraxici, Liq. Galli Aparinis (a valuable alterative), Liq. Parietariæ (diuretic), and Liq. Belæ (prepared from the Ægle Marmelos, or Indian Bael), for dysentery and diarrhœa. W. T. has a large supply of INDIAN BAEL on hand. 2, Edwards-street, Portman-square.

BOUDAULT'S PEPSINE imported in original bottles. *Ext. Laricis Europ.*

Chlorodyne.—R. Freeman, Pharma-

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Testimonial to Wm. Marsden, Esq., M.D., Surgeon.—At the NINTH ANNUAL GENERAL MEETING of the Governors of the Cancer Hospital, London, held in the Board Room, on Friday, June 22, 1860, it was resolved—

That the cordial thanks of this meeting are pre-eminently due, and are hereby tendered to William Marsden, Esq., M.D., Principal Surgeon of this Charity, for his zealous and unremitting exertions on behalf of the afflicted patients brought under his charge. That this anniversary specially recognises, under the Divine blessing, Dr. Marsden's singularly successful treatment of the distressing disease of cancer, his liberal devotion of so much valuable time and attention in intercepting, arresting, and more or less relieving the large number of cases annually admitted into the Hospital, or treated as out-patients, his careful tabulation of the origin, symptoms, and pathological development of the cases open at any time; to the inspection of Medical Practitioners, the experience derived from which materially influences the treatment of wealthier patients suffering from the same painful malady. That the above resolution be engrossed, and presented in a suitable form to Dr. Marsden; and that it be inserted in the leading morning papers.

Signed, by order of the Meeting,

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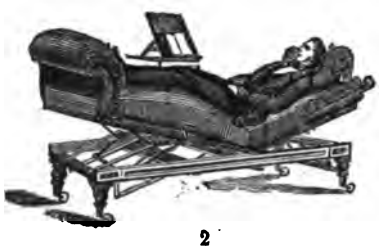
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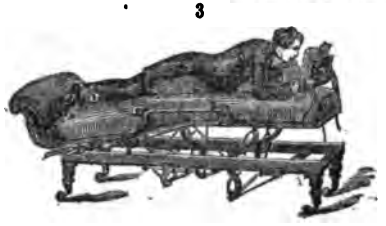
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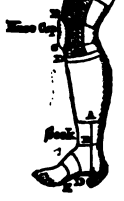

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ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

LECTURE XXVII.

EXPERIMENTAL PATHOLOGY— ON MUSCULAR POISONS.

Summary: The Absence of all Physical Changes in the Organs after Death as frequent in the Case of Poisons as in that of ordinary Diseases—The Action of Woorara and Strychnia adduced as an Instance—Reflections on the peculiar Effects produced by this latter Poison—Experiments which appear to decide the Question—On Muscular Poisons: Upas—Digitalis—Corrowal and Wao—Veratrine—Poisoned Arrows from South America—Nature of the Substance employed in this latter Case—Its Analogy with the Venom of the Toad—Considerations on Venoms in general—Their Properties different in many respects from what has been hitherto presumed—They exhibit in certain Cases a considerable Degree of Chemical Stability—They are capable of resisting the Action of Heat, and various powerful Solvents—They produce upon the Animal itself which secretes them Effects similar to those obtained in other Species—Peculiar Properties of the Venom of Toads—General Explanation of the Effects produced by Muscular Poisons—They may be divided into two principal Classes: those which act more particularly upon the Heart; and those which act upon the Muscular System at large—Experiments upon various Animals—Modifications produced by these Poisons in the Physical Properties of the Muscular System—Analogy of these Changes with those that occur spontaneously after Death—Acid Reaction of the Muscular Tissue—Premature Appearance of Post-mortem Rigidity—Reflections on the Connexion which exists between Physical and Physiological Phenomena—The Disappearance of Vital Properties in any given Tissue invariably the Result of Physical Changes—In many Cases, however, the Nature of the Alteration still remains to be ascertained—Future Direction to be adopted in the Course of Experimental Pathology.

GENTLEMEN,—That fatal diseases, in a variety of cases, leave behind them no visible marks of their passage, is one of the most singular, and at the same time indubitable, facts which the Medical Sciences have brought to our knowledge: and as we stated in one of our previous Lectures, there exist in this respect two distinct regions in the field of Nosology; some affections being connected with constant lesions, while others are not. Now, the toxic agents to which we have lately called your attention are precisely situated in the same case, and might equally be ranged under two principal divisions,—those which produce evident physical changes in the diseased organs, and those which do not. We have already informed you that several poisons, which destroy life with great rapidity, leave behind them no appreciable alteration of the tissues on which their deadly action has been exerted. In the case of woorara, for instance, we showed you that the motor nerves were entirely paralyzed, without exhibiting the slightest modification in their anatomical structure or physical properties. The electro-tonic power, which M. Dubois-Reymond has ascertained to exist in the nerves, still retains, in animals poisoned with this substance, its usual degree of intensity, according to the latest experiments; the galvanic stimulus, however, and the impulse of the will, no longer exert their wonted influence on the locomotive apparatus.

But if in this case the vital powers are destroyed by a process, the first stage of which lies hidden from our knowledge, a similar property is enjoyed by numerous other poisons, among which strychnia may be selected as an example; a substance, which as we have already informed you, exclusively confines its action to the sensitive portion of the nervous system, the convulsions which arise from its introduction into the economy being merely the result of reflex action. An essential difference therefore exists between these two poisons, although in both cases the nerves are found to be the seat of disease. As the contrary opinion has lately been maintained by certain observers, who believe the effects produced by these agents to be somewhat analogous, we cannot refrain, notwithstanding the various proofs previously adduced in support of our own views, from mentioning a very simple experiment, which, according to our judgment, decides the question at once. It consists in tying the vessels of the posterior limbs, in two frogs of equal size, without injuring the nerves. The animals are then simultaneously poisoned, by injecting under the skin of the back a solution of woorara in the first case, and of strychnia in the second. The operative proceeding is as follows:—A thread being passed under the sacrum, immediately in front of the origin of the lumbar plexus, the whole remaining part of the animal's body is included in a single ligature. All vascular communication being thus intercepted between the hind legs and the anterior portion of the body, the poison exclusively circulates in the trunk and upper limbs, without passing beyond them. Notwithstanding this obstacle, the posterior limbs of the frog poisoned with strychnia enter into convulsions; while in the animal submitted to the action of woorara, voluntary motion exists below the ligature, while absolute paralysis prevails above it. The result obtained in the first case arises from the general influence exerted upon the entire economy by all actions brought to bear upon the sensitive nerves, which acting in their turn upon the spinal chord, produce a universal disturbance of the normal functions, as we have before explained. Such are the results which take place when strychnia is administered; but the effects of woorara being only felt in those parts to which the circulation has conveyed it, are confined to the upper half of the body, when all communication between the hinder limbs and the seat of inoculation has been intercepted. The ultimate results of the experiment afford an additional proof of the difference which exists between these two poisons. After a few minutes have elapsed the subject poisoned with strychnia no longer exhibits the slightest vestige of reflex action in any part of the body; and the motor nerves when galvanized, are generally found to have lost the power of acting upon the muscles, particularly when the experiment has been performed during the warmer seasons of the year,—for heat is known to give additional intensity to the effects of poison in cold-blooded animals. But the loss of excitability is not confined to any given point; it extends to all regions of the body, and appears consecutively to the entire abolition of sensibility and reflex motions.

In animals poisoned with woorara we meet with a very different state of things. The sensitive nerves have everywhere retained their usual properties, while the motor branches are paralyzed above the ligature; below this point, voluntary motion persists as long as life remains; and if the animal is thrown into a basin of water, it swims with its posterior limbs, the upper part of the body remaining, of course, entirely motionless. These facts sufficiently prove the vast difference which exists between the action of these two substances upon the nervous system.

But there exist other poisons which equally destroy the vital properties of the locomotive apparatus, although a totally different histological element becomes the seat of disorganization. We allude to the toxic agents, which abolish contractility in the muscular tissue; you will find them infinitely more numerous than those which confine their action to the nerves. Among this class of bodies, digitalis and upas antiar (a) have already been mentioned; and the attention of American physiologists has lately been drawn by Dr. Mitchell, of Philadelphia, to the properties of two other substances, which are known by the Indian names of Corrowal and Wao. Their action is similar to that of upas, although of greater intensity. The active principle of the veratrum album, or veratrine, a substance now frequently employed in practice, also exerts its influence upon the muscular fibre, to the exclusion of all other tissues; and a large number of poisons, with the chemical composition of which we are imperfectly acquainted, evidently belong to the same class.

The small arrows now placed before you were forwarded to us by M. Boussingault. These weapons are extensively used in South America. The nature of the substance with which they are impregnated is still a mystery to us; they were supposed to have been charged with woorara, but their action is of a totally different kind: the muscular, not the nervous, fibres are affected by the wounds which they inflict. Although

(a) There exists another kind of upas, which is merely a preparation of strychnia.

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unable to state in a positive manner what this poison really is, I am tempted to believe that the venom of toads is the substance employed. The Indians of New Granada are known to make use of a small variety of this animal, which is found in great abundance in that country, for the purpose of poisoning their weapons. After collecting a large number of toads, they impale them upon wooden spits, and roast them alive. The heat causes the animal to eject its venom, into which the arrows are dipped. This latter substance is known in fact to exert a most powerful action on the muscular tissue. But the unknown principle with which these arrows are impregnated differs so completely in its properties from those usually attributed to animal poisons, that we shall seize the present opportunity to enter into some considerations on the subject of venoms in general, and that of the toad in particular, our conclusions being the result of the researches we have lately undertaken on this interesting and hitherto obscure part of toxicology.

The effects produced on animals by these poisoned arrows would appear at first sight to be strictly similar to those produced in our own climate by the venom of toads; but when we inquire into the chemical composition of this new substance, we find it to be a perfectly stable compound, the properties of which are not destroyed by plunging it into boiling water or dissolving it in alcohol. The arrows which have been allowed to rest for a certain space of time in this latter solvent are found to have lost their destructive power, although no change has taken place in their dark brown colour; and the liquid in which they have been kept being gradually evaporated, the solid residue left behind appears to contain the active principle which imbibes them, for on redissolving it in water a poison is obtained which produces on animals the same effects as the arrows themselves.

But the opinions usually entertained with respect to venoms are entirely opposed to such a result. Animal poisons are in general considered as resembling ferments in their chemical properties, being easily destroyed by the action of heat, and modified by dissolution in alcohol and other powerful solvents. We ought, therefore, in concordance with generally-received opinions, to have surrendered our former hypothesis; but, however satisfactory the inductions drawn from previously-ascertained facts may appear, an experimental verification is always indispensable in sound physiology, even in those cases in which it seems useless, and almost absurd, to require experimental proofs. Acting in conformity with this rule, which has always directed us up to the present time in our labours, we have examined in its turn the venom of toads, for the purpose of ascertaining whether its characteristics were really such as had been supposed; and, contrary to our expectations, we have found it to be soluble in alcohol, and in all other respects as stable a compound as the active principle of these American arrows, for the action of boiling water destroys none of its properties.

It had been supposed, however, that no venom was fatal to the animal itself which secreted it; and as the poisonous arrows produce marked effects upon the toad, we found it necessary to try upon this animal the results produced by the inoculation of its own venom, in order to ascertain whether the opinion generally entertained on this point was scientifically true. The experiments undertaken for this purpose do not allow the slightest doubt to remain on this point. The toad is killed, like other animals, by the inoculation of its own venom; it is, however, true that the action of this poison is infinitely less intense in toads than in frogs, of all other animals those which resemble them the most in organisation; and it might hence be inferred that a certain degree of truth exists in the above-mentioned opinions. Let us bear in mind, however, that the resistance of the toad to all kinds of poison is infinitely superior to that of the frog; that strychnia, upas, and various other substances, act in much smaller doses upon the latter than upon the former animal; a fact which agrees with the lower excitability of the nervous system in toads.

All these phenomena may, therefore, be reduced to a general principle, which we have strenuously endeavoured to inculcate in the course of the present Lectures: namely, that no essential differences exist between the homologous tissues of different animals; that properties observed in one case are found to exist throughout the entire scale of being, although considerable variations in their intensity are met with, even in the case of neighbouring species. You also perceive that our knowledge of venoms is less advanced than the other branches of toxicology, and that it is urgent to repeat a new series of experiments on each of those substances in particular; for we are not prepared, up to the present moment, to attribute the properties enjoyed by the venom of toads to the whole series of animal poisons; farther researches are indispensable to settle the question.

Let us now, Gentlemen, after this digression, resume the explanation of the effects produced by muscular poisons. The principal result of their action is sudden arrest of the heart's motion; and in this respect they might also be divided into two classes. Some of them act upon the heart before affecting the voluntary muscles: such is the case with digitalis and upas antiar. Corrowal and wao enjoy this power in a still greater degree. The reverse is the case with other poisons; they act upon the voluntary muscles at first, and do not paralyze the heart till a later period of the destructive process; the American arrows belong to this latter class. It is, therefore, easy to conceive how wide is the difference between the intensity with which these poisons act in animals differently organized. A very small dose of corrowal produces instant death in birds; a mammal survives a few minutes; while frogs resist the action of this substance for a considerable space of time, these animals, as you are aware, being able to survive a few hours after the total ablation of the heart.

We shall now perform a few experiments on various animals with these different poisons; and you will find that far from resembling woorara and strychnia, which destroy life without leaving the slightest vestige of their action, these muscular poisons actually produce deep physical changes in the tissue which loses its physiological properties under their influence.

(At this stage of the lecture a couple of pigeons are brought forward; an incision is made into the breast of both, laying bare the muscular fibres, and on applying test-paper, a decided alkaline reaction is met with in both cases. One of the pigeons is then killed with a poisoned arrow, the others with a solution of woorara injected into the cellular tissue. A frog is at the same time poisoned by introducing a small dose of corrowal under the skin; it is then replaced in the jar from which it had been taken.)

You perceive, Gentlemen, that the muscular tissue offers a decided alkaline reaction in the healthy state. But in animals poisoned with any of those substances which act upon the contractile elements, the reaction of this tissue becomes acid, and the *rigor mortis* occurs immediately after death; two changes which spontaneously take place in dead animals, but only after a space of twenty-four hours has elapsed. The electrical properties of this tissue equally undergo a singular alteration, for in the ordinary state of things, the external surface of a muscle is positively, and its internal or cut surface, negatively electrified; the reverse is the case in animals poisoned with these toxic agents. And, lastly, on opening the bodies immediately after death the heart is found contracted, motionless, rigid, and totally empty; so that its transparent walls, in the frog, have lost the ruddy colour imparted by the presence of blood within the cardiac cavities, and appear perfectly white and colourless.

In all such cases the muscular element alone has been acted upon; for if on poisoning an animal with one of these agents, you were to apply a ligature round one of the limbs, and thus prevent the poison from reaching it, you would find that while the other muscles of the body remained insensible to the action of galvanism, those of the limb thus preserved would readily obey its influence, when excited, through the corresponding nerves: a proof that the muscular fibres alone have in this case been interfered with, the nerves retaining as before all their vital properties.

(The bodies of the poisoned animals were now opened; in the pigeon killed with an arrow, the heart was found rigid and motionless, the muscles stiff and incapable of responding to the galvanic current. The same phenomena were observed in the frog, the heart of which was particularly rigid and perfectly colourless. On testing the muscles their reaction was found decidedly acid. In the pigeon killed with woorara, the heart was found still in motion; and when at length its pulsations had ceased, galvanism was applied to it, and caused the parietes to contract; the muscles of the limbs responded readily and powerfully to the same agent, and their reaction was alkaline.)

You will no doubt allow me, Gentlemen, to seize this

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opportunity of conveying to your knowledge our opinions on the subject of the connexion existing between physiological phenomena and the physical properties of the tissues which produce them. It may be correctly asserted, in a general manner, that the physiological properties of muscles, nerves, and all other tissues, co-exist with physical and chemical phenomena of a peculiar nature, and that a direct relation is to be found between the degree of intensity which each class of properties exhibits. Shortly after death the vital characteristics of the tissues disappear along with their physical and chemical properties; thus, in muscles, the electric current fails at the moment when contractility is extinguished; and in nerves the electro-tonic power disappears at the same moment as physiological excitability. But although we are tempted to view this connexion between physical and physiological phenomena in the light of the necessary relations between cause and effect, I rather believe it to be a mere coincidence. It must not be supposed that the vital properties persist as long as the physical and chemical phenomena have not disappeared. A remarkable instance of this reciprocal independence is afforded by the following experiment:—A rabbit being killed by the section of the medulla oblongata, both nervous excitability, muscular irritability, and the electric muscular current disappear by degrees, and are totally extinct a few hours after death. But when the animal is poisoned with upas a very different result is observed; the normal irritability of the muscles disappears twenty-five or thirty seconds after death, while the electric current persists during four or five hours. In the same manner the alkaline reaction of muscles is not inseparably connected with their contractile power, nor the electro-tonic state in nerves, with the property of transmitting the impulse of the will.

Far be it from us to maintain that the disappearance of the vital properties of any given tissue is not in all cases the result of a material change; we only intend to show that in more cases than one that change is yet unknown and must be sought for in a different direction; the physical and chemical properties hitherto known to exist in our tissues are the inseparable attendants of the vital action, but do not appear entirely to create its powers.

We shall here conclude, Gentlemen, our Course of Experimental Pathology for the present session: we shall resume these studies next year at the point where we now drop them; and, the general notions of the science having now been laid down, we shall devote our attention to a few particular points. We shall, therefore, endeavour to produce in sound animals some of the diseases with which clinical observation has rendered us familiar, by means of Surgical operations; and in observing their effects, in seeking to explain their cause, we shall never lose sight of our fundamental principle, "That Physiology is the foundation-stone of Pathology."

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LECTURE V.

GENTLEMEN,—Before we enter upon the consideration of the various causes of these diseases, and their several modes of action, there are some *generalities* connected with causation that require to be discussed. These general remarks will not be, I hope, without their use in preparing the ground for what I shall have to say by-and-by, and, if borne in mind, and acted upon in case-taking, and other clinical investigations, may be the means of giving us, in a few years, a valuable body of evidence on this interesting and important class of diseases.

In speaking of the causes, I shall use the words predisposing and exciting as little as possible. Strictly speaking, there are very few predisposing causes of these affections. I can only admit, under this designation, those states which are not due to the exciting or engendering causes. Apart from any effect of an exciting cause, slow in its action, it may be, and long in its duration, but still an exciting cause, a true predisposition of the body or of the organ to disease can only be due to age, sex, climate, constitution of body, occupation, and habit of life. Even the acquired habit of body, except it be from disease of the heart, or from emphysema, or some other affection, which leads to congestion of the kidney, is not a strictly predisposing cause, since it is produced by more or fewer of the engendering causes, and the kidneys suffer *pari passu* with the body generally. And with respect to occupation, it only predisposes to one or other of these diseases, from some connexion with, or more than usual liability to exposure to, the exciting causes. Habits of life are still more doubtful, because they are inseparably connected with the exciting causes. A person, for example, habitually intemperate, and probably exposed frequently to cold and moisture, and other causes, is exposed to one prolonged exposure to cold, receives a violent chill, and soon after becomes dropsical. The last exposure is, commonly speaking, the exciting cause; the previous intemperance and exposure to cold, the predisposing causes. But, in truth, the last is no more the exciting cause than are the others; the only difference is that one is more rapid in its *apparent* effects. It, however, would not probably have been potential in producing the dropsy if a morbid change had not been gradually, although insidiously, produced by the slow but sure effects of the others.

Age.—This is of some importance in many ways. It assists us in making our prognosis, and to some extent our diagnosis also. It tells us, almost from the first, the form of disease in any case. In *old age*, we should expect to find that the kidney tissues have undergone some degradation, together with those of the body generally. We shall be prepared to find (in Hospital patients certainly) changes in this and other organs due to the influence of the *exciting* causes, especially intemperance, gout, diseases of the heart, and emphysema. In *middle age*, those forms of diseased kidney will be the most frequent, the foundation of which has been laid by an attack of dropsy at an early period of life, after scarlatina, or which have been brought on from intemperance and exposure to cold, etc., or as the result of some local mechanical injury. In *youth* and *childhood* we shall nearly always observe those forms usually resulting from or following scarlatina.

Sex.—I am not aware that sex, or rather the organisation peculiar to the sexes respectively, has any influence in predisposing to the disease. Of course, the different modes of life, the different occupations and consequent differences in the amount and frequency of exposure to the exciting causes (intemperance and so on), may tend to render men more liable to these affections than women. But, apart from these circumstances, the peculiar nature of the woman, her more impressible nervous system, her more feeble and more lax organisation, and the much greater influence of her generative system,—all these are calculated to render females more predisposed to the influence of the exciting causes than males, the number and intensity of these causes being the same. In Hospital practice it is almost impossible to arrive at any correct results with regard to this influence of organisation in the two sexes, because most of the females admitted are exposed to the same exciting causes, and to as great an extent, as the males.

After scarlatina, and therefore generally in young subjects, there are, speaking roughly, as many females as males.

Climate has an undoubted influence. All writers agree that a cold and humid, and above all, a variable climate, is a very powerful predisposing cause. Yet these diseases are not unfrequent among the natives of a tropical climate.

In seeking for the probable causation of any of these kidney affections, you ought not to expect to discover it in one solitary agent. It is assuredly a very inadequate description of the process to say that (what it is convenient to call) a poison enters the blood from without, or is generated within the body, and in passing through the kidneys exerts its poisonous or damaging influence upon the epithelial cells, which, in eliminating the offending agent, become vanquished, die, and are cast off like any other dead matter. The process is not, I take it, so simple as this description would lead you to suppose. I shall direct your attention, as I proceed, to the main points to which you should direct your attention for the purpose of discovering the manner in which the several assigned causes probably act. The various tissues and fluids of the

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body being healthy, a poison, whether introduced from without or generated within, would have but a small chance of producing kidney disease, simply as a poison. Every one of you, probably, has been exposed to and inspired the exhalations of a person affected with scarlet fever or any other fever, or the emanations from the body of a person dead of pyæmia, and yet no sensible morbid effect has been produced. These emanations must have entered the blood: they are given off by the several emunctories, for persons who have been exposed to them perceive the odour of them in their breath, in their perspiration, in the fæces, and intestinal gas. But if one so exposed be "out of health," or have been previously exposed to any cause of weakness, or have an inherent weakness or vice of constitution, he becomes liable to attack. The remarkable fact mentioned by Mr. Teale, of Leeds, in his excellent treatise on Hernia, shows this very strikingly. At a dissection of the body of a patient upon whom Mr. Teale had operated for strangulated hernia, and who died from diffused peritonitis, several Surgeons happened to be present; "of these, two attended one case of Midwifery each during the following night, and a third three cases. The two patients attended by the first two Surgeons died of puerperal fever. Two of those attended by the third Surgeon also died, and his third patient escaped death from this formidable malady with the greatest difficulty, after having been in extreme danger several days." On the Surgeons, the pernicious emanations from the morbid secretions produced no appreciable effects, although the "poison" had been in their blood several hours; but on the unfortunate lying-in women, who may have inhaled the poison from their breath, or imbibed it from their skin, and in whom the blood probably was in a state of active molecular change, the influence was deadly.

You will perceive that the states of the kidney, as we find them in Bright's disease, are not the original disease, when they result from at least many of the assigned causes; nor are the secreting cells of the tubules the first anatomical elements to suffer from them. Their destruction and desquamation may lead to more or less embarrassment of the function of the kidney, but the essence of the disease is altogether different. In the majority of cases, various tissues, and a most complex organised fluid have been affected before, or, at least, simultaneously with those of the kidney; and even when the disease is caused by some substance entirely local in its origin and application, which irritates the organ, there is a morbid process going on before the cells are affected. No epithelial cell has ever been destroyed by any poison which acts upon the system like those animal poisons which have a tendency to produce kidney disease. Every physiologist knows that these cells may be bathed in the most powerful poisons, which destroy the muscular contractility, and exert the most powerful effect upon the nervous system, and yet no appreciable effect be produced. Take a portion of the bar of a gill of the oyster, place it in serum or a small quantity of its own juice, the cilia will be seen in active motion; add hydrocyanic acid, opium, strychnine, belladonna—all most active poisons,—or even pass powerful electrical currents through the fluid, and yet no diminution of the active movements of the cilia takes place as long as no influence is brought to bear calculated mechanically to injure the integrity of the cell or to alter its osmotic conditions (a). This last may in these kidney diseases, form at times one of the links in the chain of morbid action going on, from the difference in density between the transuded or exuded matters, and the normal fluid brought to the kidney for secretion.

In my endeavour to explain the mode in which the several causes act in the production of these kidney diseases, I shall have great difficulties to contend with. The evidence, derived from experiments, and observations, as to the effects of different substances upon the human body, is conflicting. There is often some truth in conflicting and opposite statements, because they are the results of experiments and observations made upon different animals, or even the same animal, but under very different circumstances and conditions. I do not complain of experimental and chemical physiologists for this. They have used the most praiseworthy precautions to avoid these sources of error; yet such are the inscrutable workings of Nature, as they occur in the living body, and so complex and so interdependent upon each other are many of the processes, that it is impossible to avoid them altogether. In speaking of the causes of disease, therefore, every allowance must be made for this difficulty; and the constitution and other circumstances of the individual must be taken into consideration. In the physical sciences we observe a constant relation between causes and effects. In Medical science this constant relation does not exist, and we cannot always draw a positive conclusion of the existence of a cause and a determinate effect;—because the human body, taking an active part or share in the production of the phenomenon, may offer a greater or lesser resistance to the influence of the morbific impression in such a way as to hinder or prevent the modifications or changes that it ordinarily has a tendency to produce. Between the impression of physical agents so easy of detection, as cold, heat, and dampness, for example, and the disease which may be the consequence of them, there is an intermediate state, influence, or condition, there is (I will not use such a vague expression as the "vital force,") there is the living body, with its impressibility, its power of resistance and peculiar reaction intermediate and all-powerful, which adds a third term to the philosophical relation of cause and effect, modifies that relation, and any phenomenon, the existence of which is manifest, is rendered by its uncertainty doubtful and open to dispute. In the practice of our common Profession you must often have seen (I have already given you a striking example of it) that the same causes do not constantly produce the same, or even similar, results, in consequence of the influence of this third, this intermediate, agent—the living body, the re-action of which from any given impression is not always the same, and cannot with any certainty be predicated. Hence it is impossible absolutely and mathematically to establish the presence of a morbific cause even the most indisputable; and this is, I believe, the true explanation of so many different, even opposite, opinions held by different Medical men upon the effects of different conditions. On account, then, of this inherent difficulty with respect to causation in general, I must ask your indulgence in the views which I am going to enunciate, as well for those which I have already ventured to express. In attempting to explain the manner in which certain substances, or certain conditions, act upon the system generally, and the kidneys particularly, in these diseases, I do not wish my explanations (not only upon this, but upon what has already been discussed) to be regarded as established truths; I only throw them out as suggestions having some character of probability, and as indicating the direction in which these subjects should be henceforth investigated. You must take them *quantum valeant*.

In a small organ like the kidney, with its anatomical elements so intimately, in fact inseparably, connected with each other, it is impossible that any one histological element or set of elements can be involved in disease from any cause without the others more or less participating in the morbid action. This has given a very general and common resemblance between the different affections, and has led authors frequently to overlook the distinctions between them. A cause, therefore, in operation for any length of time, so as to affect one anatomical element of the kidney, must of necessity in some measure affect the others also. But in carefully studying the effects of the different causes, and the affections which have followed, I have satisfied myself that different agents affect the several structures variously. Some of them exert their influence more particularly upon one structure, and others upon other structures, while all are more or less involved. This has evidently led some authors (and not altogether without reason) to the conclusion that these diseases are nothing more than different modifications and stages of one disease. But as I proceed, I think I shall have no difficulty in showing you that although they have some general characters in common, by which it is easy to see that a patient is suffering from one or other of them, yet that they severally have a well-marked group of symptoms, a definite history, and a more or less special cause.

In considering the causation of these forms of kidney disease there are four points at least to which we ought to direct our attention with the view of discovering the modes in which the different causes respectively act in producing the disease. First, with reference to their effect, directly or indirectly, upon the blood, and through it upon the organ; secondly, and in like manner upon the nervous system; thirdly, upon the tissues of the body or constitution generally; and lastly, upon those of the organ immediately concerned.

(a) Todd and Bowman's "Physiological Anatomy."

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From what I have before stated, especially in my third Lecture, you will have seen that the condition of the blood as influenced by morbific agents is of the first importance. Most of the causes of these diseases evidently lead to alterations of this fluid, and these may be regarded as the first term in the process. In many cases, however, in order to render them efficient causes, one or more of the other conditions must also be present.

The blood may be said, in a manner, to come in contact with every living molecule in the body, and is the sole medium by which the effete matters resulting from the waste of these molecules, are carried to the different organs for elimination in one form or another. It is in constant relation, moreover, with the atmosphere in which we live, and is the only medium by which the oxygen and other materials for the repair and renovation of the tissues can be carried to them. The agency of the blood has been well expressed by Bernard (b), "It is the real medium into which all the tissues cast off their products of decomposition, and in which they find, for the accomplishment of their functions, invariable conditions of temperature, moisture, and oxygenation, together with the nitrogenous materials, hydro-carbons, and salines, without which the organs cannot be nourished. At all times, in this nutrition of the organs, it is necessary to bear in mind that the tissues are active, and work upon the blood, go as to appropriate to themselves, according to their nature, the different materials of which they are constituted." It may also, in one sense, be said to be in close relation with the objects of our perceptions and sensations, and a painful impression is a very probable cause at times of an injurious change in the composition or constitution of the blood. The altered character of some secretions from a powerful emotion or painful sensation is probably owing to some change of this kind.

Bearing this in mind, we shall be prepared to expect that it will be the seat of deleterious substances, which have been generated within the body through (among other causes) faulty and defective secretion, excretion, and destructive assimilation, and also of matters, more or less hurtful in their nature, derived from without, and introduced into it with the air we breathe, the food we take, and even with the things we touch. Nothing has been more clearly established, both by experiment and observation, than that the kidneys are the principal depurating organs for at least one class of substances; and that, whatever substances of a deleterious or poisonous nature may be in the system, it is through these organs that they make their exit. A large number of substances, when introduced directly into the blood-vessels by injection, or taken into the stomach, are discharged by the kidneys unchanged, and cause an increase or a decrease of the secretion, according as they quicken or delay the circulation through the vessels. Many of these substances, there is no doubt, when taken into the stomach, or inspired with the air, or absorbed by the skin, or generated within the body from some catalytic action of a body in active molecular change, in passing through the kidneys, interrupt the circulation through their blood-vessels, and lead to transudation or exudation of different matters, or so change the condition of the sub-epithelial tissue, that either directly or through the sympathetic and other nerves, its formative power of generating fresh epithelial-cells is impaired if not destroyed, while the decay of those already formed is hastened.

We have seen that any cause in operation which retards the circulation in an organ, leads to increased arterial tension or pressure, and favours the escape of serum with more or less albumen, and other matters, according to the extent of the retardation. Majendie detected albumen in the urine, and even blood, after injecting a certain quantity of water alone into the blood-vessels. Kierulf also observed this. He placed a tube in the ureter to receive the urine before, during, and after the injection of water into the veins. He then injected 500 grammes (about sixteen ounces) of distilled water into the jugular vein of a large animal. The urine, which ran normally for some time, became albuminous, afterwards the albumen increased, at the same time it became more and more red, and from ten to twelve hours elapsed before the urine returned to its natural state. During the experiment the animal was bled, in order that the composition of the blood might be compared with the change that might ensue in the composition of the urine. The quantity of urine obtained in one minute before the operation was 0 gr. 108; after the injection it was raised to 0 gr. 237. The residue obtained after evaporating the normal urine differed notably from that from the bloody urine received after the injection. This last gave a less abundant residue. Thus, in 100 parts of urine, the dry residue was found to be, in the normal urine eleven parts, and in the urine after the injection 3·8 parts. This large diminution of solid residue after the injection of water bore principally, if not entirely, upon the salts—a very interesting fact in connexion with the composition of the blood and urine in these diseases. The injection led to the appearance of albumen and globules in the urine at the same time that the salts disappeared. The opposite of this occurred in the blood, in which the proportion of salts had increased.

Bernard has stated that even if the blood be surcharged with albumen that has been taken as food, it will appear in the urine. He found albumen in the urine after the ingestion of six raw eggs, while fasting. But it was only temporary. In two or three it disappeared. Poiseuille found by injecting a solution of yellow prussiate of potash, mixed respectively with nitrate of potash and acetate of ammonia, that the circulation was more rapid, and the amount of urine was increased, while with the solution of the yellow prussiate, mixed with alcohol, the circulation was much retarded, and there was a tendency to transudation. These facts duly considered, give a key to the action of some of the causes of these affections.

The second point with reference to causation in these diseases is the *Nervous System*. That the nervous system exerts a great influence upon the nutrition and secretion of the kidneys there is no doubt. So long as it remains unaffected in its function by any cause of disturbance, that influence is for good, and is indispensable. But if its function be disturbed, the effect upon the kidney must be prejudicial, and it may then become a direct agent in the production of disease. We see instances of this in many diseases, and also in many moods of the mind, and after many injuries. In the agitated and deranged state of the whole nervous system, as in hysteria, or after strong mental shocks, or during anxiety from any cause, the proper secretion (as a secretion) of the kidney is often arrested. The kidneys, for a time, do little more than filter the water from the blood; their special agents of secretion are so changed, that they are no longer fitted to separate the peculiar constituents of the urine. A calculus in the bladder, or in the pelvis of the kidney, or any other source of irritation near the excretory duct, will produce pretty much the same result, through probably a reflex action.

It has been rendered pretty clear by experiments and observations, that the normal urinary secretion depends upon three causes; two, to a certain extent, mechanical, and one, nervous, neither of which is an efficient cause of true secretion, without the concerted action of the others. Ludwig and Virchow have shown that a *certain amount of arterial pressure* is indispensably necessary, and that up to a certain degree the amount of urine will be in proportion to that of the pressure. Poiseuille has shown that a *certain definite composition of the blood* is necessary. I need not repeat the numerous and convincing experiments by which he has rendered this evident. Suffice it to say that some substances, when added to serum, will promote the circulation, and therefore favour secretion, while the presence of other matters —as alcohol—will impede the circulation, and diminish, if not prevent, secretion. Lastly Bernard has proved (if, indeed, any such proof were wanted) that the influence of the nervous system is essential, and that without this aid the other two are powerless; in fact, that the combined action of the three is necessary. This experimentalist thinks (but without actual proof) that the nerves exert their influence upon the capillary circulation particularly, and that the mechanical causes, pressure and constitution of the blood, act more particularly upon the more direct circulation. There is no reason, however, why they should not all act in concert upon the whole of the structures concerned in the important function of secretion. It assuredly would be more in accordance with the manner in which Nature plans her work. The following experiments show conclusively the influence of the nervous system on the circulation and the secretion of the kidney, and how necessary it is to bear this in mind in considering the causes of disease in this organ:—

On cutting the left great splanchnic, the renal vein diminished in calibre, and became black; secretion was

(b) "Leçons sur les Propriétés Physiologiques des Liquides de l'Organisme."

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suspended. On isolating the left pneumogastric below the cardia, tying it and galvanizing its distant side, the renal vein immediately became distended and red, and the ureter also distended with urine. On ceasing the galvanization, the vein diminished in volume and became black. On recommencing the excitation, the vein again swelled up and became red. On opening still more freely the abdominal cavity, and examining the *right* kidney, it and its vein were tolerably red. On galvanizing the *left* pneumogastric, the right renal vein became also more red and more distended. On then cutting the right great splanchnic, the corresponding renal vein diminished in volume, and became black; secretion was arrested. On again galvanizing the vagus, the vein resumed its redness and turgidity. Bernard has, moreover, found that *le point de départ* of the innervation of the kidney is in the medulla oblongata—somewhere probably about the floor of the fourth ventricle. In general, says he, when the instrument fell upon the lowest part of the floor of the fourth ventricle, polydipsia was produced; when it fell a little higher, sugar appeared in the urine; and a little higher still, albumen. This is an interesting fact in connexion with the influence of emotion on the secretion.

Not only, then, may particular states of the nervous system interfere with the circulation and secretion of the kidney, but they may also lead to the presence of albumen in the urine. We shall find, on discussing the causes of these affections, that some of them exert their influence either in whole or in part through this system.

The next point is, the state, natural or acquired, *of the tissues of the body generally—the constitution of the individual.* "A lax habit of body;" "a relaxed state of the tissues;" "a flabby, loose, atonic condition of the solids;" "a defective, frail, and weak organisation;" "a watery, transparent state of the tissues;"—all of these are familiar expressions used (and very appositely) in practice to describe conditions which are calculated to render the body unusually prone to disease from slight causes, and to make a restoration to health very difficult and protracted. These expressions are eminently suggestive, and yet with reference to the causation of disease, the states of body of which these are correct expressions, are not, so far as I am aware, sufficiently taken into account. These states are of great moment; for not only do they enable us, in some measure, to come to a just conclusion as to the efficiency of an assigned cause for the production of disease, but they also lead us with some degree of probability to a knowledge of the precise consequences of the operation of such a cause, namely, the disease itself. I have already alluded to the different degrees of resistance offered to any external or internal condition adverse in its tendency to health. An assigned cause (more especially of these affections of the kidney) which we should not be disposed to admit as an efficient cause of disease in one person, would undoubtedly be so in another possessing a lax and feeble organisation. Then, as to the changes likely to be produced by a given cause; it is easy to predict in a case in which albumen may be found in the urine of a person having this lax, pasty, atonic state of body, almost the precise condition of the kidney; either, it may be, that there is scarcely any perceptible deviation from what may be regarded as the normal condition in a person so constituted, or that it is a large, white, flabby kidney, according to the severity or duration of the disease.

Also with regard to the *Prognosis*,—not only is there less resistance offered to any adverse influence as a cause of disease, but there is a proportionate want of power in resisting the ravages of the disease itself. It runs (speaking of these kidney diseases) a more rapid and destructive course, and terminates in death, with scarcely such an amount of structural change as would have placed the life of another person, more firmly knit, in jeopardy. We can never form an accurate conclusion as to whether an abnormal change of structure is sufficient to produce death without taking into consideration the general structure, organisation, and constitution of the individual. In such a disease as emphysema, for example, in explaining the mechanism of this state of the lung how little attention is apparently paid to this, one of the most important elements in the problem. Some people are born with an organisation favourable for emphysema pulmonum. The several lung-structures yield before any amount of pressure, from whatever cause arising: the vessels are obliterated, the tissues waste, with no greater amount of pressure than is borne by a very large majority of mankind without any injury accruing whatever. So it is with the kidney: its function may be impaired, perhaps arrested, by a condition of the blood or of the nervous system, or from some local irritation, which in a person more strongly organised would scarcely produce any, or but little appreciable effect.

In such persons, again, not only is the organ itself unable to offer any resistance to any of the known causes of kidney disease, but the blood, and the nervous system also, share this inherent weakness. Both offer very little vital resistance to the influence of morbific agents. The blood is little better than a lifeless fluid, exposed to all the influences of decay. The best, because the most palpable, illustrations of this are the fevers. From a casual and very short exposure to the exhalations of scarlatina, a small quantity, it may be, of the poison may reach the blood in the lungs, infects it, and immediately, and with frightful rapidity, catalytic action is set up—a little leaven soon leavens the whole mass,—and the person dies a few hours after the first manifestation of the disease. This, I believe, is frequently the case in these kidney diseases. Through some cause or other, a person, having this constitution, may have a mild attack of the disease—you will often be able to predict that such a person will almost certainly have dropsy, even without any sensible exposure to cold. In fact, the tissues of such persons are always in a semi-dropsical state (c). The same is the case with another frequent cause,—alcohol. This may have been taken in comparatively small quantities, to such an extent only as scarcely to affect one person, although habitually indulged in for a long series of years, and yet, in a person with the constitution such as we have been alluding to, the blood will be so altered, the nervous system so deadened, that the one is suitable neither for the nutrition of the organ nor for its secretion, and the other also is equally incapable of exerting its share in these processes.

The last point *is the state of the organs*, what may be called the *anatomical condition of the organ.* This is closely connected with the preceding condition, but yet it will be convenient to make a few remarks on it separately. It cannot surprise you that, the function of the kidney depending upon both mechanical and nervous causes, some local conditions should interfere with its circulation and secretion. Experiments have shown that mere irritation of the tissues of the organ will lead to the presence of albumen in the urine. In our next Lecture I shall state the individual causes. In the list will be several which operate as causes of these diseases, merely from the local irritation which they set up, and a knowledge of which, in a living body, we can only get at negatively by the absence of any general cause, and a careful examination of the urine, or in some other way. The albumen from direct irritation of the tissues of the kidney, is not only in the urine; it is, as I have said before, in the tissues also. This is not like a secretion, performed by the agency of the cells, but it arises from an altered state of the blood-current favourable to transudation or exudation, and what the matters transuded or exuded, with the albumen may be, or what may become of them after exudation, will depend on the constitution of the individual.

That mere irritation of the kidney will not only lead to the presence of albumen in the urine, but also produce a decided effect in other respects upon the secretion, the following experiment of Bernard convincingly proves. I quote it the more readily because it shows, in a very satisfactory manner, another way than those which I mentioned in my last Lecture, by which the supply of oxygen in the blood is diminished in these diseases. It seems that the kidney, in common with all glands in a state of functional activity, exerts a peculiar action upon the blood passing through it, in addition to those which I have already pointed out, which is very interesting to us, because it must have a much more decided effect upon the system than other glands; its secretion is continuous. When the secretion was going on normally, the gaseous composition of the arterial and venous blood was as follows:—

(c) I am aware that there is some little apparent contradiction here. It may be asked, if what I have said with regard to constitutional states be true, how can such have scarlet fever in a mild form? But every Practitioner knows that through some unusually healthy conditions of the atmosphere, or through the less virulent character of the scarlatinal poison, some epidemics of this disease are much milder than others. That some animal poisons are less active at some seasons than at others, there is no doubt. This may be even said of the poison of the viper.

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At a temperature of 10° to 12°, (50° to nearly 53° Fahr.)

	Blood of Renal Artery.	Blood o Renal Vein.
Carbonic Acid	0·00	0·00
Oxygen (in volume) ..	12	10

At a temperature of 40° to 45°, (104° to 113° Fahr.) it was

Carbonic Acid	3·00	3·13
Oxygen	19·46	17·26

On irritating the kidney and stopping the secretion, the blood in the renal vein became black, and its gaseous composition was

Carbonic Acid	6·40
Oxygen	6·40

ORIGINAL COMMUNICATIONS.

ON THE

TREATMENT OF DELIRIUM TREMENS BY LARGE DOSES OF DIGITALIS.

By G. M. JONES, M.R.C.S. Lond. and Edin.
Surgeon to the Jersey General Hospital.

Having just had an opportunity of showing to some Medical friends from London—Mr. Spencer Wells, Dr. Ballard, and Mr. McCrea—the effects of large doses of digitalis in the treatment of a very severe case of delirium tremens; and having been strongly advised by them to make my experience of this mode of treatment known to the Profession, I gladly do so by means of the *Medical Times and Gazette*.

About twelve years ago I was called to see a patient with delirium tremens, residing about a mile from my house, who was almost *in articulo*. I prescribed a dose of chloric ether with tincture of opium; but the wife, who came for the medicine, took, by mistake, a phial containing *one ounce* of tincture of digitalis. I discovered the error, and was horrified when I heard that the patient had taken this dose; but no less surprised than pleased when I also heard that, instead of being poisoned, he was very much better. Under ordinary treatment, I fully believed he would have died; but after this single dose he rapidly recovered. Profiting by this hint, I began to give digitalis in all the cases of delirium tremens which came under my care in Hospital and private practice; and during the last twelve years I have adopted it in at least seventy cases—this effect of drunkenness being very common in Jersey.

As to the dose, experience has taught me that the best dose is *half-an-ounce* of the tincture given in a little water. In some few cases, this one dose is enough, but generally a second dose is required four hours after the first. In some cases, but very seldom, a third dose is called for; but this hardly ever need exceed two drachms. The largest quantity I have ever given was *half-an-ounce* at first, *half-an-ounce* four hours afterwards, and another *half-ounce* six hours after that—making an ounce and a-half in ten hours.

As to the effects of these doses, my impression is that the action is on the brain, not on the heart. The pulse, so far from being lowered in force, becomes fuller, and stronger, and more regular, soon after the first dose. The cold clammy perspirations pass off, and the skin becomes warmer. As soon as the remedy produces its full effect, sleep for five, six, or seven hours commonly follows; sleep is the guide as to the repetition of the dose. No action on the kidneys is evidenced by any unusual secretion of urine. Sometimes the bowels are slightly acted on, but not commonly. I have never once seen any alarming symptom follow the use of these large doses of digitalis. The only case I have lost since adopting this treatment had a tumour in the brain. In three only was other treatment adopted after digitalis had failed to procure sleep; in other words, in sixty-seven out of seventy cases digitalis was the only medicine used, and sixty-six of these patients recovered. I do not mean that these are the exact numbers of those treated; I am certain as to the death, but I may have had more recoveries. I am well within bounds in saying seventy cases in twelve years, and that all of them were well-marked cases of delirium tremens. Slight cases of nervous derangement after drinking I have seen in great numbers; but I speak here only of such cases as required active treatment. My previous experience of the results of the treatment by opium, or some of its preparations, by antispasmodics, etc., had certainly been much less successful; the proportion of deaths was larger, and the recovery much less rapid. Again; I have treated more than one patient successfully by digitalis, who, in subsequent attacks elsewhere, has been treated by opium and died; and in many of the cases in which I have used digitalis successfully, opium had been previously given without any good effect.

I will only allude to one case in illustration:—On September 9, 1860, I was called to see a gentleman, 48 years of age, who was in a very alarming state, having been without sleep four days and nights, having been "muddled" for two months before, and having previously had "fits of the horrors." He had been treated by another Practitioner by opium in moderate doses, but had become worse, and when I was sent for it was the opinion of Mr. Spencer Wells and Mr. McCrea—who accompanied me in my first visit—that the case was as bad a one as *they* had ever seen; certainly *I* never saw a worse. The pulse was almost imperceptible; the skin covered with cold, clammy perspiration; the face deadly pale; the lips blue; the hands tremulously grasping the air; the eye expressive of great fear; the mind gone; he was muttering incoherently. With some difficulty I passed half-an-ounce of tincture of digitalis down his throat in the presence of my friends. In a few minutes he became more tranquil, the pulse was felt more easily, and we left him. After four hours I found that he had not slept, but he was rather more sensible, less tremulous, and warmer. I accordingly repeated the dose. Three hours after that, as he had been still without sleep, though in other respects improving, I gave two drachms more, making ten drachms in seven hours. After this he had some sleep, and had slept at intervals during the night. The next morning Dr. Ballard saw him, with my other friends, and all of them were much pleased with the great improvement manifested. He was sensible, his fears had disappeared, he was very slightly tremulous; the skin was warm, the tongue moist, and the pulse full and regular at 90. The heart's sound and impulse were normal; the bowels had acted once, and urine had been passed in natural quantity. After this he took some broth, drank freely of imperial and lemonade, but took no stimuli of any kind, or any other medicine. He slept uninterruptedly for three hours and a-half in the afternoon, and at intervals in addition. The next night was a good one; and when he was seen by my friends again the next morning he was almost well, and calling out for a mutton-chop.

I trust that this narrative of the results of my experience may induce others to follow what I believe to be a very valuable practical lesson; but I must warn those who do so not to try, as I have done, any smaller doses than those I have recommended. They would not only lose valuable time by so doing, but I believe would do harm. Doses of half-a-drachm or a drachm do no good whatever; and the pulse, in some cases where I tried them, became intermitting. I have never seen this effect from the larger doses; on the contrary, a feeble intermitting pulse has generally soon become fuller and more regular, proving, I think, as I said before, and as I again wish to impress on the Profession, that the curative action is on the nervous system primarily, and not on the organs of circulation.

Jersey.

REPORT OF TWENTY-SIX CASES (NOT GLAUCOMA) IN WHICH IRIDECTOMY WAS PERFORMED.

By J. W. HULKE, F.R.C.S.
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The interest with which the Profession at this moment regards iridectomy, induces me to offer a report of twenty-six cases treated by me in the Royal London Ophthalmic Hospital; and, as a detailed account of each case would have extended this report to an inconvenient length, I have arranged the principal particulars in a tabular form, so that the results may be easily seen.

The terms exclusion and occlusion of the pupil are used in

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No.	Name.	Age.	Disease.	Symptoms.	Vision.	Operation.	Results.	Remarks.
1	S. R.	27	Irido-choroiditis	January 1, 1857.—Left: Nearly complete post-synechia	Reads No. 15 at 6"	Iridodesis	Vision slightly improved	The left, at the time of the iridodesis, was the better eye, but this operation did not prevent its deteriorating.
				Right: Exclusion of pupil; iris bulged forwards; globe hard	Sees fingers dimly at 3"	Ditto		August 28, 1860.—I hear to-day that the sight has continued to improve since the iridectomy in May last.
				May 14, 1860.—	Dim recognition of large objects only	Iridectomy	Slight improvement	The iris of the left eye very friable.
				Right pupil obstructed by thin grey membrane	Picks out No. 18	Ditto	Reads No. 16	
2	J. M.	38	Chronic iritis and corneitis	June 2, 1858.—Right pupil small, irregular, extensive synechiæ	Just counts figures at a few inches' distance	Ditto	Great improvement	Came July, 1859. Very desirous to have the left operated on.
				July 28, 1859.—Left pupil excluded; iris bulging	Picks out letters in No. 15	Ditto	Reads No. 3	As occasionally happens in such cases where the iris is friable, the pupillary margin remained after excising the segment of iris, and was torn through with a Tyrrell's hook.
3	E. W.	25	Irido-choroiditis	July 9, 1858.—Left pupil excluded; iris bulging; globe hard	Quantitative perception of light	Ditto	Recognises small objects	Had had several attacks.
				December 6, 1859.—Right: Globe very hard; pupil excluded; aqueous turbitis; great congestion	Doubtful quantitative perception of light	Large iridectomy	Vision as before	Subsidence of inflammatory symptoms.
4	F. D.	44	Irido-choroiditis	June 18, 1856.—Left: excluded pupil; ciliary; pain and redness	....	June 18, 1858.—Iridectomy	Great improvement	Several attacks—the last for twelve months. So much benefited that she came on September 20, 1859. to have the right operated on. Rheumatic. Irides friable.
				Right: Excluded pupil	....	September 20, 1859.—Ditto	July, 1860.—Reads No. 16 6th.—Progressive improvement; no return of inflammation	
5	F.	34	Irido-choroiditis	Right: Lower half of pupil adherent and obstructed by membrane; globe hard	Uncertain recognition of large objects only	December 21, 1859.—Ditto	3rd day.—Sees figures at 10". January 20, 1860.—Reads No. 15. 27th.—Reads No. 6. February 17.—Reads No. 4	Four attacks. No syphilitic or rheumatic history.
				Left: Closed pupil; iris tremulous; aqueous, yellowish; soft globe	Picks out letters in No. 16	January 27, 1860.—Ditto	Reads No. 14; globe has a natural consistence.	This is an instance of a soft globe regaining its natural tension after iridectomy. Iris friable.
6	J. E.	32	Chronic iritis	....	....	Ditto	Reads No. 14	Six attacks in last seven years
7	S. S.	50	Chronic iritis	Right: Pupil excluded and obstructed; congestion	Picks out letters in No. 18	Ditto	Vision as before; but inflammation gone, and has not reappeared (Aug. 1860)	After the iridectomy striæ were detected in the lens, which has slowly become opaque.
8	J. P.	38	Choroido-iritis	Pupil excluded and blocked by white capsules (?) iris much bulged	Quantitative perception of light	Ditto	Vision as before; congestion less	The iris so firmly tied to capsule, that in drawing it out the latter was torn; I therefore extracted the opaque lens and capsule with a scoop.
9	M. M.	26	Right—Chronic iritis and corneitis	June 21, 1859.—Left: pupil excluded and obstructed	Quantitative perception of light			
			Left—Irido-choroiditis	February 20, 1860.—Left: acute inflammation; globe very hard	Vision quite extinct	Enucleation		
				June 21, 1859.—Right: Pupil excluded; iris bulged; dotted opacity of cornea chiefly below	....	Extraction through a lower section	Quick and good union	
				March 9, 1860.—Right: Pupil drawn down towards scar of incision	Sees fingers dimly	Iridectomy	Vision as before	Right: At the iridectomy the iris was found very friable; some vitreous humour was lost. A large, clear pupil was obtained, but unfortunately hidden by the opaque cornea.
10	M. M.	12	Chronic iritis and corneitis	Left: Except a narrow, clear crescent above, the cornea is leucomatous	Quantitative perception of light			
				Right: Central scar of a former ulcer, and faint general haze: pupil excluded, and almost filled by greyish membrane	At 4" sees fingers dimly	Ditto	Picks out No. 20; eyes quiet	Iris very friable. A large jagged pupil was made.
11	W.J.L.	35	Irido-choroiditis	Ciliary congestion and neuroses; cornea hazy	....	....	....	Rheumatic. Several attacks of inflammation.
				Left: Pupil excluded; iris bulged	Quantitative perception of light	June 8, 1858.—Iridectomy Enucleation	Congestion abated, but pain remained	
				February 1, 1859.—Left: Acute choroidal inflammation	Vision extinct		....	Retina separated from choroid by serous effusion from choriod-capillaris.
				Right: Pupil excluded; iris bulged	Picks out No. 16			
				April 24, 1860.—Right: Fresh inflammation	Quantitative perception of light only	Iridectomy	August, 1860.—No inflammation; reads No. 1	Iris friable, and I excised a smaller piece than I had intended.

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No.	Name.	Age.	Disease.	Symptoms.	Vision.	Operation.	Results.	Remarks.
12	A. S.	27	Chronic iritis and corneitis	Right: Pupil adherent in lower half, and its lower two-thirds filled with a grey membrane	Reads No. 1	....	....	Syphilitic—several attacks.
				Left: Upper border of pupil acts, elsewhere synechiæ; outer and lower quadrant of cornea rough, opaque, and vascular	Reads No. 16	Iridectomy	Aggravation and spread of corneal inflammation	This patient did not return so that the ultimate result is unknown to me.
13	R. H.	35	Irido-choroiditis	Right: Pupil excluded and obstructed; globe hard; aqueous humour turbid	Quantitative perception of light only	May 8, 1860.—Iridectomy	May 15, 1860.—Tension natural; reads No. 16 August 10, 1860.—Steady progress; reads No. 6	
14	K. W.	26	Ditto	Pupils very small, excluded and blocked with lymph. Irides bulging forwards, scarcely any anterior chambers. Dull, red congestion, and great varicosity of sub-conjunctival veins	Ditto	Iridectomy	Improvement of eye; less congestion	Syphilis. Iritis commenced three years previously, and she had never undergone any treatment. The gap in the iris closed, and I now propose to make a second very much more extensive excision.
				Right: Tension natural; a large tubercle in lower and outer ciliary region				
				Left: globe soft				
15	C. H.	16	Chronic iritis and corneitis	Corneal tissues opaque	....	....	....	The chronic inflammation, which had lasted a long time, immediately subsided. The left, in which the larger iridectomy was made, has improved much more than the right.
				Right: Pupil small, extensive, and synechiæ	Reads No. 18	February 28, 1860.—Iridectomy in both; that in left larger than in right	March 27, 1860.—Reads—left, No. 4; right, No. 18 June 9, 1860.—Reads left, No. 2; right, No. 18	
				Left: Pupil adherent, except at outer side, which acts slightly	Reads No. 12 easily, and No. 10 with difficulty			
16	H. T.	14	Ditto	Left: Cornea uneven and nebulous; a tolerably clear band 1½‴, running downwards and outwards from the small excluded and obstructed pupil. Aqueous yellowish; iris green	Dim recognition of large objects. Is led, cannot find his way about	June 6, 1860.—Iridectomy	June 14, 1860.—Eye quieter; reads No. 16	Finding that the capsule of the lens exposed by the iridectomy was coated with uveal pigment and lymph, I repeated the iridectomy, making a larger pupil, and scraped the capsule. I failed to detach the pigment. Vision as before.
				Right: Eyeball sunken				
17	C. S.	26	Acute choroiditis (suppurative)	Pupil dilated and excluded. Iris bulging. Yellow reflection behind lens in vitreous humour. Great congestion and chemosis; great pain	Minimum quantitative perception of light	July 13, 1860.—Iridectomy	July 17, 1860—No pain; inflammation subsiding; vision as before	July 23, 1858.—The gap in the iris nearly closed. The pupil blocked with lymph; congestion disappearing. No assignable cause for this acute attack.
18	T. A.	21	Ditto	Great congestion and chemosis. Hypopion and aqueous so turbid that iris can hardly be distinguished	Ditto	July 17, 1860.—Large iridectomy	July 20, 1860.—Pain less, chemosis greater. The external wound and the outer half of the cornea coated with a tough film of lymph, like thin, wetted leather. It was removed in one piece with a forceps. 24th.—No pain; vessels emptying. 27th.—Iris bulged by yellow exudation, which projects through the corneal wound. Much of this was removed with a Schuft's scoop. August 21, 1860.—Globe shrinking	A complete jelly-like cast of the anterior chamber followed the withdrawal of the knife in the iridectomy.
19	H. G.	40	Acute inflammation of cornea and iris, from splash of ammoniacal gas-liquor	July 10, 1860.—Globe rather hard; slight central abrasion and haze of the cornea; hypopion	....	July 10.—Paracentesis cornea		
				July 31.—Pus gone; pupil contracted, excluded, and incompletely obstructed	Recognises large objects, but cannot read No. 20	July 31.—Iridectomy	August 7, 1860.—Reads No. 1	
20	J. K.	44	Sloughing ulcer of cornea and choroidal congestion	Great congestion and chemosis, and pain; hard globe	Quantitative perception of light only	Paracentesis cornea three times April 13, 1860.—Iridectomy	April 17.—No pain; congestion subsiding May 11.—Redness fast disappearing	After small-pox; a brewer's dray-man. Paracentesis each time gave temporary relief, but steady and continued improvement followed the iridectomy.
21	H. T.	23	April 6, 1860.—Incised wound of cornea, iris, and lens	June 13, 1860.—Globe very hard; ciliary redness and neuroses; cornea dull; pupil excluded and obstructed	Ditto	June 13, 1860.—Large iridectomy at the temporal side, and swollen, opaque lens scooped out	July 23, 1860.—Inflammation gone; tension natural; recognises large objects	The swollen lens gave rise to a glaucomatous condition of the globe, which was immediately subdued by the iridectomy. I expect further improvement of vision from the removal of a piece of opaque capsule.
22	J. P.	21	Extensive leucoma after purulent ophthalmia in India; cataract	The cornea opaque white, except a narrow, slightly uneven, and slightly hazy margin at the upper and outer side	Ditto	Large iridectomy, and lens being found swollen and milky was scooped out	Cornea inflamed, but united quickly. When the inflammation subsided he could see my hand at a short distance, but not count fingers	He had previously undergone three operations for artificial pupil in India. The swollen, soft state of the cataract, makes it probable that the lens had been wounded.
23	W. H.	20	Leucoma; chalky lens; strabismus convergens	Lower and inner part of cornea white; anterior synechiæ; pupil masked by the corneal scar	Eccentric fixation; uncertain recognition of large objects	Large iridectomy at the temporal side, lens scooped out	Good pupil, but little improvement of vision	A punctured wound in childhood.

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No.	Name.	Age.	Disease.	Symptoms.	Vision.	Operation.	Results.	Remarks.
24	An old Soldier	..	Leucoma and cataract	Nearly the whole cornea leucomatous; a narrow, transparent border above, rather clearer than the rest	Quantitative perception of light	Large iridectomy. Finding lens swollen, soft, and milky, I scooped it out	Good union; vision as before	Had previously had an attempt at artificial pupil made elsewhere.
25	E. A.	16	Ciliary staphyloma	A very prominent bluish bulging of the sclerotic, occupying the lower and outer part of the ciliary region	Ditto	May 11, 1858.—Iridectomy	June 14, 1859.—The staphyloma has flattened down; a very slight projection beyond the general curve only, now. Vision unimproved	The subsidence of this staphyloma, which followed a penetrating wound, was very remarkable. An excavated optic nerve-entrance and atrophied retina, left no hope for improvement of sight.
26	H H S.	21	Corneal staphyloma after purulent ophthalmia	A very prominent staphyloma, involving the whole cornea except a narrow rim of the lower and outer quadrant	Ditto	Ditto	A little redness around the wound, and slight distress by light	This patient had been recommended to me for enucleation, but I wished to try the effect of iridectomy. At the expiration of a week I abscised the front of the eyeball, because personal appearance was a great object in this instance, and even had the staphyloma shrunk in time, the eye would have remained a disfigurement.

the same sense as in Von Graefe's memoirs, recently translated by the New Sydenham Society, the former denoting adhesion of the entire pupillary margin to the capsule of the lens; the latter, obstruction of the area of the pupil. The comparative hardness or softness of the eyeball indicates the degree of intraocular tension.

The table embraces 8 cases of chronic iritis, 7 of irido-choroiditis, 1 of choroido-iritis, 2 of acute choroiditis, 1 of sloughing ulcer of the cornea with choroidal congestion, 1 of acute iritis and corneitis following an injury, 4 cases where iridectomy was combined with extraction, and 2 cases of staphylomata.

In two of the eight cases of chronic iritis both eyes were operated on, making a total of 10 eyes, 7 of which were benefited by the iridectomy. Of these 7, one (*Case* 2) which previously picked out No. 15 test-type, with pains, letter by letter, afterwards read No. 2 (Pearl); another (*Case* 15, left eye), which before could only read No. 10 (Pica), afterwards read No. 2; and a third patient (*Case* 16), who had only a dim, very uncertain, recognition of large objects, was enabled to read No. 16 (2-line Great Primer), and find his way about alone; and in a single case an existing inflammation of the cornea was aggravated.

Of the 7 cases of irido-choroiditis, 5 patients underwent iridectomy in both eyes, making in all 12 eyes, of which number 9 were much benefited. Two of these (*Cases* 11, right eye, and 13) which had previously merely quantitative perception of light, were subsequently able to read Nos. 1 (Brilliant) and 6 (Bourgeois), and a third, where only an uncertain recognition of large objects existed, was enabled to read No. 4 (Minion). In two instances vision remained as before, but here, as in the other cases, the congestion subsided. In one case only (*Case* 11, left eye) have I known inflammation to recur; in this instance serum was effused between the retina and the choroid, and to relieve suffering the eye-ball was excised.

Several of these cases of iritic and choroidal inflammation strikingly corroborate von Graefe's statements respecting the progressive character of the improvement which follows iridectomy; in some of them it did not attain its maximum until several months after the operation.

In both the cases of acute (suppurative) choroiditis the eye was already irreparably damaged, but by relieving excessive tension, iridectomy prevented much suffering.

Case 19, where acute inflammation of the cornea and iris were produced by a splash of ammoniacal gas liquor, is chiefly interesting from the fact that paracentesis of the cornea was tried. Each time it afforded marked but temporary relief; but, after iridectomy, the inflammation wholly disappeared, and vision was very completely restored, the patient reading No. 1.

The first of the four cases where iridectomy was combined with extraction deserves especial notice, on account of the glaucomatous condition of the globe, produced by the swollen lens, and the entire relief of the excessive tension by the combined operations. Extensive corneal opacities made the remaining three cases very unpromising, but the removal of the cataractous lens through a small corneal incision, together with the formation of a large lateral pupil, was all that could be done.

Case 25 is a remarkable instance of the subsidence of a large ciliary staphyloma.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

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A CLINICAL REPORT ON THE RODENT ULCER.

(Concluded from page 263.)

STATISTICAL ANALYSIS OF FORTY-TWO CASES OF RODENT ULCER.

Sex.—Of the 42 Cases, 22 of the patients were men and 20 women. There is, therefore, no reason to believe that sex exercises any influence in predisposing to this disease, and the same remark applies as to the differences in occupation, mode of life, etc., involved in difference of sex.

Age.—In one case the age is not stated. The youngest in the series (*Case* 4) was 40 at the time she came under observation, and had suffered from the ulcer for 10 years; while the oldest (*Case* 12) was 88, and had been first attacked 6 years before the note. The extremes of age at the time of the commencement of the diseases are therefore 30 and 82. The average age as regards the 41 patients whose ages are given was 61 years.

Dividing the series into decennial periods, we have,—

Between 40 and 50—7.
„ 50 60—17.
„ 60 70—10.
„ 70 80—5.
„ 80 90—2.

Or, classifying the Cases in quinquennial periods,—

Between 40 and 45—2.		Between 65 and 70—2.	
„ 45	50—5.	„ 70	75—2.
„ 50	55—9.	„ 75	80—3.
„ 55	60—8.	„ 80	85—1.
„ 60	65—8.	„ 85	90—1.

Parts most liable to be Attacked.—In the cases under investigation the following is a statement of the frequency with which different parts were attacked. When the disease

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extended to two or more different regions, the case has been counted under each. The *eyelids* in 36 cases, of which the upper lid was the part principally affected in 8 instances, the lower in 13, the inner canthus in 9, and the outer canthus in 4. The *nose* in 14 cases. The *cheek* in 11 cases. The *upper lip* in 2 cases,—primarily in 1, and secondarily in 1. The *ear* in 1 case. The *temple* near to the eyelid in 1 case. The *eyebrow* in 2 cases. The *tragus of the ear* in 1 case. In one instance the disease occurred in two distinct parts in the same patient, symmetrical patches of ulceration existing on the two cheeks.

These facts make it very evident that the parts by far the most liable to be affected by the rodent ulcer are the eyelids and adjacent portions of cheek. Next to them the nose is its favourite site, and third in the list are the cheeks. On one or other of these positions almost all the rodent ulcers occur. No case has yet been recorded in which this ulcer occurred in the integument of the extremities or on that of the trunk, if we except *Case* 18, in which the nipple was the part involved. It is a remarkable fact that in only one instance (*Case* 15) was the upper lip the primary seat, and that in no single case was the lower lip involved either primarily and by extension. This fact is of great importance, when it is borne in mind how frequently the lower lip is the seat of epithelial cancer. The single case (*Case* 15) in which, as just stated, the upper lip was affected, is not wholly exempt from doubt as to whether, indeed, it did not approach to the epithelial class of growths, since, unlike what occurs in a rodent ulcer, a lymphatic gland was enlarged (a).

Average Duration of the Disease.—The series contains only 5 cases in which the patients have died, and in only 4 of these was the fatal event due to the disease. Of the latter 4 (*Cases* 1, 6, 7, and 40) the duration had been respectively 12, 14, 17, and 18 years. In none of these, although the disease had lasted so long, and extended so widely as to induce death by exhaustion, hæmorrhages, etc., had any of the lymphatic glands enlarged, or any evidences of internal deposits presented themselves. The average duration in the 34 cases which were still under observation at the date of the notes, and respecting which we possess information on this point, had been nearly 8 years. In many of these the disease was in quite an early stage. The longest is one recorded by Mr. Cæsar Hawkins (*Case* 28), in which the ulcer had existed twenty-five years, and had destroyed a large part of the face, yet without in the least affecting the patient's health, or causing any enlargement of his lymphatic glands. In a second case mentioned by Dr. Jacob, the ulcer had existed 23 years, the patient being still in fair health and free from gland disease.

Liability of the Glands to become Enlarged.—In only 2 out of the whole number of cases had there ever occurred any enlargement of the lymphatic glands. In the 2 in which the glands were enlarged, the degree of engorgement had been slight and transitory, and in neither of them was there any reason to regard it as other than the result of simple irritation. There is as yet no recorded case of well-marked rodent ulcer in which the lymphatic glands became affected by similar disease. This is, indeed, one of its grand features of difference from true cancer.

State of the Patient's Health.—In a large majority of the cases in our series the patients are expressly described as being, at the date of the notes, in good health. Whenever a rodent ulcer extends widely or deeply, more especially if rapid in its course, the patient becomes pale, and somewhat loses flesh. This, however, is ohly what might be expected from the suppuration, pain, and occasional bleedings. I have never seen a case in which the cachexia assumed the features so often seen in epithelial and scirrhus cancer. In several of the cases in the series the patients were in habitually feeble health, and had been so before the commencement of this local ailment.

History as to the Patient's Hereditary Proclivity to Cancer.—It becomes advisable in the case of certain affections closely allied to cancer—such as the disease under consideration, the recurrent fibroid tumour, the myeloid tumour, and certain others—to trace the family history with a view to ascertain whether any hereditary tendency to malignant affections existed in the patient. Mr. Paget has started an ingenious conjecture, which is supported by some facts, that these forms of disease are the results of a slight and modified tendency to cancer derived from the parents; that they are, in fact, the expiring efforts of a taint which is not competent to the production of a well characterised malignant growth. Unfortunately in more than half of the cases before us, no notes as to this point in the patient's history has been recorded. Of the 13 cases in which the information is forthcoming, we find that in only 1 (*Case* 18) was there any knowledge that cancer had ever shown itself in the parents' relatives.

Degree of Pain Caused.—In 13 cases we have no note as to the degree of pain which attended the ulcer. In 15 of the others the patients are stated to have had no pain whatever; in 8 others the pain had been very trifling. In 7 Cases (6, 7, 11, 23, 25, 30, and 40) expressions are employed denoting that the patients did suffer more or less severe pain. In the last of these, a case of Mr. Middlemore's, "the sore was painful towards the end of the patient's life," it having existed 14 years. In *Case* 30, one of Mr. Hawkins's, the expression is, "at one time severe acute pain." All the other 5 were cases under my own observation, and respecting these I am able to state, that in not one did the pain complained of approach that usually met with in advanced carcinoma of the skin. I do not recollect that in any instance was it necessary to give opiates, and in most the notes expressly record that the pain did not interfere with the patient's rest.

Amount of New Growth.—In most cases the rodent ulcer has simply indurated edges and base, and a slightly raised border; but it is not at all infrequent for there to exist also nodulated growths of new tissue. These growths are rarely large, but I have repeatedly seen them in a positive degree; and on section of a rodent ulcer border it is not infrequently practicable to detect an abrupt line of demarcation between the morbid and sound parts. This state was very clearly demonstrable in the parts removed from the eyelids of Leon L., *Case* 26. In *Case* 28, a tumour, the size of an egg, had been excised from a part which subsequently took on the characters of the rodent ulcer, and extended over twenty-five years, but this is a very exceptional fact. In a second case under Mr. Paget's care, a distinct tumour of some size grew subcutaneously near the ulcer. In several instances I have seen indurated masses almost of stony hardness embedded in the borders of the ulcer. The surface, however, never assumes the ragged, warty, or cauliflower appearance, so often caused by superficial outgrowths on the surface, and edges of truly cancerous ulcerations.

Microscopic Appearances.—In recording *Case* 11, I have already described in sufficient detail the cell elements met with in sections of the borders of these ulcers. As might be expected, from the fact that the skin is the part involved, altered epidermic scales are not unfrequently met with in greater or less abundance. They are, however, seldom seen at any distance from the surface, or of a character, or in sufficient number to lead to confusion with the structures of epithelial cancer. Since the early part of this report was written, I have excised at the London Hospital the eyeball and lids of a man in whom they were affected by rodent ulcer. Dr. Bader, the Sub-Curator to the Royal College of Surgeons, afterwards made a careful examination of the parts of the globe which were attacked by the disease, and he reports that the histological elements were precisely similar to those figured at page 183.

Questions of Treatment.—The rodent ulcer is to be viewed, as far as our knowledge extends, as a local disease, which spreads by continuous growth. There is not a tittle of evidence in favour of the belief that it can be influenced by internal medication. The object which the Surgeon must keep in view is to remove the whole of the diseased parts,

(a) I have seen a specimen of a tongue, removed after the patient's death, in which an ulcer existed with indurated margins and very little growth, which exactly resembled the rodent type, and when examined by the microscope no epithelial elements were discoverable. The disease had been of upwards of ten years' duration and no glands had enlarged. Mr. J. Z. Laurence has also recorded a case in this Journal under the name of "Rodent Ulcer of the Tongue." I have preferred to omit these cases, however, from the present series, since in neither was the diagnosis adequately substantiated. It has been conjectured also that certain of the chronic forms of ulceration about the cervix uteri, unattended by fungous growth, are of the Rodent character (see Dr. West's Lectures on Diseases of Women, and Mr. Laurence's paper). Dr. West, however, does not record any cases, and Mr. Laurence only one. Without in the least doubting the correctness of these conjectures, I have, however, preferred for the present to investigate this peculiar disease as it presents itself in its favourite haunts and under its typical forms. For the same reason I omit the consideration of Lebert's suggestion that some of the chronic ulcers of the stomach are of the Rodent class.

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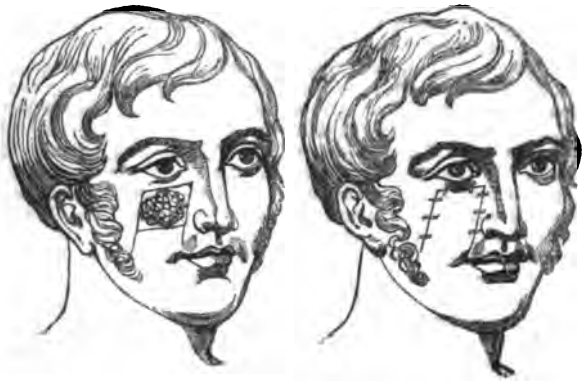
and to procure a soft, supple cicatrix. If there be any tension on the cicatrix, the irritation thereby induced will be almost certain to induce a relapse of the disease. By means of deep escharotics, such as the chloride of zinc, complete destruction of the diseased parts may in many instances be ensured, and a very healthy and pliant cicatrix is usually obtained by this remedy. In many of the favourite seats of rodent ulcer,—the eyelids to wit,—the use of escharotics is very inconvenient; and in these, free excision, followed by the transplantation of healthy skin from the forehead, cheek, or temple, is the best measure. The details of such operations will vary with each individual case, and do not form part of our present report. In reference to them, however, the reader may possibly be interested in the reproduction of the annexed cuts, from a paper by Mr. Spencer Wells, published in the second volume of this Journal for 1854, page 211. The following is his report of the case:—"He was a man, aged 35; he had suffered for twelve years with an obstinate ulceration of the face. After the application of arsenic and cinabar it healed, but left a flat tumour, having many of the characters of cheloid, but soft, and apt to bleed on slight injury. I surrounded it by four incisions, as shown in the first engraving,



carrying the two side cuts obliquely downward to a distance somewhat greater than the breadth of the defect to be covered after the removal of the tumour. They are scarcely brought low enough in the drawing. I then carefully removed every part of the tumour, and dissected the flap from its connexions, taking care not to detach the adipose tissue; some small vessels required torsion; iced water was used to suppress oozing of blood. The flap was then drawn upwards, and fixed by sutures, as seen in the second engraving. Water dressing was applied. Every part of the flap united by first intention, except a small portion at the upper and inner angle, but that healed by granulation, and the cicatrix was scarcely perceptible. The third engraving shows the appearance of the patient

a few months after operation. No return of the tumour, or of the unhealthy ulceration, took place." Mr. Wells has informed me that this operation was performed in 1846, and that the patient died abroad in 1858 or 1859, never having had any return. Mr. Wells also informs me that he has replaced part of one ala of a nose lost by rodent ulcer, by gliding over the skin of the opposite side of the nose, and fixing it to the edges of the defective part.

APHORISMS RESPECTING THE RODENT ULCER.

1. That there occurs not infrequently on one or other part of the face a form of ulceration which is characterised by an indurated edge, and by a tendency to spread to adjacent structures, without regard to difference of tissue; which is very slow in its progress; does not cause much pain; does not induce cachexia, and is never followed by enlarged glands or deposits in the viscera (b).

2. Sections of the indurated edge of this ulcer (or of the portions of new growth which are sometimes produced about it) do not exhibit the cell-structures met with in epithelial or scirrhous cancer, but only those of organising fibrous tissue.

3. This ulcer differs from lupus exedens in that it never occurs in the young, and never gets well spontaneously, while lupus exedens but rarely begins after the age of thirty, and usually tends after the lapse of time to cicatrise spontaneously. The two, also, further differ, in that lupus has a tuberculated, inflamed border, without any great degree of induration; while the edge of the ulcer in question presents an extremely indurated ridge, without tubercles, and comparatively free from inflammatory congestion.

4. The ulcer in question differs from cancer in that there is but seldom present any tendency to the production of new material, that it never causes the glands to enlarge nor induces morbid growths in the internal viscera.

5. Although it must be freely admitted that this disease is closely allied to cancer, and that in its inveteracy under treatment, and its tendency, if not removed, to spread deeply and extensively, it well deserves the designation of "locally malignant," yet it is inconvenient in practice to call it "cancer of the skin," since there are other forms of cutaneous cancer (the epithelial, scirrhus, melanotic, etc.) essentially different from it, and of a far higher degree of malignancy.

6. The term "a peculiar ulcer occurring in the eyelids," is too vague, and also involves an erroneous statement as to uniformity of location, an objection which, also, in addition to what has been stated above, applies to "cancer of the eyelids," since this ulcer is met with on many other parts besides the palpebræ.

7. To the designation of Rodent Ulcer given to this disease by Lebert, and adopted in this country by Paget (see Lectures on Surgical Pathology) no objection applies, excepting that it is more vague than desirable. Of those in use it is certainly the best, and should the disease become generally recognised by the Profession under that name, the vagueness of its meaning will by custom soon cease.

8. The Rodent Ulcer is most commonly met with between the ages of 50 and 60, and is equally frequent in the two sexes.

9. It occurs but very rarely on any other region than the integument of the face, and is most common in the eyelids.

10. It is a singular and very significant fact that no case has yet been recorded in which the rodent ulcer attacked the lower lip, either primarily or by extension, while that part is well known to be a very frequent seat of epithelial cancer.

11. The *Diagnosis* of Rodent Ulcer is usually easy. An ulcer with a hard sinuous edge, situated on some part of the skin of the upper two-thirds of the face, of several, or, perhaps, many years' duration, almost painless, and occurring in a middle-aged or elderly person, of fair health, and without enlarged glands—such a sore is almost certain to be of the rodent type.

12. The *Prognosis* of Rodent Ulcer varies with the stage of the disease and the treatment it is intended to pursue. If left to itself it will slowly but surely advance both in extent and depth, and will probably destroy the patient's life in the course of from ten to twenty-five years, death being eventually produced by the exhaustion consequent on suppuration,

(b) In making this assertion I am borne out by all the facts hitherto recorded. Fully acknowledging, however, the near relationship of rodent ulcer to cancer, I have but little doubt that it will now and then so far deviate from its usual course as to affect the glands, and quite anticipate in the future to hear of such a case. Epithelial cancer may be said to almost never affect the internal organs, yet a few cases are on record in which it has done so. Such exceptions, however, only prove the general rule; and just as the epithelial cancer very exceptionally affects the viscera, so will rodent very exceptionally affect the lymphatics. Professor Langenbeck has mentioned to me a case in which he excised a rodent ulcer from the side of a woman's nose, who afterwards remained well for nine years, and was then attacked by cancer of the uterus, followed by secondary growths and death. Such a fact is, however, very different from one in which the cancerous infection should advance, as in other malignant disease, through the lymphatic system, from the original ulcer.

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hæmorrhages, pain, etc., and very probably aggravated by inability to take sufficient food owing to the diseased state of the mouth. If the case be seen in an early stage while complete removal either by knife or escharotics is practicable, a favourable opinion may be given as to the probable non-return of the disease. The younger the patient the more rapid will be the course of the disease, and *vice versâ*; and the younger the patient the more nearly is the disease allied to cancer, and the more likely to recur after removal.

13. The only *Treatment* which the rodent ulcer admits of is local, and the best is that which obtains its freest removal with the least injury to the parts concerned. In some localities, and in some stages, escharotics, such as the chloride of zinc, may be advisable, but in most excision and transplantation of skin is the more certain and satisfactory.

14. A widely-diffused knowledge of the true pathology of rodent ulcer may be expected to result in considerable advantage to the sufferers from that disease, since it will encourage to the early and free adoption of local measures and to the employment of excision and transplantation even in some cases which, if considered cancerous, would certainly be beyond relief by Surgical art.

THE LONDON HOSPITAL.

RUPTURE OF THE INTESTINE FROM A KICK ON A HERNIAL SAC—DEATH IN THIRTY HOURS.

(Under the care of Mr. LUKE.)

A stout, muscular man was brought to the Hospital during the night of September 18, by the police, with the statement that he had been violently kicked in the groin. He was evidently very ill, and was writhing in intense pain. On examination, the left half of his scrotum was found to be distended by a hernial protrusion of about the size of a large fist, and which presented nothing peculiar in its general appearance. There was little evidence of bruising about the integuments. He stated that he had had a rupture on that side for some years, but had always been able to return it at night, and had never worn a truss. He had walked from Chatham to London the day previously, being then in perfect health. On reaching town he had, about six o'clock in the evening, in the course of a public-house quarrel, been violently kicked in the groin. The kick, he said, "doubled him up," and gave him intense pain. From the time of its infliction until that of his admission into the Hospital (nine hours), he had, according to the description of those who had remained with him, been in continuous and very severe suffering.

The warm bath was used, and patient attempts at the taxis were made by Mr. Payne, the House-Surgeon. It was found, however, impossible to return the bulk of the swelling, although it was considerably diminished in size, probably from the pressure of fluid out of the sac. No gurgling whatever, was felt. At ten o'clock the next morning, sixteen hours after the injury, Mr. Luke saw the patient, and having learnt the history of the case, advised an immediate exploratory operation. The man's condition was now urgent. He had frequent vomiting, great thirst, and an aspect expressive of severe suffering. His respiration was wholly thoracic and rapid. He had extreme tenderness over the whole abdomen, and could not bear the slightest pressure. Having laid open the hernial sac, Mr. Luke found that it contained a large mass of omentum, which was firmly fixed by old adhesions to the lower part of the sac. There was no stricture in the inguinal canal, and the finger passed up it with the greatest ease. A careful search was made among the folds of omentum, to ascertain if any gut were present, and in doing this, two portions of ingesta—one resembling a piece of chestnut, and the other the husk of a bean—were found. No feculent odour was detected, nor was any fluid in the least resembling fæces seen. A moderate quantity of nearly limpid serum escaped from the sac. Mr. Luke, and also one of his assistants, passed their fingers up the whole length of the inguinal canal, but in neither instance was the finger observed to be stained by intestinal contents. The omentum, being too firmly fixed to admit of reduction, was left in the sac. The wound was closed and the patient returned to his bed.

The man lived about fourteen hours after the operation, his symptoms continuing just as they had been previously. The rapid and exclusively thoracic character of his respiration was throughout very marked. His abdomen, although exceedingly tender, did not become distended. It was clear, from the presence of the foreign bodies in the hernial sac, that a rupture of the intestine must have occurred, while the absence of fluid fæcal extravasation made it seem probable that the ruptured gut must have slipped back almost immediately after the accident. The symptoms had been precisely those of intense peritonitis, from internal extravasation.

The autopsy was carefully performed by Mr. Payne about twelve hours after the man's death. On laying open the abdomen, the intestines, omentum, liver, etc., were found universally matted together by a thick layer of recent lymph. This lymph, however, had acquired, in many parts, such strength, that a certain degree of force was required to separate the parts, and in many parts it was seen to be abundantly supplied with vessels. In various parts small portions of what looked like fluid fæces, but almost without odour, were observed upon the surface of the intestines, and the peritoneal serum, of which there was a large quantity, was turbid and mixed with fæces. Close above the opening of the left inguinal canal a coil of intestine was found matted into a sort of loop by adhesions, which was torn almost through its whole circumference. The laceration involved the whole of the gut, excepting about half-an-inch, close to its mesenteric attachment. The injured portion was at or near the junction of the jejunum and ileum. The large mass of omentum which occupied the hernial sac was in almost the same state as at the time of operation, and showed no sign of inflammation. It may be noted, in respect to the diffusion of the intestinal contents amongst the abdominal viscera, that a seed resembling an orange-pip, and also a portion of a bean husk, were found between the coils of intestine, just below the free edge of the liver.

Remarks.—Apart from the surgical interest of this case, the points of which are sufficiently indicated in the above narrative, it is worthy of consideration on account of the remarkable development which the effused lymph had undergone in a short space of time. The man had lived but thirty hours from the time of the accident, and during the latter part of that period his vital processes might have been supposed to be much retarded. Yet the lymph, which firmly matted together his abdominal viscera, contained abundance of vessels, which carried red blood, and were easily visible. This vascular condition of the adhesions was especially noted in those between the liver and the parietes, but it was observed also in a less degree in many other parts. It was such, that most of those present were inclined at first to think that the man must have been suffering from peritonitis before his injury. Against such an hypothesis, however, was the man's assertion, that he had enjoyed excellent health, and the undoubted fact that he had worked hard during the whole previous week, and walked upwards of twenty miles on the day of its occurrence. Then again; the condition of the adhesions was the same in all parts of the abdomen. There were none anywhere which had the appearance of being undoubtedly old. Anyone unacquainted with the history of the case would probably have assigned them all to about a week or ten days prior to the man's death. The condition of the wound made in the operation was such as to justify the belief, that the man's vital energy was remarkably good; since, although only fourteen hours had elapsed, the structures were firmly glued together.

As bearing upon the question of the period at which blood-vessels appear in inflammatory material, the following statement may be quoted:—Mr. Paget writes: "A boy died eighty hours after receiving a lacerated wound of the abdomen, and for forty-eight hours of these eighty he was so manifestly dying, that I think no reparative process could have been going on. A portion of the edges of the wound was united with lymph, which presented well-marked cells, like those of granulations, and contained looped blood-vessels full of blood" (a).

ACUTE GLOSSITIS—TREATMENT BY INCISIONS—RECOVERY.

(Under the care of Dr. DAVIES.)

[Reported by Mr. MITCHELL, from Notes by Mr. DYTE.]

Wm. C., aged 27, a tall and stout seaman, who had always enjoyed good health, arrived from Calcutta on June 16. After

(a) "Surgical Pathology," Vol. i. p. 199.

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his discharge from the ship he lived freely, and on the 20th, after having drank largely of rum, he began to experience difficulty in swallowing, and a sense of fulness about the tongue and throat, attended by trembling and profuse perspirations. On the morning of the 21st, after a sleepless night, he applied at the London Hospital, when he was admitted. At that time, his mouth was constantly open, his tongue protruded beyond the teeth and swollen to three times its natural size, preventing any examination of the fauces. The sublingual mucous membrane was raised, as it were, into a second gum by serous infiltration, the saliva ran down his chin, he was unable to articulate distinctly, and he had great difficulty in swallowing. There was severe pain in the tongue, and it felt hard and brawny to the touch. His skin was hot, and he complained of thirst and headache. He seemed fully persuaded that his drink had been drugged the day before, and thought he was suffering from poison; but no symptoms of this could be gathered, nor were there any marks or vesications from any corrosive or irritant to bear this out. A saline mixture, with carbonate of ammonia, was given, and acetum lyttæ was applied externally.

In the evening there was slight vesication from the acetum lyttæ, but there was no relief to the symptoms; the swelling of the tongue had not decreased, and it threatened to impede respiration. At one point, near the tip on the right side, it assumed a purplish tint. Mr. Payne, one of the House-Surgeons, was requested to incise the tongue on the under side. Several free longitudinal cuts were made. There was not much bleeding, but great relief was soon experienced, and he was able to swallow, and soon afterwards went to sleep.

June 22.—He has slept well all night; the tongue is much diminished in size, but as the difficulty in swallowing had again increased a little, the incisions were repeated.

23rd.—He can keep his tongue inside the teeth, and close his mouth; is much better; swallows easily.

24th.—Has continued to improve. In the evening he complained of pain and swelling over the site of submaxillary gland. Tincture of iodine was applied externally.

26th.—The tongue is nearly well; the throat much the same. Middle diet.

28th.—Tongue and throat well.

He was discharged well on July 3.

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Medical Times and Gazette.

SATURDAY, SEPTEMBER 29.

A NEGLECTED DEPARTMENT OF LUCRATIVE PRACTICE.

One of the recommendations of the Committee of the House of Commons which lately inquired into the State of Lunacy in England involves a change in Certificates of Lunacy of considerable importance to the Medical Practitioner. It is that he shall state, not merely whether the patient is insane or not, but whether he is a proper person to be detained for treatment, together with the grounds of that opinion. In other words, the certificate will virtually be a report on the nature and treatment of the case.

Now, unquestionably, every Medical Practitioner ought to be able to draw up such a report; but it may be fairly questioned—without any blame to them—whether the majority could perform this duty if required with satisfaction to themselves, or without the aid of an expert. The fact is, that the Professional man is placed at a great disadvantage in regard to the nature and treatment of insanity at every step of his progress, with serious injury to his own interests, and the reputation of the Profession in general. While a Student, he is afforded neither opportunities for its study nor a stimulus to labour. No private Practitioner can continue the treatment of ordinary cases to the end, inasmuch as they must per force be sent off to special houses for their reception; while the majority of these houses are shut both to the Student and Practitioner.

The neglect by the Medical Council and Examining Boards of the whole subject of Medical Psychology is something to be wondered at. No intelligent man doubts its fundamental importance to Medical science; every one acknowledges that the most pressing and most common cases of disease require for their scientific management a knowledge of the relations of body and mind. Yet not a single College or University professes to examine in it, nor has the Medical Council taken any step in this direction.

It is true that the Examining Board for the Indian Medical Staff requires certificates of attendance on a course of practical lectures on insanity; but this is not the whole of Medical Psychology or Psychological Medicine, as is popularly believed. It is true, also, that the University of London requires candidates for its degree of M.D. to be examined in the elements of intellectual philosophy, logic, and moral philosophy. But if the candidate be found to have Cousin, Stewart, or Bain at his fingers' ends, he is just as wise as ever as to the how or why men and women feel corporeal and mental pain; or are pathologically obstinate, foolish, or wicked. Now this, and much more, Medical Psychology teaches. It is mental science in the fullest sense: that is, it developes the laws of consciousness as applicable to corporeal states, and applies them to pathology and practice. It is the neglect of it as a department of Medicine which has led to its neglect in the Medical Schools; so that although classes for instruction in insanity have been formed, they have not been remunerative, while Medical Psychology, considered as mental science applied to Medicine, has no Professor in any British Schools with the one exception of Edinburgh.

Now, all this is seriously injurious to the Medical Practitioner. It lowers him in the public estimation, as all incompetency and imperfection must. It cuts him off, too, from a lucrative source of income, to the disadvantage of the public as well as his own. There are numerous conditions of men in which he could be of service if he were thoroughly educated in mental science and its application. But we need not go beyond the treatment of insanity itself. With that more extended education he could treat many cases more successfully at home, and render removal to an asylum wholly unnecessary. Or, if that became necessary, he could follow his case to the asylum, and continue in the joint management of it. No doubt serious objections can be raised against this plan, but his ignorance of the subject would be found to be the only insurmountable obstacle.

An early detection of cerebral disorder, so necessary to the cure, can only be attained by a knowledge of both the principles and practice of mental science. It is much too common to treat slightingly the statements of the melancholic as to his feelings and delusions. He is told that he is nervous or fanciful; not unfrequently his morbid fears and anxieties are laughed at. Yet, perhaps, no corporeal pain whatever can exceed the mental anguish which melancholia often inflicts. Now, just as in neuralgia, so in this phrenalgia, medicinal treatment is of the greatest service in relieving the patient. A few doses of morphia, or a tumbler of sherry,

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would probably have saved the life of the late Chancellor Martin, who perished so unhappily by his own hand.

A wider sphere of practice of this kind would, however, be found in schools, barracks, and prisons. Many a felon is let loose on society just as incompetent as the worst maniac to control his propensities; many a good soldier and sailor spoilt by harsh treatment; many a fine lad ruined by injudicious severity. Much of the pain and punishment inflicted in schools, barracks, and prisons (of which the public hears nothing), might be avoided if a Medical Practitioner were consulted in incorrigible cases who had been trained to discriminate those nicer shades of mental disorder which are only manifested by unaccountable waywardness, obstinacy, or stupidity. There is no solid reason, except the general ignorance on the subject, why a professional opinion should not be asked in the numerous cases of this kind as in those of more manifest disease. Nothing more strikingly shows the good results which might be attained by such an application of mental science, and the evils that might be avoided, than the instance of Mr. Hopley. Here is a gentleman, the son of a naval Surgeon, who is enthusiastic in his profession of an educator. He studies the law of life; he appreciates with praiseworthy zeal and success all the advantages which diet, pure air, exercise, and hygienic means in general afford in developing the mental powers. He is struck with the ignorance displayed on all sides, and he measures the extent of his own knowledge by it. Confident in its sufficiency, he lays down a "theory for dealing with an obstinate spirit" to the father of the boy who perished under his care; the father acquiesces, and the theory is rigorously carried out, manifestly with the best intentions on the part of both father and tutor. This theory is, that obstinacy must be conquered by stripes; and in support of it he adduces the authority of Locke. And since Locke advises that the stripes are to be laid on by pauses "till they reach the mind and you perceive the signs of a true sorrow, shame, and purpose of obedience," Mr. Hopley (as he informs us) laid on the stripes by pauses on young Cancellor's legs from a little before ten to half-past eleven at night. The "mind" was "reached;" but, in an hour or two after, the youth died. It is not conceivable that Mr. Hopley began this maliciously, though possibly he lost his temper during the process. He clearly meant the case to be a crack example of what training would do. His "heart was set," he says, that the youth should run a University career, and finish with "high honours." Yet such was his profound ignorance of mental science that he ignored the boy's morbid corporeal peculiarities, and expected all this from a lad who, at the age of fifteen, could not count to eighteenpence. It is obvious Mr. Hopley had no practical acquaintance with imbecility, or he could not have failed to see in this and other symptoms the indications of a natural defect in mental power; and we trust that schoolmasters will learn from Mr. Hopley's fate how dangerous it is to follow speculative psychologists like Locke. Cullen advised that the insane should be subdued by stripes, but his authority would avail nothing now in justification of such brutal severity. Such, it is to be hoped, will be the change in educators of youth; and a consultation with a Practitioner well informed in mental science in cases of "obstinacy" and waywardness be for the future more the rule.

But, before parents and guardians and schoolmasters will be induced to consult the Medical Practitioner freely in cases of this kind, he must be qualified to fulfil the trust reposed in him. And this qualification will only be attained by a higher Medical development of mental science in its practical applications. We have no hesitation in affirming that this wholly rests with the Examining Boards and the Medical Council, and that the Profession will not unreasonably look to them to do their duty, and encourage this neglected department of study and practice.

THE WEEK.

The trial of the attendants of the Colney Hatch Asylum for the manslaughter of the lunatic Swift, has ended, as every one must have anticipated, in the discharge of the prisoners. On the unsupported evidence of two lunatics, it would have been evidently impossible and unjust to find a verdict of guilty; and more especially after the evidence given by Dr. Tyerman to the effect that he would not believe their evidence on any subject. There can be little doubt that the extensive and fatal injuries found on the dead body of the lunatic were the result of some severe struggle between himself and his keepers; and from their nature we may most reasonably conclude that they were inflicted at the same moment. The continued kicking and beating described by the lunatic witnesses as having been exercised by the keepers on the deceased, were contradicted by the appearance of the body—no bruises corresponding thereto having been found. No doubt the investigation was fully justified by the circumstances of the case. We are happy to observe that the general public are, apparently, beginning to arrive at saner notions on the subject of the treatment of lunatics in Asylums than they have heretofore exhibited. There has been on this occasion none of that indiscreet, and even insane, outpourings of humane indignation with which the press and public have often of late visited lunatic asylums whenever an opening for a grievance presented itself. Now that manacles, and cords, and strait-waistcoats, and other instruments of torture of past days, are wholly banished from every properly-conducted Asylum, it must be remembered that the violence of lunacy must of necessity be met and restrained by the physical force of the attendants in those cases where moral persuasion fails; consequently, we must be prepared for occasional accidents of this nature, even under the best and most careful management. In these inevitable struggles it is impossible to guard against the chance of a strong attendant falling heavily upon his refractory lunatic; nor can you blame an attendant, when driven to extremity, if he lose his temper—perhaps in a struggle for life—and inflict some serious injury on the lunatic. These cases of dangerous lunatics are happily rare, and they may, perhaps, open up the question whether, for the sake of all parties—for their own and their attendants—it might not be desirable to place them at times under such a degree of personal restraint as shall prevent them injuring either themselves or others. This case has shown clearly enough, that there are lunatics who are restrained by no kind of moral influence from indulging in their dangerous propensities. And we know that there are lunatics, under the morbid influence of homicidal mania, who will for years together keep the determination of destroying constantly in view, and practise it on the very first occasion that offers. Surely some gentle restraint would be preferable to constant struggles with attendants, who, being but men, naturally enough become angry and irritated by these personal encounters.

Several pamphlets laudatory of the Turkish Bath lie before us. They are all the production of Members of our Profession. In every instance the subject seems to have run away with the writer; or, at least, if their views of the use of this lavatory be not exaggerated, we have at last fallen upon a hygienic method which will add years to human (and equine) existence, and beauty and vigour to the human frame. Dr. Le Gay Brereton, of Sydney, thus writes of it:—

"If you want to save Doctors' bills, take the Bath. I do not mean to say that it altogether supersedes medicine; every poison has its use, and I am well aware that for local effects, hydropathic appliances are often necessary; but I do say, that in a vast majority of, if not in all, blood diseases, the bath is more speedy, more certain, and far more agreeable than any other treatment of disease. Above all this, it is the

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preserver of health; it heightens every personal charm; the complexion especially becomes clearer under its use, the eyes brighter, and the person positively fragrant. Homer does not exaggerate when he describes Achilles, on issuing from the bath, as looking 'taller, and fairer, and nearer the gods.'"

The Doctor, however, we suppose, rather lets his enthusiasm outstrip discretion when he ventures to hint that in ancient Rome there were no Hospitals *because* there were so many Baths:—

"When the population of ancient Rome was said to be five millions (?) there were Baths in abundance, but no Hospitals; and it is recorded that during a period of 500 years there was no Physician in that vast city!"

Dr. Tucker, of Sligo, writes with the unlimited enthusiasm of Celtic nature. He says:—

"Small-pox came in as the thermæ of the ancient Romans went out of general use. Curious, small-pox, scarlatina, and cholera, which now form the triple scourge of mankind, were unknown to the ancient Greeks and Romans, as if they were inflicted as a punishment for our singular neglect of the physical virtue of personal purification of the skin in latter ages. The skin, the safety-valve for all the inner vital organs —their sewerage requires to be regularly used. It was the only organ consigned specially to man's own care, and placed within his observation, and, notwithstanding, it is the one most neglected. In England, with a population of 28,000,000, the births in a year are 365,000. In France the population is 36,000,000; births, 45,000 in a year. Why, then, does not the population of England surpass that of France? Half those born in English cities are cut off before five years. I am inclined to offer the following causes:—In England there are more drugs used; we rely more upon Medical Art; the French more upon Medical Nature. We have more clouds and less sun, more vapour and less caloric; we require the substitute of hot-air baths, which supply caloric from without, and stimulate the vital organs from within, to regenerate and to retain electricity upon the body."

We must not pretend to reason down this method of arguing; but it is curious, considering Dr. Tucker dates from Sligo, that he did not remember that there is such a thing as emigration going on in England. The Doctor promises us an addition of twenty years to our life if we will only take the Turkish bath:—

"I believe we are all more or less cut off twenty years before the natural time to which we might live, if we only observed the laws of Nature, and the precept of personal purification as strictly as the ancients did. We work the bowels, which are the negative pole of our electro-chemical battery, and neglect the skin, the positive pole, although it is a more important eliminator of morbid matters from the blood. Only one in a thousand reaches seventy years, although a hundred years is the full term of natural life."

We suppose if we were to ask Dr. Tucker how he got the information that man's time is 100 years by rights of Nature, he would refer us to Flourens and Viscomte Lespasse, the head of the modern sect of *Centenaires*. We remember, however, to have read in a Book which is considered a good authority that the age of man is threescore years and ten, and that to attain fourscore years is an exceptional accident of humanity. Dr. Tucker thus urges the claims of the Bath:—

"Surely the living temple of this divine light deserves to be kept clean, to be purified. Man, the living likeness of his Almighty Maker, the epitome of the universe, the beauty of this world, the living testimony of two worlds—of one within the other, the noblest study of mankind; man should 'keep his house in order,' even though it occupied two hours once or twice a-week. I trust the day is not distant when the sign of a lady and of a gentleman will be that they take the weekly thermo-electrical bath of Nature, and that statues may perpetuate the memories of the sovereign, the prince, the peer, the Physician, or the patriot, to whom we shall be most indebted for recalling these ancient Roman Temples of Health from the tombs of oblivion, and consigning them to the cradles of the rising generation as the most important institutions for promoting public health and personal reform. This bath is social as well as sanitary: it destroys the cravings for strong drinks. It is a Temple of Temperance. The illustrious Bacon lamented the loss of these baths to European nations. Would that our glorious Queen Victoria would institute a fourth class of this ancient Order of the Bath, to be conferred upon those who would patronise, support, and frequent these Temples of Health. What higher honour could a lady or gentleman desire than to be permitted to wear the crimson ribbon of this Order, with its motto—'Tria juncta in uno,' as the badge of Temperance, Purity, and Pleasure."

Dr. Cummins, of Cork, is more discreet in his praises. His essay was read before the Cork Medical and Surgical Association, and in publishing it he goes even so far as to apologise:—

"On myself personally rests all the odium, if odium there be, of advocating, on scientific principles, the judicious use of the Turkish bath."

Turkey, he says, sent us inoculation, and now it offers us a bath. His essay is decidedly worth reading, for he gives a calm and very fair estimate of the use of the bath both in the physiological and pathological conditions of the body. He says:—

"The Turkish bath is powerful in disease, and for that very reason the Turkish bath should be regularly prescribed, and its effects watched by the Physician."

Notwithstanding the rather exaggerated views which have been offered of the value of the Turkish bath, there can, we believe, be no two opinions concerning its great utility. Its uses and value are plain, and simply enough explained. It acts energetically on the skin. The importance of the cutaneous function is manifest enough. If, therefore, it promotes and assists the skin in the performance of its function, it becomes evidently an instrument of great service to the body in health, and, when wisely applied, to the body also in its pathological conditions.

Sir Benjamin Brodie's letter has led to a renewed discussion in the newspapers on the Use and Abuse of Tobacco. It is really curious to observe how generally the views we expressed in our remarks on that letter have been echoed by the general press. The following passages from the *Saturday Review* afford a fair specimen of the line of argument generally adopted:—

"That smoking can be indulged in so as to injure health is indisputable; that Nature sometimes gives warnings which show that even moderate smoking is to be avoided, either for a time or permanently, is equally notorious; and no man of sense thinks of neglecting such warnings. But is moderate smoking injurious when the ordinary rules of health are observed, and when no bad effects at the time are perceptible? This is a question of the very greatest interest, and, unfortunately, Sir Benjamin Brodie does not even suggest an answer to it. We wish some eminent Medical men would answer this in plain language, and abstain from troubling us with tales about exceptional fools. We look in vain for any general statement in Sir Benjamin Brodie's letter which can guide us in the matter. He certainly tells us that two drops of the oil of tobacco will kill a cat. But it is evident either that men do not take two drops, or that two drops do not kill them; and, if it is said that although the poison is not taken in sufficient quantities to kill at once, yet its accumulative force will kill in the long run, we ask how are we to know that? Sir Benjamin Brodie appeals to facts which seem to us exceedingly questionable. He tells us, for instance, that smoking tobacco has greatly increased in recent years among the upper classes in England, and that these classes consume much more tobacco now than they ever did before. We do not feel sure of this. From the first introduction of tobacco down to the middle, and perhaps almost to the close, of the last century, pipes were smoked freely and constantly by the great majority of English gentlemen. Sir Benjamin Brodie, again, appeals to the history of the Turks to prove that a people of habitual smokers must necessarily degenerate and become gradually worn out. This is very unsatisfactory. Other nations of habitual smokers have not degenerated. The Germans, for

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example, have smoked as hard as a nation can smoke for two centuries. A German smoker consumes much more and much stronger tobacco in the year than a Turk. But who will venture to say that the Germans have fallen off in physical power? So far as fine figures and healthy frames go, the troops of Prussia may compete with the troops of any nation in the world. If it is true that the Turks have degenerated, how do we know that tobacco is the cause of degeneration in a country where polygamy exists? But have the Turks degenerated in the sense that their bodies are less healthy and powerful than those of their forefathers were? The Turks are physically and morally a race far superior to the Greeks, and, indeed to every race they rule over. Certainly they do not find it easy to govern a huge empire under circumstances of great difficulty, and make almost as bad a business of it as the Byzantine rulers who preceded them, and who never saw or smoked an ounce of tobacco. But that the Turks have to thank their very mild tobacco for their present political difficulties is by no means apparent. . . . . Unfortunately, it is very difficult to collect evidence on these points, for all matters of health are considered to be within the jurisdiction of the Doctors, and the Doctors are not likely to ascertain what is the truth about smoking. They alone of all people are almost entirely prevented by their position and Profession from smoking, and they set themselves against a practice which is not open to them to adopt. If, however, any person holding a position as eminent as that of Sir Benjamin Brodie chose to collect the facts accessible to him, he would be doing a great service to his generation. The chief Medical men in the different States of the civilized world, and travellers who have visited ruder tribes, must have acquired a vast fund of experience by this time, if only it could be put together. We must repeat that we have no wish to uphold or advocate smoking, or to maintain an opinion that smoking is innocuous. What we want is, some solid reason for thinking that tobacco in moderation is not as harmless to the constitutions with which it seems to agree as sherry is; and secondly we should like to have it established whether the form of tobacco makes an essential difference in its wholesomeness, and whether the cigar is more injurious to health than a pipe."

By the last mail from India we have received a prospectus of a new Indian Medical Journal, entitled the *Akbare Tubabut*, or *Medical Gazette*. A specimen page, lithographed in Oordoo, is before us, and we are informed that the *Tubabut* is intended as "a medium of communication between native Doctors in Government employ and native Hakims, for the improvement of Medical and Surgical knowledge, and the greater alleviation of the many diseases to which the millions of inhabitants of this country are subject." We sincerely hope that it may succeed in the accomplishment of such desirable objects.

M. STROHL, Professor at Strasbourg, has found neutral acetate of lead to be the most efficacious of remedies in pneumonia. "It saves the strength of the patient; it may always be employed; convalescence is hastened by it; and no ill-consequences attend its use. I do not say that its administration has never failed in my hands; but I say that it has failed much less frequently than the 'classical treatment' of pneumonia." M. Strohl does not tell us what the classical treatment really is.

UNIVERSITY OF ABERDEEN.—The Queen has appointed the following gentlemen to the undermentioned chairs, lately established in the University of Aberdeen:—Midwifery, Dr. Dyce; Botany, Dr. Dickie; Materia Medica, Dr. Harvey; Biblical Criticism, Rev. W. Milligan; Institutes of Medicine, Dr. Ogilvie; Logic, Mr. Alexander Bain. "Drs. Dyce and Ogilvie," says the *Aberdeen Free Press*, "were both lecturers in Marischal College in the branches of which they have now been made Professors. Dr. Harvey is a townsman; he was formerly a lecturer here on the Institutes and on the Practice of Medicine, and was also one of the Physicians to the Royal Infirmary. Dr. Dickie is also a native of Aberdeen, and previous to his appointment to the Chair of Natural History in Queen's College, Belfast, was for several years a lecturer in King's College, Aberdeen."

RULES AND REGULATIONS

OF

THE EXAMINING MEDICAL BODIES IN SCOTLAND (a).

SESSION 1860—1861.

UNIVERSITY OF EDINBURGH.

STATUTES RELATIVE TO THE DEGREE OF M.D.

THESE Regulations must hold for all entering before October 15, 1859, and as it is unlikely the new arrangements will be sanctioned by Privy Council before November, no change is likely to affect any student of this year who has before October 15 begun his Medical studies.

Sect. I.—No one shall be admitted to the examination for the Degree of Doctor of Medicine who has not been engaged in Medical study for four years, during at least six months of each, in the University at Edinburgh, or in some other University where the Degree of M.D. is given; unless, in addition to three Medical Sessions so constituted, he has attended, during at least six winter months, the Medical or Surgical Practice of a General Hospital, with accommodates at least eighty patients, and during the same period a course of Practical Anatomy.

Sect. II.—No one shall be admitted to the Examinations for the Degree of Doctor who has not given sufficient evidence

1. That he has studied, once at least, each of the following departments of Medical Science, under Professors of Medicine, in this or in some other University, as already defined, viz.:—

During Courses of Six Months:—Anatomy; Chemistry; Materia Medica and Pharmacy; Institutes of Medicine or Physiology; Practice of Medicine; Surgery; Midwifery and the Diseases peculiar to Women and Children; General Pathology, or in Schools where there is no such course, a Three Months' Course of Lectures on Morbid Anatomy, together with a supplemental Course of Practice of Medicine, or Clinical Medicine; Practical Anatomy (unless it has been attended in the year of extra-academical Study allowed by Sect. 1).

During Courses of Six Months, or two Courses of Three Months:—Clinical Medicine; that is, the Treatment of Patients in a Public Hospital, under a Professor of Medicine, by whom Lectures on the Cases are given.

During Courses of at least Three Months:—Clinical Surgery; Medical Jurisprudence; Botany; Natural History, including Zoology.

2. That, in each year of his Academical Studies in Medicine, he has attended at least two Six Months' Courses of Lectures, or one of these and two Three Months' Courses.

3. That, besides the Course of Clinical Medicine already prescribed, he has attended, for at least six months of another year, the Medical or Surgical practice of a General Hospital, either at Edinburgh or elsewhere, which accommodates not fewer than eighty patients.

4. That he has been engaged, for at least six months, by Apprenticeship, or otherwise, in Compounding and Dispensing Drugs at the Laboratory of an Hospital, Dispensary, Member of a Surgical College or Faculty, Licentiate of the London or Dublin Society of Apothecaries, or a professional Chemist or Druggist.

5. That he has attended, for at least six months, by Apprenticeship or otherwise, the Out-practice of an Hospital, or the Practice of a Dispensary, Physician, Surgeon, or Member of the London or Dublin Society of Apothecaries.

Sect. III.—Attendance on the Lectures of Teachers of Medicine in the Hospital Schools of London, or School of the College of Surgeons in Dublin, or of Teachers of Medicine in Edinburgh, recognised as such by the Royal Colleges of Physicians and Surgeons of Edinburgh (in accordance with regulations to be adopted by these Colleges jointly, and approved of by the Patrons of the University), shall to the extent of one-third of the whole departments required by

(a) Up to the time of putting this Journal to press, we have not been supplied with the Regulations of the Marischal College and University of Aberdeen.

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Section II., Clause 1, to be studied by Candidates, be held equivalent to attendance under Professors in this or in some other University, as already defined. And such attendance shall be available to Candidates to the extent of one of the four years of study required by Section I., provided it has embraced, in one year, at least two Six Months' Courses of Lectures, or one of these and two three Months' Courses.

Sect. IV.—No one shall obtain the Degree of Doctor who has not studied, in the manner already prescribed, for at least one year previous to his Graduation, in the University of Edinburgh.

Sect. V.—Every Candidate must deliver, before the 31st of March of the year in which he proposes to Graduate, to the Dean of the Faculty of Medicine—

1. A Declaration, in his own handwriting, that he is twenty-one years of age, or will be so before the day of Graduation; and that he will not be then under articles of apprenticeship to any Surgeon or other master.

2. A statement of his studies, as well in Literature and Philosophy as in Medicine, accompanied with proper Certificates.

3. A Medical Dissertation composed by himself, in Latin or English; to be perused by a Professor, and subject to his approval.

Sect. VI.—Before a Candidate be examined in Medicine, the Medical Faculty shall ascertain, by examination, that he possesses a competent knowledge of the Latin language.

Sect. VII.—If the Faculty be satisfied on this point, they shall proceed to examine him, either *vivâ voce* or in writing, —*first*, on Anatomy, Chemistry, Botany, Institutes of Medicine, and Natural History, bearing chiefly on Zoology; and, *secondly*, on Materia Medica, Pathology, Practice of Medicine, Surgery, Midwifery, and Medical Jurisprudence.

Sect. VIII.—Students who profess themselves ready to submit to an examination on the first division of these subjects, at the end of the third year of their studies, shall be admitted to it at that time.

Sect. IX.—If any one, at these private examinations, be found unqualified for the Degree, he must study during another year two of the subjects prescribed in Section II. Clause 1, in this or in some other University, as above defined, before he can be admitted to another examination.

Sect. X.—Should he be approved of, he will be allowed, but not required, to print his Thesis; and, if printed, forty copies of it must be delivered before the 25th day of July to the Dean of the Medical Faculty.

Sect. XI.—If the Candidate have satisfied the Medical Faculty, the Dean shall lay the proceedings before the Senatus Academicus, by whose authority the Candidate shall be summoned, on the 31st of July, to defend his Thesis; and, finally, if the Senate think fit, he shall be admitted, on the first lawful day of August, to the Degree of Doctor.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

President.—Dr. Alexander Wood.
Secretary.—Dr. Rutherford Haldane.

REGULATIONS RELATING TO ADMISSION TO THE FELLOWSHIP.

Fellows.—No one can be elected a Fellow of the College till he has obtained the degree of Doctor of Medicine. Graduates of Foreign Universities must previously submit to an examination before the examiners of the College.

Non-resident Fellows.—The mode of election of a Non-resident is the same as that of a Resident Fellow. In his petition he engages, if he come to reside in Edinburgh, to fulfil the whole conditions which the College does or may require of Resident Fellows; but another ballot must take place before he is admitted to that grade by the College. The fees for a Resident Fellowship amount to £130, and for a Non-resident £80, both inclusive of the stamp duty to Government.

Licentiates.—Graduates of British Universities may be admitted Licentiates without any previous trial or examination; and all applicants for the licence, with the exception of Graduates of British Universities, will in future be required to appear before the Examiners of the College, and to pass an Examination in the Practice of Medicine.

The stamp-duty on the diploma having been remitted, the fee payable by Licentiates is now £10.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

REGULATIONS FOR THE FELLOWSHIP.

Candidates must be twenty-five years of age, and must possess the diploma of the College, or of some other public body legally entitled to grant diplomas in Surgery. Admission is by ballot; the name of the Candidate, together with the names of his proposer and seconder, having been duly intimated in the billets calling two meetings. Three-fourths of the votes of those present are required for admission.

No Fellow of the College is allowed to keep an open shop for the sale of drugs; to allow his name to be connected with advertisements or publications of any indelicate or immoral nature; to practise, or profess to practise, by advertisements or otherwise, by the use of or according to any secret remedy or method of treatment, or to connect himself with any person who does so; nor in any other way to conduct himself inconsistently with the honour and decorum which become a Fellow of the College.

All enactments are made at meetings of the whole College, the non-resident Fellows being entitled to attend and vote. The annual election of office-bearers takes place at the October meeting.

REGULATIONS FOR THE DIPLOMA.

The diploma of the College may be obtained either separately or jointly with that of the Royal College of Physicians of Edinburgh. (See the regulations for the Joint Examination by the two Colleges.) The course of study and the Preliminary Examination are the same for the separate diploma. The Professional Examination is conducted exclusively by the College of Surgeons. The fee for the separate diplomas is £10.

REGULATIONS.—COURSE OF STUDY.

Professional Instruction.—The candidate for a Surgical Diploma must be twenty-one years of age, and must have been engaged, during a period of not less than twenty-seven months, including three winter sessions, in attending—Anatomy, two courses of six months each. Practical Anatomy, twelve months; Chemistry, Materia Medica, and Pharmacy, Institutes of Medicine or Physiology, Practice of Medicine, and Clinical Medicine, of each one course of six months, or, of the last, two courses of three months each, during the period of Hospital attendance. Principles and Practice of Surgery, two courses, six months each; or Principles and Practice of Surgery, and Military Surgery, one course, six months each. Clinical Surgery, two courses, three months each, during the period of attendance at the Hospital where they are delivered. Midwifery and Diseases of Women and Children, Medical Jurisprudence, Botany, and Practical Chemistry, of each one course of three months; or, instead of the last, Analytical Chemistry, three months.

He must also have attended at least six labours (certified), and a course of instruction in Practical Pharmacy, at the laboratory of a surgeon or apothecary, or of a chemist and druggist recognised by the College, or of a public Hospital or dispensary; and he must produce evidence that he has been engaged in compounding and dispensing medicines for six months, or a certificate of having been for two years a private pupil or apprentice of a regularly-licensed Medical Practitioner keeping a laboratory for dispensing medicines.

The candidate must also have attended, for twenty-four months, a public general Hospital, containing on an average eighty patients, or alternately shall be required to produce evidence of having attended the practice of an Hospital for twenty-one months, and the practice of a public dispensary, specially recognised by the College, for six months.

All Candidates for the diploma must be registered at the College, for which annually a fee of 5*s.* is paid.

REGULATIONS TO BE OBSERVED BY CANDIDATES FOR THE DOUBLE QUALIFICATION IN MEDICINE AND IN SURGERY, TO BE CONFERRED CONJOINTLY BY THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH, AND THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Exemptions.

1. Students who have passed the Preliminary Examination of the Royal College of Physicians or of the Royal College of Surgeons of Edinburgh, or of the Faculty of Physicians and Surgeons of Glasgow, before the 1st September, 1859, will be exempted from further preliminary examination. 2. Students who have passed the first Professional Examination of the Royal College of Physicians of Edinburgh, or of the

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Royal College of Surgeons of Edinburgh, or of the Faculty of Physicians and Surgeons of Glasgow, before the 1st October, 1859, will not be required to undergo a further first examination. 3. Students who commenced their professional studies before the 1st October, 1859, will not be required to attend a class for Pathological Anatomy or General Pathology. 4. Students who commence their professional studies before 1st August, 1861, will be exempted from an examination in Greek, or in lieu of Greek, French, German, or Italian.

Notice.

The Royal College of Physicians of Edinburgh, and the Royal College of Surgeons of Edinburgh, while they still continue to give their diplomas separately, under separate regulations, have made arrangements by which, after one series of examinations, the student may obtain two licences —one in Medicine and one in Surgery.

The object of the joint examination is to give to students facilities for obtaining from two separate bodies, at less expense, a double qualification in Medicine and in Surgery. Students passing that examination successfully, will be enabled to register two qualifications under the Medical Act,—Licentiate of the Royal College of Physicians of Edinburgh, and Licentiate of the Royal College of Surgeons of Edinburgh.

REGULATIONS.—SCHOOLS OF MEDICINE.

1. Every candidate for the Double Qualification must have followed his course of study in a University, or in an established School of Medicine, as defined below; or in a Provincial School specially recognised by the Colleges of Physicians and Surgeons of that division of the United Kingdom in which it is situate.

2. Under the title, "established School of Medicine," are comprehended the Medical Schools of those cities of Great Britain and Ireland, in which Diplomas in Medicine or Surgery are granted, and such foreign Schools as are similarly circumstanced in the countries in which they exist.

3. Every candidate for the Double Qualification must have passed at least one Winter Session at a University, or at an established School of Medicine, or at one of the Schools of the Queen's University in Ireland.

COURSE OF STUDY.

1. Preliminary Instruction.—Every applicant for the Double Qualification must satisfy the Examiners in Preliminary Education, that he has a competent knowledge of the following branches of Study:—1. The Grammatical Structure of the English and Latin languages. 2. Elements of Mathematics, including Arithmetic and Algebra. 3. Natural Philosophy; or in lieu of this, at the option of the candidate, Logic and Mental Philosophy. 4. After August, 1861, a knowledge of Greek, or, in lieu of Greek, at the option of the candidate, French, German, or Italian will be required. The Colleges will, from time to time, fix on books as guides for preparation for examination in the preliminary branches; and intending candidates will be furnished with lists of these on application. The following branches, though not enjoined, are recommended for study:—Comparative Anatomy, Natural History, Geology.

2. Professional Instruction.—The candidate must have been engaged in attending the following separate and distinct courses of lectures during at least four Winter and three Summer Sessions:—Anatomy, two courses, six months each; Practical Anatomy, twelve months; Chemistry, one course, six months; Practical Chemistry, one ditto, three months; (the number of pupils in each class being limited to twenty-five;) or Analytical Chemistry, one ditto, three months; Materia Medica, one ditto; Physiology, or Institutes of Medicine, one ditto, six months; Practice of Medicine, one ditto, six months; Clinical Medicine, twelve months; Principles and Practice of Surgery, one ditto, six months; Clinical Surgery, one ditto, six months; in addition to the above courses of Surgery and Clinical Surgery, one course of either of these at the option of the students, one ditto, six months; Midwifery and the Diseases of Women and Children, one ditto, three months; Medical Jurisprudence, one ditto, three months; Pathological Anatomy, or General Pathology, one ditto, three months; Botany, one ditto, three months. Besides the above-mentioned courses of lectures, the Candidate must have attended at least six cases of labour under the superintendence of a qualified Medical Practitioner, either in a recognised Maternity Hospital, or a Dispensary where midwifery cases are admitted, or in private practice; and must produce a certificate to that effect from the Practitioner under whom he attended. He must also have attended, for six months, a course of instruction in Practical Pharmacy, at the laboratory of a Surgeon or Apothecary, or of a Member of the Pharmaceutical Society of Great Britain, or of a Chemist and Druggist recognised by either College, on special application, or of a public Hospital or Dispensary. Those who produce certificates of having been, for the space of at least two years, private pupils or apprentices to regularly-licensed Medical Practitioners keeping laboratories for dispensing medicines, will be held qualified in this branch of instruction.

3. The six months' courses delivered in *Edinburgh or Glasgow* must consist of not fewer than 100 lectures, with the exception of Clinical Medicine and Clinical Surgery. The three-months' courses must consist of not fewer than 50 lectures.

4. The Candidate must also have attended, for twenty-four months, a public General Hospital containing on an average eighty patients; or he must have attended such an Hospital for twenty-one months, and have also attended, for six months, the practice of a Public Dispensary specially recognised by either College.

PRELIMINARY EXAMINATION IN LITERATURE AND SCIENCE.

1. The Preliminary Examination in Literature and Science shall take place in the first week of November and in the first week of May in each year. This examination may be taken at any period previous to the first professional examination; but it is strongly recommended that it should be taken before the commencement of the professional education.

2. Testimonials of proficiency granted by the National Educational Bodies, according to the following list, shall be accepted as sufficient evidence of preliminary education, and shall exempt from all other non-professional examinations:—A Degree in Arts of any University of the United Kingdom, of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council; Oxford Responsions or Moderations; Cambridge Previous Examinations; Matriculation Examination of the University of London; Oxford Middle-class Examinations, senior and junior; Cambridge Middle-class Examinations, senior and junior; Durham Middle-class Senior Examination; Dublin University Entrance Examination. An examination by any other University of the United Kingdom, equivalent to the Middle-class Examinations of Oxford and Cambridge; a certificate that the holder has successfully passed the Preliminary Examination of any of the Licensing Bodies under the Medical Act, provided the course of education and the subjects of examination be equivalent to those required for the Double Qualification.

3. The Preliminary Examination shall be conducted by special Examiners in Arts, to be chosen from time to time by the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh, associated with assessors, to be sent in equal proportions from the Colleges.

4. Students who intend to offer themselves for the Preliminary Examination, shall give in their names, addresses, and places of birth to the officer of either College, not later than three days before the day of examination, and shall pay a fee of ten shillings, not to be returned in case of rejection.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

Course of Study.—1. Anatomy: Two Six Months' Courses. These must not be simultaneously attended. 2. Practical Anatomy: Twelve Months, in the course of which the whole subject must be dissected. 3. Institutes of Medicine or Physiology: One Six Months' Course. Candidates educated at those Schools in England and Ireland, in which separate Courses of Lectures are delivered on Anatomy, and on Anatomy and Physiology, shall be held to have satisfied this requirement by attendance on the latter. 4. Chemistry: One Six Months' Course. 5. Practical or Analytical Chemistry: One Three Months' Course. 6. Botany: One Three Months' Course. 7. Practice of Medicine: One Six Months' Course. 8. Principles and Practice of Surgery: Two Six Months' Courses, or One Six Months' Course, together with an extra Course of Lectures on Clinical Surgery. 9. Clinical Medicine. 10. Clinical Surgery: One Six Months' Course of each, embracing at least two Lectures weekly, which must be

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attended simultaneously with attendance on the practice of the corresponding department of the Hospital at which they are delivered. 11. Materia Medica: One Six Months', or one Three Months' Course, according to the opportunities afforded at the School where Candidates may have been educated. 12. Medical Jurisprudence: One Three Months' Course. 13. Midwifery and the Diseases of Women and Children: One Three Months' Course. 14. Practical Midwifery: Attendance on at least Six Cases of Labour in a Maternity Hospital, or under the Superintendence of a Registered Practitioner. 15. Practical Pharmacy: Six Months' Practical Instruction in the Laboratory of an Hospital or Dispensary, or in that of a Surgeon or Apothecary, or of a Member of the Pharmaceutical Society, or of a Chemist and Druggist, recognised by the Faculty upon Special Application. 16. Pathological Anatomy or General Pathology: One Three Months' Course. (This Course shall not be required of those who may have commenced their Course of Study prior to 1860.) 17. Hospital and Dispensary Practice: Twenty-four Months' attendance on the Practice of a Public General Hospital, containing on an average at least 80 Patients, or Twenty-one Months' attendance on such an Hospital, and Six Months' attendance on the Practice of a Public Dispensary recognised by the Faculty.

Candidates for the Diploma of the Faculty must produce evidence, by certificates, of being twenty-one years of age, and of having completed the foregoing Course of Study. Those who may have begun their Professional Studies prior to November, 1859, must have devoted three Winter and three Summer Sessions, to the above Course. Those who may have begun their Studies subsequently, must engage during four Winter and three Summer Sessions in the acquirement of Professional knowledge. The former may, at their option, have their Examination divided into two parts. For the latter this is imperative. Anatomy, Physiology Chemistry, and Botany are the subjects of the First Division of the Examination. The Second Examination embraces all the other subjects of the Course. The First Examination conducted on the first Tuesday of February, May, August, and November. The Second (and Single Examinations under the old regulation,) take place on the second Tuesday of each month. The Fee for the Diploma is £10,—£4 for the First, and £6 for the Second Examination. All Certificates and Class Tickets are returned to the Candidates; and in the event of their being unsuccessful the fee is returned, less the sum of £2, which is retained.

By special Regulations, Candidates who may have been five years in practice, and registered under another qualification, are exempted from Examination in the Preliminary and Elementary Branches of the Curriculum. Special Examinations may be had upon payment of £4 extra, not returnable in case of rejection.

At present all Candidates for the Diploma are required to have a knowledge of Latin and Natural Philosophy. Those now beginning their Professional Course will be required to pass a Preliminary Examination, and be registered in terms of the ordinances of the General Medical Council.

All necessary particulars may be obtained on application to the Registrar, at the Faculty Hall, 17, St. Enoch-square.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN

Medical School.—The Winter Session commences on the first Monday of November, and terminates on the third Friday of April. Introductory Lecture on the first Monday of November, at 2 o'clock, p.m.

Students are required to matriculate within the first month of the Winter Session, and within the first fortnight of the Summer Session, and no certificate of attendance will be given without such matriculation. The matriculation fee for all the classes is one sum of 5s. for the winter, and one of 2s. 6d. for the Summer Session.

Royal Infirmary.—The Hospital is open daily at ten o'clock a.m., and contains upwards of 300 beds. Separate courses on Clinical Medicine and Clinical Surgery are delivered in the Hospital twice a-week.

Dispensary.—The Aberdeen General Dispensary, Vaccine, and Lying-in Institution, is open to the student on application to the Medical officers. There are annually about 5000 patients, either prescribed for at the Institution, or visited at their own houses.

REGULATIONS TO BE OBSERVED IN GRANTING THE DEGREE OF M.B.

Students shall be entitled to the degree of M.B. who being of the age of twenty-one years, and having completed the curriculum appointed for the degree of M.D. (one *Annus Medicus*, at least, having been passed at King's College), shall, on examination, be found duly qualified; and the fee for such degree shall be Five Guineas. Those who have obtained the degree of M.B. shall be entitled to make application, within twelve years, for the degree of M.D., which degree shall be conferred by the Senatus without further examination, on the candidates producing satisfactory evidence that they have creditably pursued the Medical Profession in the interval; and for the degree of M.D. thus conferred, the additional fee of £21 0s. 6d. shall be charged.

REGULATIONS TO BE OBSERVED IN GRANTING THE DEGREE OF M.D.

Candidates for the degree of M.D. must be of the age of twenty-one years complete, previous to examination. Candidates must produce satisfactory certificates of moral character, and of having studied the Classics and Mathematics at a University, or at an academy of acknowledged reputation. All candidates, with the exceptions mentioned below, must have been engaged in the study of Medicine for at least four years—one of which must be passed at King's College, Aberdeen; and must produce evidence of having attended in some recognised School of Medicine the following course of lectures:—Six Months' Courses.—Anatomy, 2 courses; Chemistry, 1 course; Materia Medica, 1 course; Surgery, 1 course; Institutes of Medicine and Physiology, 1 course; Practice of Medicine, 1 course; Midwifery, 1 course. Three Months' Courses.—Dissections, 2 courses; Practical Chemistry, 1 course; Medical Jurisprudence, 1 course; Clinical Surgery, 1 course; Botany, 1 course; Clinical Medicine, 2 courses.

Attendance on at least two of the above courses during each session is requisite to constitute an *Annus Medicus*. Certificates of attendance on a six months' course of Chemistry previous to the commencement of Medical study, will be received. In addition to the above, every candidate must have attended for two years the wards of an Hospital containing 100 beds; and, during three months, a shop or dispensary for the compounding of medicines. Previous to commencing the Medical Examination, candidates not having the degree of A.M. will be required to show that they have a competent knowledge of the Latin language, by translating a passage from Celsus. 5. The preceding regulations will be strictly enforced in the case of all Students who commenced their Medical studies at a period subsequent to October 1, 1840. But Practitioners who possess a licence or diploma from any of the Royal Colleges of Physicians or Surgeons, or from the Apothecaries' Company, and who have been engaged for at least five years in the practice of Medicine, will be admitted to the examination on producing their licence or diploma, along with satisfactory evidence of good moral character, and of having studied the Classics at a University, or at an Academy of acknowledged reputation. Fee, £26 5s. 6d.

UNIVERSITY OF ST. ANDREWS.

REGULATIONS OF THE SENATUS ACADEMICUS, RESPECTING THE EDUCATION OF CANDIDATES FOR THE DEGREE OF DOCTOR OF MEDICINE.

I. Every candidate for a diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence—1. Of unexceptionable moral character. 2. Of having had a liberal and classical education. 3. Of having completed the twenty-second year of his age.

II. Fellows, Members, and Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin—of the Royal College of Physicians of London—of the Faculty of Physicians and Surgeons of Glasgow—and of the London Apothecaries' Company—are eligible as Candidates for the Degree of Doctor of Medicine, on producing their Diploma or Licence.

N.B.—Notice to Students.—In 1860, the following regulation will come in force:—Every candidate whose Diploma or Licence bears a date later than 1859, will also be required to produce satisfactory evidence from the Physicians in attendance, that he has regularly attended the Medical Practice of a recognised Hospital for at least eighteen months.

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III. Candidates not holding any of the qualifications enumerated in the above clause, must produce satisfactory proof that they have regularly attended lectures delivered by Professors in some University, or by Fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete Winter Sessions, or for three Winter and three Summer Sessions, on the following branches:—

1. Anatomy, two courses of six months each. 2. Practical Anatomy or Dissections, twelve months. 3. Physiology, one course of six months. 4. Chemistry, one course of six months. 5. Practical Chemistry, one course of three months. 6 Botany, one course of three months. 7. Natural History or Comparative Anatomy, one course of three months. 8. Materia Medica and Pharmacy, one course of three months. 9. Midwifery and Diseases of Women and Children, one course of three months. 10. Medical Jurisprudence, one course of three months. 11. Surgery, one course of six months. 12. Clinical Surgery, one course of six months. 13. Practice of Medicine, one course of six months. 14. Clinical Medicine, one course of six months. And that they have diligently attended, for at least two entire years, the Medical Practice in some Public Hospital in Great Britain or Ireland, containing not less than one hundred beds, and having a regular establishment of Physicians, as well as Surgeons.

REGULATIONS RESPECTING THE EXAMINATIONS.

Examiners for Degrees in Medicine.—George E. Day, M.D., F.R.S., Professor of Anatomy and Medicine. Arthur Connell, F.R.SS.L. and E., Professor of Chemistry. William Pyper, LL.D., Professor of Latin.

Assistant Examiners.—Andrew Anderson, M.D., Professor of Medicine in the Andersonian University, Glasgow. Wm. T. Gairdner, M.D., F.R.C.P., Lecturer on the Practice of Medicine, and on Clinical Medicine, Edinburgh.

The Examinations take place twice in the year, commencing on the first Monday in May, and the third Monday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit one-third of the graduation fee; which, however, will be accounted for to him when he passes his examination at a subsequent trial.

Candidates can only be admitted to examination at other periods by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas.

The examination by printed papers extends over three days, after which each candidate is submitted to an oral examination.

All candidates are required to give a written translation of a passage from the first four books of Celsus, to write prescriptions in Latin with accuracy, and to be so far acquainted with Greek as to be able to give the meanings of scientific and Medical terms derived from that language.

During the first two days of the examination, the candidates answer printed questions on (1) Chemistry and Materia Medica; (2) Anatomy and Physiology; (3) The Practice of Medicine; (4) The Principles of Surgery and Midwifery. On the third day they are required to write a short commentary on a Medical and on a Surgical or Midwifery case.

Candidates who have acquitted themselves creditably in the first two days' examination are allowed to compete for honours.

Candidates for honours are additionally examined in Comparative Anatomy and Physiology, in the higher departments of Human Physiology and Pathology, and in Medical Jurisprudence; and their practical knowledge of Medicine is tested at the bedside.

It is asserted that the average length of life in France before the Revolution of 1793 was twenty-eight years; and that at the present time it is thirty-seven years. M. de Lapasse assures us, that if we would only live reasonably, we should reach to an average of 150 to 200 years! This is what he calls the natural length of life. "The life of warm-blooded mammiferæ is subject to an invariable law; the duration of their existence appears to be equal to ten times the period of their growth. It is thus with the elephant, the ox, the cat, the dog, and the quadrumana. Two mammiferæ are the only exceptions; the horse and the man. And why? It is because they are slaves,—the one of the dire condition of work, and the other of his passions and the necessities of his social condition."

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

SULPHATE OF CINCHONINE IN AGUE.

A large quantity of this substance having been presented to the Paris Hospital Administration, the Director requested the Medical Officers would undertake an investigation into the merits of a substance which can be prepared at so much cheaper a rate than the sulphate of quinine. M. Moutard-Martin communicated to the Academy the results of the trials which he has made of it, and M. Bouchardat was appointed to report upon his paper. The number of cases of intermittent that came under his care was 51, but of these but 23 united the conditions necessary for a fair test of the powers of the substance. Of these 12 were quotidians, of which 6 were cured, 2 remained unimproved, and 4 were considered not to be fair cases, having exhibited signs of spontaneous amendment prior to the employment of the cinchonine. Of 10 tertians, 6 were more or less promptly cured, 2 underwent some modification, and 2 were unaffected. One quartan was cured. Thus, abstracting the 4 doubtful cases, there remain 19, of which 13 were completely cured, 2 were amended, and 4 nowise influenced. Counting 1 case of relapse after several weeks, there were 14 cases, in 10 of which the cure was procured before the third, and in 4 after the fourth paroxysm—the paroxysm even in these latter cases being considerably diminished in severity, even after the first dose. The dose of the cinchonine requires always to be at least one-third larger than that of the quinine; and when carried to high doses this substance gives rise to toxical effects more readily than does quinine in pernicious and severe intermittent. It cannot be used, therefore, as a substitute for quinine; but it may become a valuable adjuvant to that drug, by completing a cure commenced by one or two doses of quinine. M. Bouchardat points out the importance in these comparative investigations of making, as the author has done, a fair selection of cases for the trial. Had he administered the drug indiscriminately to the 51 patients, he would have had 45 cures, of which 32 would have been unjustly attributed to the cinchonine. The reporter had himself collected in the supplement to his *Annuaire de Thérapeutique* for 1856, no less than 725 cases of intermittent treated by the cinchonine or its sulphate, and of this number only 10 proved refractory; but then these cases had been indiscriminately treated without any of the precautions required for precision in deduction.

M. Michel Lévy, during the discussion which followed the report, observed that as a general rule he did not consider a Paris Hospital the best locality for this kind of experiment. A remedy which would cure intermittents in Corsica and Africa would act with the same efficacy at Paris; but the reverse of this position was far from holding good. The care with which M. Moutard-Martin had selected his cases obviated, to some extent, the objection, and he had arrived at much the same results as M. Lévy had done from observations made elsewhere. In military practice the expense of sulphate of quinine is a serious item; and although this was only a temporary one during the wars in the Crimea and in Italy, it is a permanent one as regards Corsica, Algeria, and the Mediterranean garrisons, and most of the garrisons in the interior. As Principal Medical Inspector he has had ample opportunity of observing the immense prevalence of these affections at military posts, a prevalence, the extent of which civil Practitioners can form no idea. The Army Council of Health has thus always been on the look out for succedanea of the sulphate of quinine, and cinchonine has been abundantly tried in various localities. The reports on the results obtained have been collected in the *Recueil des Mémoires de Médecine Militaire*, 1859. The general conclusion to be drawn from them is that the cinchonine, while possessed of equal toxical power with the quinine, acts with much less power therapeutically. As general conclusions from the observations made by the Algerian Surgeons, and under his own eyes in Italy and in the Crimea, M. Lévy states: 1.—Simple intermittent fevers may be treated without inconvenience by expectation, providing good hygienic conditions are attainable, and such expectative treatment is, to a certain extent, a

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necessary preliminary for securing accuracy in experiments with the succedanea of quinine. 2. A portion of the success attributed to cinchonine is of no more value than that which attaches to numbers of other substances employed as febrifuges. They only testify to a clinical fact, well known to the ancients, viz. the spontaneous exhaustion of febrile paroxysms. 3. Although summer and autumn fevers offer more resistance than those of spring, a certain proportion even of these will terminate spontaneously. 4. When in such malarial countries as Corsica, Algeria, the Piræus, and Varna, a considerable number of fevers capable of spontaneous termination is met with even at the most miasmatic periods; the proportion must be much greater in temperate climates, and in localities in which the paludal character is but slightly marked, as at Paris and most of the towns in the interior of France. 5. The application of the preceding positions would much reduce the expenditure for quinine in the army. The sulphate of cinchonine will suffice for the treatment of most of the fevers which appear in springs, until the commencement of June, or even later. It will succeed in a certain proportion of summer and autumn fevers. During the winter, when we have only to do with relapses, without any tendency to the pernicious type, it will still find its place, whether preceded by a dose of the sulphate of quinine or associated with small doses of this. 6. No Military Surgeon has been allowed to administer cinchonine in pernicious fevers, all the results of experiment having been adverse to such use of it. 7. Another means of economising quinine will be to discontinue the exaggerated doses employed in Algeria and France. 8. A pure waste of quinine also takes place in the attempts to disperse old splenic engorgements by its agency, although the more recent tumefactions will yield to it, in common with the other morbid phenomena of marsh fever.

M. Nonat observed that, without agreeing with M. Piorry that lesion of the spleen is the cause of ague, he regards such lesion as an essential element of marsh-poisoning. The results of his observations convince him that any substance which acts upon the splenic engorgement is a good febrifuge, and that no substance can be relied upon which does not do so. He considers, indeed, that this is a far more certain test of the value of antiperiodics than the observation of the mere febrile movement. As the results of the few trials which he has made of cinchonine, he states—1. That it possesses undoubted febrifuge powers, acting, as it does like quinine, both upon the febrile element and the splenic engorgement. 2. It possesses much less power than quinine, and requires to be given in a larger dose. 3. It is especially adapted to recent fevers of medium intensity, and accompanied by only a slight degree of splenic engorgement. 4. When the fever proves obstinate, and when the engorgement of the spleen persists or diminishes too slowly, it must be combined with, or replaced by, the sulphate of quinine.—*Bulletin de l'Académie de Médecine*, tome xxv. pp. 463, 565, 624.

EXCERPTA MINORA.

Spontaneous Disappearance of Uterine Polypi.—A recent case of a woman who had entered the Charité Hospital, in order to be operated upon for uterine polypus, and who was found at the time of operating to have lost her disease, gave occasion to M. Velpeau to state to his class that he had so frequently met with instances in which uterine polypi had disappeared spontaneously, either in consequence of suppuration, withering away, or even by re-solution, that he would advise his pupils never to be in haste to operate in such cases, unless serious hæmorrhages or other accidents rendered the doing so a matter of urgency. A still more common circumstance sanctions temporization — viz. the disposition these polypi often manifest to become stationary, the hæmorrhages, which really constituted all their gravity, after a while ceasing, and the patient getting accustomed to their presence.—*Gazette des Hôpitaux*, No. 33.

Tannin as an Antidote to Strychnia.—As the result of many experiments performed on rabbits and dogs, Dr. Kurzak comes to the conclusion that tannin promptly administered is the best antidote in poisoning by strychnia. From twenty to twenty-five times the quantity of tannin is necessary; but even a larger amount should be administered, as the contents of the stomach, and especially gelatine, may absorb a portion. Tannin is the more eligible a remedy, inasmuch as it is easily procurable in the shape of gall-nuts. A portion may be rapidly reduced to powder and administered in water, while an infusion or decoction is prepared. For every grain of strychnia at least two and a-half drams of the gall-apples should be given. It will, indeed, be most prudent to administer a still larger quantity, especially when vomiting occurs. The experiments made by the author with *green tea* show that this also possesses a certain amount of efficacy; but, as it requires to be administered in such large doses, it becomes itself almost a poison. It can, therefore, only be of use when a very small quantity of strychnia has been taken, or as a mere adjuvatory. *Coffee* exerts still less effect. *Oak-bark*, containing 8·5 per cent. of tannic acid, may be advantageously used when the oak-apples are not accessible; and various other substances containing tannin, as acorns, horse-chesnut-bark, green walnut-shell, etc. Vegetable acids must be avoided during the treatment of strychnia poisoning by tannin, as they favour the solution of the resulting precipitate. The same caution applies to alcoholic drinks. As the experiments have shown that active efforts increase or even induce the convulsions in strychnia poisoning, every care in treating the accident must be taken to avoid all such movements or any powerful stimulation.—*Zeitschrift der Aerzte zu Wien*, No. xi.

Perchloride of Iron in Diseases of the Skin.—As the result of numerous trials, M. Devergie arrives at the following conclusions:—1. It is the most efficacious agent which has been employed in the internal treatment of *purpura simplex* and *hæmorrhagica*. 2. It may be employed with much advantage internally in the cachectic and anæmic condition which so often accompanies certain forms of disease of the skin, as *rupia*, *ecthyma cachecticum*, *impetigo scabida*, and atonic ulcers of the lower extremities. 3. It is not of the same value in active hæmorrhages or in the acute forms of the diseases just named. 4. Employed externally, in the liquid form, in different degrees of strength, it may exert great influence in modifying the condition of wounds; atonic, scrofulous and syphilitic ulcers, and various forms of chronic disease of the skin, accompanied by secretion. Under its employment obstinate morbid conditions have yielded which have resisted a great number of external agents. 5. Its use, in the form of ointment, is most advantageous in the declining period of diseases with secretion; but used in pretty strong doses; it is also useful in certain squamous affections, diminishing the period of time necessary for the application of such disagreeable substances as tar or cade oil.—*Bulletin de Thérapeutique*, tome lviii. p. 297.

GENERAL CORRESPONDENCE.

HOSPITAL REGISTRATION.

LETTER FROM DR. FARR.

[To the Editor of the Medical Times and Gazette.]

SIR,—You have recently inserted in your influential Journal a paper and a letter on the system of Hospital Statistics which Miss Nightingale submitted to the International Statistical Congress.

The plan was, after two days' discussion by some of the ablest members, adopted, with some amendments, by the Section, and sanctioned by the general meeting: it will now be carried out in several parts of the world.

The author of the article, however, takes distinct exception "to the nosological classification there set forth;" and urges with great ingenuity and zeal all the "valid arguments which have been adduced against it."

Upon the eve of a great enterprise of this kind—which is calculated to advance Medical science, and to enhance the utility of Hospitals—it is very important to understand clearly what we are about. A short discussion of the main points is necessary for this purpose.

I may remark that, in the practice of Medicine as an art, a classification is not indispensable; but that it is of the very essence of statistics, and indeed of all science. Thus, all the natural sciences have their classifications. And they have undoubtedly been much advanced by this means of analysis. But the writer says: "In the first place, diseases, like types and species of animals and plants, pass by an imperceptible gradation from one characteristic form to another;" . . .

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"moreover, they often coexist and modify one another to such an extent as to set minute classification at defiance." "Each of these objections is of itself amply sufficient to overthrow the whole principle of scientific grouping"! It is evident that each of these objections applies with full force to the classifications of zoology and botany; yet the cultivators of those sciences are so far from seeing their force, that in all their differences about species and varieties, and in all their efforts to improve their natural systems, the possibility of distinguishing species and families for practical purposes has never been questioned.

"Young Physic" will perhaps some day reduce all morbid phenomena to their simplest elements, break down the present barriers, remove all the distinctions of pathologists, and persuade Practitioners to call all diseases by some simple name, such as "Gastro-enterite." As statists we wait for that day, and in the meantime adopt the nomenclature, and the distinctions which are recognised by Watson, Craigie, and the Cyclopædias of Medicine, or are actually employed by the Medical Staff of our Hospitals in their books.

The writer asserts that "the simplest table of diseases" should be framed for use, and that "such a nosology already forms the basis of reports at every well-conducted Hospital." In direct opposition to this statement I assert, that nearly every Hospital that reports at all has a different classification; that the distinctions of some are omitted by others, and that the nosological lists of the best reports, such as those of the Borough Hospitals and St. George's, contain many names not in the list of Miss Nightingale's return. The list of diseases there adopted was framed by me, with the returns of the Registrar-General, of the Medical Departments of the Army and of the best Hospitals before me. I reduced many of the eye diseases, ear-diseases, and skin-diseases, and injuries to single heads.

The number of heads to be retained in tabular statistical forms must depend upon circumstances; if the facts are few, relating to a single Hospital, or to a small district, a small number of heads suffices. But Miss Nightingale's forms are for the United Kingdom; they will, if introduced generally, contain, annually, an immense number of facts. Considering their object, the list is not too long.

The sheet in its present form is perfectly manageable; and with a little practice, two persons, one calling out from the books and the other ticking down, can do easily 300 an hour, or 1200 in a day of four hours. A Medical Student and an appointed Registrar, would acquire the requisite skill to work up to the requisite accuracy with a little practice; and any Medical Registrar may see the process in operation at the General Register Office.

The cry for the "important diseases" and the "frequent diseases" like the cry for the "lions," the "elephants," the "eagles," the "sparrows" in zoology—or for the "trees" and "flowers" in botany—must be met as these cries would be met by Owen and Hooker; moreover every man has his own view of what is important, and his own experience of what is common. So none of the short lists I have seen agree in their selection; each compendious nosologist has for his special use a lumber-house from which nothing can be recovered. We ask him to give us the whole of the facts in distinct categories; and if he is displeased with our classification, he can adopt one of his own: and besides, as his neighbour does the same, he can use his neighbour's facts.

The tabular abstracts of Hospital cases might be made to look simpler, by cutting down the list of diseases; but this, instead of facilitating, would embarrass the actual work. If the famous "New Zealander," which the writer brings on the stage, was shown a distaff in the hands of a woman spinning, and a "self-acting mule," he would, no doubt, pronounce, off hand, the former the simpler plan; whereas, in the actual working, he would see, on the complicated plan, a boy or girl, of less intelligence, doing a hundred times as much work as the cunning woman with her "simple plan." In like manner I can show you a Medical student abstracting cases—I believe—more rapidly and accurately, on the plan proposed, than even Dr. Tripe can abstract on his simple plan—so well suited to the Hackney Vestry.

I agree with the writer that the important duties of registration in an Hospital involve labour; but not more under the plan Miss Nightingale proposes than under his own; and I have long been of opinion that the Medical Officers should be reinforced, and adequately paid for their professional services. But these are questions to be discussed on their own merits. The discussions as to the certainty of Medical knowledge—the utility of Medical men—and the dangers statistics expose us to, in "cooking"—are also separate questions, and should not be urged by a writer who is favourable to the "general scope" of a plan of Hospital statistics, in which Miss Nightingale is anxious this country should lead Europe.

Her arrangements are made, her forms are ready, her troops are at their posts, and she is ready to do battle with the enemy, when her zealous friend boldly asserts that all her positions are bad, that her order of battle is "cumbrous," that, indeed, any scientific classification of an army is worse than useless; besides, he hints, it is perfectly notorious that men in firing do not hit an enemy one time in a hundred—not oftener, in fact, than Doctors hit the truth in their diagnoses, that, consequently, it is perfectly useless to fire at all; and that, if there is to be any fighting, he begs her immediately to change all her positions and alter her arrangements, even in the face of the enemy, and at the risk of an irreparable loss of time.

Miss Nightingale refuses; having taken as a basis the classification in actual use for statistical purposes both in the civil and the military population of England, she adheres to it; and, like Garibaldi, going on in her own way, is determined to fight the battle out with the sanction of the International Statistical Congress—her applauding Italy.

I certainly attended the Medical and Sanitary Section, to discuss the nosological classification with some of my friends; but the discussion was forbidden, either as Dr. Tripe suggests, because "time did not allow," or because the section was satisfied, and thought the hour was passed for talk, and had come for work. I am quite willing to acquiesce in the less flattering alternative, and if the able Secretary, Dr. McWilliam, puts forth that version in his report, your readers will probably agree with him.

Englishmen, at least, possess common sense; and if a thing is to be done, do it. So should this scheme be carried out; it will have the effect of showing that the Medical officers of Hospitals, ready to drop minor differences, are able to act in concert.

I am, &c.

September 24. W. Farr.

THE YEOVIL CASE.

Letter from Mr. Garland.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your comments upon Mr. Herapath's letter in your last number, as well as in your article on the same subject, of the 25th ult., you insist upon two or three points respecting which you have been erroneously informed, and my correction of which I beg you will do me the justice to insert in your General Correspondence.

First, as to the preliminary analysis of the urine, made by Mr. Thorpe and myself. The result was not negative, but *positively* affirmed the presence of one of two metals. On employing Reinsch's test, the copper was discovered, and the small sublimate obtained therefrom presented the appearance of the arsenical or antimonial one. Further tests negatived arsenic. We, therefore, concluded antimony in small quantity was present. Naturally wishing in so serious and delicate a matter to have our opinions confirmed by a professed analyist, we sent the remainder of the specimens to Professor Herapath. With regard to the "*bone* of contention," it also was sent to Mr. Herapath, together with the viscera, immediately after the post-mortem. Mr. Herapath had, consequently, a far better opportunity of judging of its belongings. Both Mr. Thorpe and myself in our evidence spoke with reservation as to whether it belonged to fish, flesh, or fowl.

It is perfectly true that I gave the necessary certificate, in order that the interment might take place; but under other circumstances than those which would justify the remarks you made upon this part of my conduct. The preliminary inquest and post-mortem had already taken place, the analysis of the viscera was still pending,—the coroner's order not having been obtained up to the hour appointed for the funeral to take place. The friends and family of the deceased, several of whom resided at a distance, being assembled, at their urgent request I filled up an ordinary certificate of death,

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purposely leaving the "primary cause" blank, and merely stating the secondary, — peritonitis, — with its duration, eighteen hours. Had I not done so great inconvenience and distress must have resulted to the family. I enclose a certificate, which appeared as an *advertisement* in the local papers, and trust to your fairness to publish it.

I am, &c.

E. C. GARLAND,
L.C.P.Edin., M.R.C.S., L.S.A., L.Midw.L., &c.

Yeovil, September 18, 1860.

"Yeovil, August 18, 1860.

"We the undersigned, being enabled from ocular testimony to give our opinion on the case of the late Mrs. Peters, and the cause of death, gladly do so, in order to remove any unfavourable impressions, prejudices, or stigma which might unfortunately have been excited against individuals in consequence of the very unusual and protracted inquiry, amidst a proportionate amount of anomalous Medical evidence, which took place at Yeovil within the last month.

"We give it as our decided opinion and firm conviction, that Mrs. Peters died of a disease induced by constitutional and natural causes; also that the symptoms she laboured under for the *three previous* years, during the whole of which period she was under skilful professional care, were those consistent with the morbid appearances found after death; and further that her complicated malady, both in regard to pathological and hereditary characters, followed systematically and progressively the usual course, and that the symptoms were precisely those one would expect to accompany such an illness. Her attacks, like many other diseases, assumed at intervals an obscurity not to be explained by the inexperienced during life. We are of opinion, and more fully persuaded by the post-mortem examination, taken conjointly with the previous *three* years of suffering, that there are no longer any rational or just grounds for alleging that death *ensued*, was *caused*, or in any way *hastened*, by any other than natural causes.

"WALTER W. WALTER, M.R.C.S., and L.A.C., the Surgeon engaged by the Crown (?) to make the post mortem examination.

"E. T. WARRY, M.D., Fellow of the Royal College of Surgeons, (by Exam.) London.

"W. F. TOMKYNS, M.R.C.S., L.A.C., Medical Attendant from August 12, 1857, to May, 1860.

"RUSSELL ALDRIDGE, M.D., L.R.C.S., L.A.C."

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, September 13th:—

Bonnett, Charles Henry, College House, Hammersmith

Also on the 20th inst.:—

Bennett, George John, Gateshead-on-Tyne
Taylor, Daniel, Bury, Lancashire

The following gentlemen also on the 13th inst. passed their First Examination:—

Beck, William Reginald, Great Russell-street, Bloomsbury
Holman, Henry, Crediton, Devon

Also on the 20th inst.:—

Barham, Herbert Frederic Henry, Maidstone
Barker, Elijah, Sheffield
Gale, Henry Stanley, High Holborn
Hughes, William Hugh, Warrington, Lancashire
Iliffe, Robert, Coventry
Pitt, William, Willenhall, Staffordshire

DEATHS.

ALEXANDER.—August 7, at Calcutta, of cholera, after only seven hours' illness, William Alexander, Staff-Assistant Surgeon, Army, aged 24.

BANKS.—September 14, at 69, Navy-row, Stoke, Devonport, after a few hours' illness, Anthony Collins Banks, late of Saltash, Surgeon (in practice prior to 1815), formerly Surgeon R.N., aged 75.

BEALE.—July 21, at M'Carthy's Island, Gambia, of African fever, Thomas Chaytor Beale, M.D., M.R.C.S. Eng., Staff Assistant-Surgeon, Army, aged 30.

CROFT.—September 20, Charles Ilderton Croft, of Laurence Pounteney-hill, Cannon-street, F. and M.R.C.S. Eng., L.S.A. Lond., aged 48.

DONOVAN.—July 23, at Buenos Ayres, Cornelius Donovan, M.D., aged 42.

GODDARD.—June 26, at Brisbane, Queensland, Australia, Leonard Goddard, Student and Prizeman of St. Thomas's Hospital, aged 22.

LARGE.—September 24, at 23, Russell-place, New North-road, Islington, Charles William Sadler Large, M.R.C.S. Eng.

M'RAE.—September 21, at Kirkliston House, N.B., John M'Rae, M.D., Surgeon, R.N.

MAGRATH.—September 10, Nicholas Magrath, of Le Manoir, Lefebvre-street, Guernsey, M.D. Erlangen, L.R.C.P. Edin., F. and M.R.C.S. Eng., Surgeon R.N., Admiralty Surgeon and Agent, etc., aged 57.

OSBORNE.—September 9, Thomas Osborne, of Northampton, Surgeon (in practice prior to 1815), aged 71.

PARKES.—August 28, of consumption, after a lingering illness, Thomas Parkes, junr., M.R.C.S. Lond., aged 22.

PRICE.—September 19, at Tyne Hall, Ilford, Essex, Rees Price, M.D. Heidelberg, M.R.C.S. Eng., formerly Surgeon R.N., aged 80.

RAMSAY.—June 10, at Dobroyde, New South Wales, David Ramsay, M.D. aged 66.

WESTON.—September 14, at Camberwell, Edward Joseph Weston, late of St. Mark's-crescent, Regent's-park, L.S.A. Lond., formerly Surgeon to the Royal Humane Society, etc. etc., aged 51.

WHITFIELD.—September 9, at Biggar, Lanarkshire, Peter Pienderleith Whitfield, A.M., M.D., aged 24.

WOODMAN.—September 22, at East Leigh, Havant, Hants, James Woodman, M.D., aged 76.

THE CHOLERA continues to make numerous victims in Spain. This mysterious scourge observes no order in its progress, attacking one province and sparing another, without anybody being able to assign a cause for its presence in one place rather than in another. It is at present at Toledo, where fifty persons have been attacked within a few days. It is to be remarked, however, that the disease is decreasing in intensity. Thus, the deaths are diminishing by nearly one-half. Of one-hundred persons attacked, not more than five or six die.

THE HEALTH OF THE ARMY IN CHINA.—The 67th Regiment has but one per cent. on the sick list. The sanitary arrangements are excellent. There is no foul smell about the camps, which vie with each other in cleanly neatness. The natural consequences have ensued. There are but thirteen officers and 648 men on the sick list out of the 12,000 composing the force. With the exception of 116 cases on board the Hospital-ships, the diseases are of a very trivial character. This speaks volumes in favour of Dr. Muir and the Medical staff, and particularly of Dr. Rutherford, who is charged with all local sanitary arrangements.

CHOLERA AT GIBRALTAR.—We regret to have to state that cholera of a somewhat malignant character has appeared among the troops at Gibraltar. This dreadful disease has for some time existed among the civil population in Spain, and gradually extended first to Algesiras, from thence to the Spanish lines, and subsequently to Gibraltar. On August 16, about four days after the first appearance of the disease among the civil population, a soldier of the 2nd battalion, 8th Regiment, was attacked; and since that time up to September 12, twenty-five cases have occurred, fourteen of which proved fatal. The wife of a Sapper has also died, and two children of the 8th Foot. Every precaution that sanitary science could suggest to prevent the further spread of the epidemic has been adopted by Sir William Codrington, on the advice of the principal Medical officer, Dr. Paynter.—*Army and Navy Gazette.*

PUBLIC HEALTH.—By the Public Health Act of 1858 the Privy Council are empowered to cause inquiry to be made, when they see fit, in relation to the public health in any place; and a Medical officer, Mr. Simon, is attached to the Council, and superintends such investigations. His report of the proceedings of 1859, which has recently been issued, deals with several subjects of great interest. Among them is that which has still to be called "the Thames nuisance." In a paper communicated by Mr. Ord, that gentleman describes the symptoms of a poisoning of the nervous system which occurred very generally in the summer of 1858 among persons employed upon the river, and observes that in 1859, when extensive disinfecting operations were carried on at the mouths of sewers, the sulphuretted hydrogen gas was not in proportion sufficient to the production of the symptoms; and he remarks, that if the emanations of a river in so foul a state do not actually originate disease, and, on the other hand, percolations from cesspools into the soil and wells is proved to be highly injurious, then even this stage in the process of purifying London must be accepted as an improvement upon its previous condition. The putrefactive matter, instead of abiding in a thousand places as a focus of disease, is brought into one large aggregate, where it may be more

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readily submitted to disinfecting processes, and where it finds in the water of the receiving stream elements which appear to disarm it of much of its destructive influence. Happily this source of disease is destined in a very few years to a much more complete banishment.

DEATH OF SIR R. A. CHERMSIDE, M.D.—We have to record the death of Sir Robert Alexander Chermside, which took place at Oxford. The deceased was the third son of the late Dr. Chermside, of Portaferry, County Down, Ireland, and entered the Medical Service of the Army in 1810 as Assistant-Surgeon to the 7th Hussars. He served in Spain, France, Flanders, etc., and was present at the battle of Waterloo. Immediately after that battle he was promoted to the Surgeoncy of the 10th Hussars. In 1821 he was admitted a Licentiate of the Royal College of Physicians, London, and in 1836 elected a Fellow of that College; he graduated M.D. at Edinburgh, and was a Member of the Royal College of Surgeons of London and Edinburgh, and of the Société de Médecine Pratique of Paris. For some years previous to his death he held the post of Physician Extraordinary to her Royal Highness the Duchess of Kent, and was Physician to the British Embassy at Paris. In recognition of his war services he was created a Knight Commander of the Order of the Guelphs of Hanover, a Knight of St. John of Jerusalem, a Knight of the Red Eagle of Prussia (conferred for services to the Prussian troops in the campaign of 1815), and a Knight of the Legion of Honour of France.

LORD BROUGHAM AND THE GLASGOW FACULTY OF MEDICINE.—As agreed at a late meeting of the Faculty, Lord Broughan was communicated with, to ascertain whether it would be convenient for his lordship to meet with a deputation from the Faculty to confer as to the best means of dealing with that provision of the Registration Acts which compels the Medical Practitioner in Scotland to grant professional certificates gratuitously for the public interest. Dr. Scoular, President of the Faculty, has been favoured with the following reply:—"Brougham, Sept. 17.—Lord Brougham presents his compliments to Dr. Scoular. He has had the honour of receiving his letter and that of the committee. He will have great pleasure in seeing and conferring with them at Glasgow. He presented petitions against the provisions of the bill, and expressed his opinion distinctly upon the injustice of that provision; but he cannot undertake to present any bill on the subject."

DEATH FROM CHLOROFORM.—A patient named Carrell died at the Northampton Infirmary on Wednesday week, from the administration of chloroform. Deceased had been lodging in Commercial-street, and went to the Infirmary on Saturday week, with the determination of having a tumour taken out of his back, which had caused him some little annoyance for several years, and which he had been informed would some day prove fatal if allowed to take its own course. This had been repeatedly pressed upon deceased by his fellow-workmen at Mr. Mulliner's, coachbuilder. Under these impressions the poor man went to the Infirmary on Saturday week, where he was dieted until the Wednesday morning, and then taken to the operating-room for the purpose of having the tumour extracted. Mr. Gray and Mr. Mash were present, to whom deceased expressed a wish that chloroform might be administered before the operation commenced. Mr. Mash did not think it necessary to use chloroform, and therefore explained to Carrell the nature of the operation, telling him that it would not be very painful or very dangerous, but deceased still persisted in his wish. Mr. Mash therefore consulted Mr. Ashdown (as is usual), and requested that gentleman to examine the deceased, to ascertain if he was able to bear the effects of chloroform. Mr. Ashdown said there was no danger, and accordingly the House-Surgeon, Mr. Gray, was instructed to administer the anæsthetic, which he did, the chloroform being given on a handkerchief. Its effects were soon visible upon deceased, who duly became insensible without anything unusual being observed, although he was closely watched. On removing him into a proper position for performing the operation it was observed that his countenance was very much changed. The suspicions of the operators were at once roused, and immediate steps were adopted for bringing the man to his senses again, instead of commencing their surgical operation. Water and other restoratives were resorted to, but all to no purpose. Artificial breathing was then tried, but this too was unavailing, and, after an hour's futile endeavours at restoration, the deceased was reluctantly given up as lost. An inquest was held at the Infirmary on Thursday, before Mr. E. P. Hicks, county coroner (acting for Mr. J. Becke), and a respectable jury, on the body. Mary Carrell was the first to be examined, and said the deceased was her husband. He was 42 years of age. He first perceived the tumour about nine years ago, and often talked of having it taken out. It originated through a blow inflicted by a policeman at Liverpool, when deceased was under the influence of drink. He had only been in Northampton since March last. Messrs. Gray, Mash, and Ashdown were also examined, all of whom stated that they had known patients to inhale double the quantity of chloroform that had been administered to deceased without any dangerous effects resulting from its use. Every precaution had been used by them in this as in former cases, and it had been administered to hundreds with perfect success. They could not account for this unusual occurrence, but had no hesitation in saying that deceased had died through the effects of chloroform. A post-mortem examination had been made by Messrs. Mash and Gray, in presence of the Medical staff, and it appeared that deceased had been a man given to drinking habits. His brain, heart, and lungs were very much congested. The jury, without any consultation, returned a verdict "That deceased's death was caused by chloroform duly administered. They also begged to state that in their opinion the Surgeons were entirely free from blame in the matter, as it appeared to them that the proper caution had been taken when administering the chloroform."

VITAL STATISTICS OF LONDON.

Week ending Saturday, September 22, 1860.

BIRTHS.

Births of Boys, 859; Girls, 811; Total, 1670.
Average of 10 corresponding weeks, 1850–59, 1607·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	513	503	1016
Average of the ten years 1850–59	583·6	567·9	1151·5
Average corrected to increased population..	..	..	1267
Deaths of people above 90	..	..	4
Deaths in 15 General Hospitals	38	24	62

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria.	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	7	4	1	6	1	5
North ..	490,396	2	4	7	..	6	3	19
Central ..	393,256	..	6	9	..	6	1	13
East	485,522	..	13	7	1	4	13	17
South ..	616,635	..	7	17	4	6	8	10
Total.. ..	2,362,236	3	42	44	6	28	26	64

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·54 in.
Mean temperature	55·0
Highest point of thermometer	68·0
Lowest point of thermometer	42·3
Mean dew-point temperature	52·3
General direction of wind	S.W.
Whole amount of rain in the week	0·80 in.

TO CORRESPONDENTS.

Mr. Jennett.—So far from acting unprofessionally, we think our correspondent's conduct was perfectly straightforward and honourable, and extremely kind to his neighbour.

F.R.C.S. can compel payment for visits. Any judge would consider 2s. 6d. for each visit a very moderate charge to a man of £1000 a-year. If our correspondent is not an Apothecary he may find it difficult to compel payment for *Medicines*.

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Anxious, Mr. A., and others, are informed that replies have been received to several enquiries stating that apprenticeship is considered as the commencement of "Professional education," but it would be a good plan for every one interested to address a letter to the Secretary of the College or Hall, and keep the reply, as a security against future difficulty.

J. B. can hardly expect us to publish his letter on the "Iliac Passion." The recommendation to "insert a few drops of the Essential Oil of Nutmegs into the Navel" (!) is not likely to be received with much respect by our readers.

Deodorization in Obstetric Medicine.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The very important paper of Dr. Skinner on the above subject leads me to suggest that probably "Condy's patent health powder," the composition of which is I believe commonly known by Medical men, will probably be found equally or more effective than any other application in the cases stated by Dr. Skinner. The oil of tar and lime will only retard the decomposition of organic matter, while the "health powder" will decompose it: and the "health powder" can be readily procured at small cost by the poorer class, and that is the class that needs it. It may be used in the manner directed by Dr. Skinner for the use of the oil of tar powder.

I am, &c.

Finchley, September 19. John White, M.R.C.S.

Fœtal Auscultation.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Lest your correspondents of last week should have any ground to complain that I have treated them disrespectfully if I should ignore their notices of me, permit me, through the medium of your columns, to congratulate your Moffat correspondent on the proficiency he has acquired in the use of the stethoscope, and to suggest that he will now make a good use of his skill by settling the questions, still so much agitated among the authorities, whether the sound of the fœtal heart be a double sound,—that is to say, a tic-tac sound, as held by many of them, or a single sound i.e. a tic-tic-tic sound, as maintained by himself in a former communication; and whether the double beats be cardiac, as held by some of them, or arterial, as held by himself. When he has fairly established these points in his own favour, he will be fully entitled to claim the sole honours of the present field of controversy.

Your Crieff correspondent has nothing to say affecting the merits of the case at issue.

I am, &c.

Banchory, September 18. F. Adams.

The Title of Doctor.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I would earnestly call the attention of those gentlemen who still refuse to address Collegiate Physicians as "Dr." to the strong amount of evidence which now exists for Licentiates of a Royal College of Physicians being considered as legal "Doctors of Physic." I am induced to do so, as even the Registrars of the Colleges up to within a short time do not seem to have been acquainted with such a right.

As the privileges conferred by the several Colleges of Physicians are acknowledged by all to be perfectly identical, it follows that if the title of Doctor of Physic can be shown to be bestowed by either one of them, the Licentiates of the other Colleges must be equally entitled to the same.

The following official notification from the Dublin College of Physicians will furnish sufficient evidence of the possession of this right by at least one of the Colleges.

"The Charter of William and Mary, and the Act of the Irish Parliament, 1 Geo. III., cap. xiv. confers on the Fellows and Licentiates of King and Queen's College of Physicians, the title of Doctor of Physic."—*Circular from King and Queen's College of Physicians*, June, 1860.

The powers of the Colleges of London and Edinburgh to confer the Doctorate are perhaps not so evident as that of Dublin, but as "To whatever title the L.R.C.P.'s London lay claim, the L.R.C.P.'s Edinburgh have an equal right"—(letter from the Registrar of the Edinburgh College)—and the diploma of the London College confers on its Licentiates "all honours, titles, and privileges whatsoever, bestowed elsewhere on Physicians," it seems evident that these "high honours" must include the title of Doctor of Physic bestowed on Physicians by the Dublin College, and, consequently, that the Licentiates of the Royal Colleges of Physicians of London, Edinburgh, and Dublin, are in this respect upon a perfect equality.

In conformity with this right, we find Coke, Ellenborough, Mansfield, and Denman, regarding Physicians as "Doctors of Physic of the College in London," and the use of the title of M.D. or Dr., as implying a Physician; and this in London where Graduates of the Universities were not recognised as such.

I am, &c. Ph. D.

The Social Evil.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I think it will be universally admitted that there is no class in the community more thoroughly debarred from the efforts of Christian philanthropy, and even of generous benevolence, than the class of fallen women. Association with such characters, even for good and praiseworthy objects, if attended with no other dangers, lays us open to charges of calumny and derision even from the virtuous and well-meaning. When to this is added the hostile criticism of a large section of the press, and the lukewarm advocacy or indifference of a yet larger section, the difficulties of philanthropic effort in this direction are increased a hundred fold.

For my part I cannot but rejoice that men, and women too, have been found whose large-heartedness would not be cramped by criticism or calumny, and who, when they have found misery to be relieved, do not turn from it, because the misery is so deep and so appalling as to have hitherto been regarded as irremediable. I say that I rejoice, and who will not join with me, while the fact remains that thousands of wretched women—many of them in cold and nakedness, and want, and disease,—all of them in shame and misery, are going down to death; the victims in the first instance, it may be, of the vicious propensities of others, but now become each one of them, as if in retribution for the sins that made her what she is, a source and centre of corruption. If any justification is needed for efforts directed towards the elevation of these women, surely we may find it in their own unfathomed misery, but if the fact that every prostitute in the country has a body to save from distress and disease, and a soul to save from sin is not sufficient motive to encourage effort on their behalf, we may perhaps find as cogent arguments in motives of self-interest. The numbers of profligate women in all our large towns, who are actually competing in their shameful trade, holds out such encouragement and temptations to young men as too many of them cannot resist. If the woman has been in the first instance the tempted, she too soon becomes the tempter, when "her lips drop as an honeycomb, and her mouth is smoother than oil."

I cannot understand how any candid mind can ignore the baneful influence of society on the abandoned women who crowd our streets after nightfall, or how such a mind can withhold its conscientious support from the efforts of those who, seeing the fearful evils which such women bring upon themselves and upon others, seek their restoration to virtue and good-living. These people are often accused of beginning at the wrong end, but I am at a loss to know what the "wrong end" means when applied to a great social evil. If I can attack an evil in any of its aspects or phases, so as to save any of its victims, I believe I am at the right end. You, Sir, are right in attacking the vicious propensities of the man, and you have my earnest wishes for your success in efforts thus directed, but I also wish you to recognise me, and others who think with me, as fellow-labourers with the same noble end in view, when we attack the vicious propensities of the woman, and strive to raise her to a position where her womanly nature may be a blessing, instead of being as at present prostituted to the vilest and guiltiest of purposes.

I am, &c.

September 24. A. C.

Acute Œdema of the Scrotum.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Seeing in your paper of September 1 a Case of Acute Inflammatory Œdema of the Scrotum, and having a similar case at present under my care, I thought it might be interesting from its similarity. R. M., aged 40, a Private Bandsman, of free habits: September 1.—Complains of pain in shoulders and slight shivering, was visited on September 3, and treated for cold. September 4.—Suddenly felt a severe pain in scrotum, which in about two hours was swollen the size of an adult head, having a quaggy feeling, but not tender, except at the most dependent part of scrotum, and extending in a pyramidal shape to the external inguinal ring, the penis also was being much swollen. A saline aperient had been previously administered. September 5.—A small gangrenous spot appeared on the bottom of the scrotum, and two free incisions were made on either side of the raphé, when more than a quart of brown, bloody serum escaped, giving immediate relief. Pulse good, tongue slightly furred, appetite good, and sleeps well. Ordered a large yeast poultice; meat, beer, and wine. ℞ Ammon. carbon. et decoct. cinchonæ, 4tis horis. September 6.—Slough separated, exposing one-third of left, and rather less of right, testis, since which time he has had no untoward symptom, granulation going on healthily and luxuriantly: he is evidently progressing towards a speedy recovery.

I am, &c.

Charles Thomas Wills, M.R.C.S.L.

Cyfarthfa Iron Works, Merthyr, South Wales, September 19.

COMMUNICATIONS have been received from :—

Dr. R. Lee; Mr. G. Wallis; Mr. W. H. Arrowsmith; London Hospital; "Anxious"; Dr. Devenish; The Rev. W. Cann; Dr. J. E. Smyth; "An Apprentice;" Dr. Graily Hewett; Dr. Conolly; St. Thomas's Hospital; Dr. John Allen; Mr. John White; Mr. F. Jones; Mr. John Y. Rutter; Mr. J. Hillier; Dr. F. Adams; Mr. C. T. Wells; Westminster Hospital; Royal College of Surgeons, Edinburgh; Dr. W. S. Scholefield; Mr. James Bruce; Dr. Parsons; Apothecaries' Hall; Assistant-Surgeon Chapple, R.A.; Dr. Ricketts; Dr. W. H. Stone; Middlesex Hospital.

APPOINTMENTS FOR THE WEEK.

September 29. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

October 1. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

2. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

3. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Hunterian Society, 8 p.m. Mr. Hutchinson "On Cancer as a Local Disease." Council Meeting at 7½ p.m.

Obstetrical Society of London, 8 p.m. Dr. Tilbury Fox "On the Pathological Lesion of Phlegmasia Dolens."

4. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

5. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

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No. 1, 2, 3, is J. Alderman's Patent

Graduating Elastic Spinal and General Invalid Couch, which is fitted up with two, three, or four distinct graduating actions, so that an Invalid can be adjusted imperceptibly to any position without being touched by the nurse, and free from all pressure, that being avoided by his Elastic Ventilating Mattress and his Patent Elastic Adjusting Foundation, so that a patient cannot become bedsore by long confinement.

No. 4, 4, is J. A.'s improved Spinal and General Invalid Couch and Carriage. The Couch has three distinct movements, so that a patient can be placed in any position; it has also a Shifting Stand for the room, upon large easy castors, so that the Invalid can be lifted with the couch from its stand, placed upon the Carriage, and go out for an airing when required, without being touched.

No. 5, 5, is J. A.'s Patent Graduating Elastic Self-adjusting Invalid Chair. This Chair, like the Couch, is made to follow Nature in every respect, as the back, the arms, the seat, and the leg-rest are made to work at the same time, so that not a muscle of the patient need be disturbed. The arms are also made to put on and off in an instant, so that the patient can get on and off from either side while the leg-rest is out.

No. 6 is J. A.'s improved Self-propelling Chair, which renders an Invalid perfectly independent, being able to run from room to room without any assistance.

COMFORT FOR INVALIDS

BY HER MAJESTY'S ROYAL LETTERS PATENT

J. ALDERMAN, 16, Soho-Square,

LONDON.

No. 7 is J. A.'s improved Exercising

Horse, which he fits upon a variety of ways, so as to give any amount of exercise.

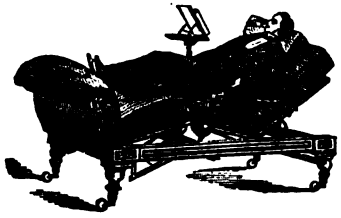
No. 8, 8, 8, 8, is J. A.'s Patent Portable Equilibrium Carrying Chair, which enables an Invalid, however weighty, to be carried up anddown stairs with perfect ease and safety; the Chair always adjusting itself, enables the two persons who carry to walk up and down stairs in the usual way, quite erect, with their arms straight down, which avoids any strain upon their muscles. It is also a perfect Easy Chair for the patient to sit in during the day, the carrying handles being made to hook on and off in an instant.

No. 9 is J. A.'s improved Four-wheel Albert Chair, fitted for hand or pony. The body is mounted upon C and under springs behind, and elliptic springs in front, so that it makes a most elegant and easy Carriage, free from all oscillation.

No. 10 is J. A.'s improved Four-wheel Brighton Chair, which is mounted upon C and under springs both back and front, together with his new wrought-iron perches or cranes, instead of the old-fashioned wood perches. It is also fitted for hand or pony, and is the most elegant and easy Carriage in use.

No. 11, 11, is J. A.'s improved Three-wheel Albert Chair, with and without a hood. It is elegant and easy.

No. 12 is J. A.'s improved Three-wheel Garden or Bath Chair, with or without a hood.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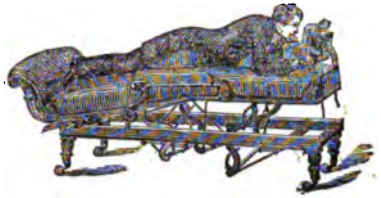
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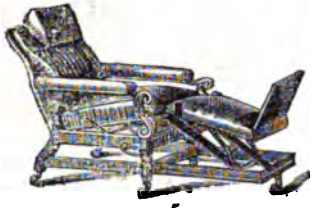
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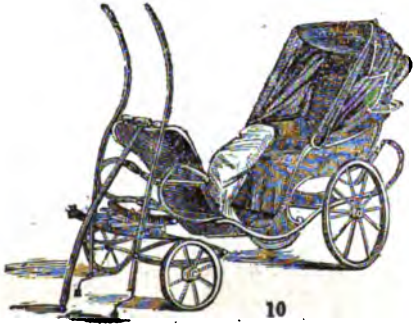
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UNIVERSITY OF ABERDEEN.

SESSION 1860-61.

Being the first Session of the University as remodelled by the Union of the Universities of King's and Marischal Colleges, under the Act 21 and 22 Vict., Chap. 83.)

I.—FACULTY OF MEDICINE.

WINTER SESSION commences on MONDAY, November 5, and extends over Six Months.

Classes.	Professors.	Hours.	Class Fees. £ s. d.
Anatomy ..... Anatomical Demonstrations	Professor A. J. Lizars, M.D.	12 Noon. / 2 p.m.	3 3 0
Practical Anatomy.....	Professor A. J. Lizars and Demonstrator ..	....	2 2 0
Chemistry	Prof. A. Fyfe, M.D.; Mr. Brazier, Substitute..	3 p.m.	3 3 0
Materia Medica	Professor A. Harvey, M.D..	8 a.m.	3 3 0
Institutes of Medicine....	Professor G. Ogilvie, M.D..	4 p.m.	3 3 0
Surgery	Prof. W. Pirrie, F.R.S.E....	1 p.m.	3 3 0
Practice of Medicine.....	Professor Macrobin, M.D..	3 p.m.	3 3 0
Midwifery and Diseases of Women and Children	Professor R. Dyce, M.D....	4 p.m.	3 3 0
Natural History	Professor J. Nicol, A.M....	2 p.m.	3 3 0
Medical Logic & Medical Jurisprudence.....	Professor F. Ogston, M.D..	9 a.m.	3 3 0
Natural Philosophy	Professor D. Thomson, M.A.	9 or 10a.m	3 3 0

Matriculation Fee (including all dues) for the Winter and Summer Sessions together, £1.

SUMMER SESSION commences on MONDAY, May 6, and extends over Three Months.

Classes.	Professors.	Hours.	Class Fees. £ s. d.
Botany	Professor G. Dickie, M.D..	—	3 3 0
Practical Anatomy and Demonstrations	Professor A. J. Lizars and the Demonstrator	—	2 2 or both courses
Comparative Anatomy....	Professor A. J. Lizars.....	—	2 2 £3 3s.
Dietetics and Hygiene	Professor A. Harvey, M.D..	—	2 2 0
Practical Chemistry	Prof. A. Fyfe, M.D.; Mr. Brazier, Substitute	—	3 3 0
Histology		—	2 2 0
Natural Philosophy	Professor D. Thomson, M.A.	—	2 2 0

Matriculation Fee (including all dues), if the previous Winter Session has not been attended, 10s.

The various Courses delivered at this University qualify for examination here, and at the Universities of Oxford, Cambridge, London, Dublin, Queen's University, Ireland, St. Andrew's, Glasgow, and Edinburgh; the Royal College of Surgeons of England, Edinburgh, and Ireland; the Apothecaries' Hall, London; and the Medical Boards of the Army and Navy.

HOSPITAL PRACTICE AND CLINICAL LECTURES.

Hospital Practice daily at Ten o'clock at the Royal Infirmary, which contains upwards of 230 Beds.

Physicians.		Surgeons.	
DR. DYCE.	DR. NICOL.	WM. KEITH, Esq.	DAVID KERR, Esq.
DR. KILGOUR.	DR. WILLIAMSON.	WM. PIRRIE, Esq.	

Ophthalmic Surgeon, Dr. CADENHEAD.

Lectures on Clinical Medicine, by Dr. KILGOUR, First Course, £2 2s.; Second Course, £1 1s.
Lectures on Clinical Surgery, by WILLIAM KEITH, Esq., First Course, £2 2s.; Second Course, £1 1s.
Lectures on Ophthalmic Surgery, by Dr. CADENHEAD, First Course, £2 2s.; Second Course, £1 1s.
The Perpetual Fee to the Hospital, £6 0s.; or, First Year, £3 10s.—Second Year, £3 0s.

THE LUNATIC ASYLUM,

Under the care of Dr. Macrobin, Consulting Physician, and Dr. Robert Jamieson, Resident Physician, contains about 280 Patients. A limited number of Pupils is permitted to witness the practice pursued in this Asylum, in the treatment of Mental Disease.

A Course of Clinical Instruction in the Treatment of Insanity is given during the Summer Session by Dr. Jamieson, the Medical Superintendent. Fee, £2 2s.

REGULATIONS FOR GRANTING MEDICAL DEGREES.

Students commencing their Studies next Session will come under the following Regulations:—

CURRICULUM.

I. Four years of attendance on Medical Classes, of which two years may be passed at a properly organised Medical School; but two must be passed in a University, and one of them, at least, in this University. The attendance, in each year, must embrace not fewer than two courses of not less than one hundred Lectures each; or one such Course, with two Courses of not less than fifty Lectures each, with the exception of the Clinical Courses, in which Lectures are to be given at least twice a week during the prescribed periods. But in the case of a Graduate in Arts, it will be held equivalent to one of these four years, that he has attended one Medical Class while passing through the Curriculum of Arts. The University attendance must include the following Classes, each for at least one course of not less than one hundred Lectures:—Anatomy, Chemistry, Materia Medica, Institutes of Medicine, Practice of Medicine, Surgery, Medical Logic and Medical Jurisprudence, and Midwifery, with Practical Midwifery at an Hospital for three months, or attendance on six cases elsewhere; and the following Classes for, at least, one course of not less than fifty Lectures:—Botany and Practical Chemistry.

Practical Anatomy also must be attended for not less than six months, and every Candidate must produce a certificate that he has dissected all the parts of the human body at least once.

II.—Two years of attendance on the Medical and Surgical Practice of an Hospital containing not fewer than Eighty Beds, and which possesses a distinct staff of Physicians and Surgeons; along with attendance for Six Months on Lectures on Clinical Medicine, and for Six Months on Lectures on Clinical Surgery.

III.—Attendance for at least Six Months, by Apprenticeship or otherwise, on the Practice of a Physician, Surgeon, or Member of the Apothecaries' Company of London, or of Dublin, or on the out-practice of an Hospital, or the Practice of a Dispensary.

IV.—Three Months of Compounding and Dispensing Medicines in the Laboratory of an Hospital, or of a Public Dispensary, or of a Licensed General Practitioner, or of a regular Dispensing Druggist.

EXAMINATIONS.

There shall be two Examination Terms in each year, viz., in April and October.

(1.) PRELIMINARY EXAMINATION.

All Candidates, not possessed of a Degree in Arts, obtained on Examination, shall undergo an Examination on the following subjects:—The English Language, Latin (from prescribed authors), the Elements of Mathematics (Three Books of Euclid), Arithmetic, Algebra (as far as Simple Equations inclusive), and the elements of Mechanics.* In addition to the above, Candidates, before being admitted to the First Professional Examination, shall also be examined upon any two of the following subjects, at their option, viz.:—Greek, German, French, Natural History, Higher Mathematics, Natural Philosophy, Logic, Moral Philosophy.

It will be held equivalent to the foregoing Examination for the Candidate to have attended the first two Sessions in the Curriculum of Arts in this University, and passed the Entrance Examinations, provided he also undergo an Examination in Mechanics, and in one of the above optional branches, exclusive of Greek, on which he has previously been examined.

These Examinations shall be conducted by Professors in Arts, together with Members of the Medical Faculty.

(2.) PROFESSIONAL EXAMINATIONS.

Candidates shall undergo *Three* Professional Examinations, which shall be conducted both by written questions and *viva voce*, as follows:—

The First Examination not to be taken before the end of the Second year of Study, and to include Botany, Chemistry, and Materia Medica.

The Second Examination not to be taken before the end of the Third Year, and to include Anatomy, Institutes of Medicine and Surgery.

The Third Examination not to be taken before the end of the Fourth Year, and to include Practice of Medicine, Midwifery, and Medical Jurisprudence and Medical Logic.†

The Examinations on these subjects shall include Demonstrations and Clinical Cases.

It is recommended that Candidates should not take more than one Examination at each term; but Candidates will be allowed, if they choose, to appear for their First and Second Professional Examinations at the end of the Third Year of their Medical Studies, or the Three Professional Examinations at the end of the Fourth Year.

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* It is considered by this and the other Universities of Scotland to be highly desirable that at least this part of the non-Professional Examination should be undergone before the student enters upon his Medical Studies at this or any other Medical School.

† If Logic be taken as a part of the Preliminary Examination, the Candidate shall be exempted from Examination on Medical Logic.

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CONFERRING OF DEGREES.

The Degrees of Bachelor of Medicine (M.B.) and of Master of Surgery (C.M.) ‡ may be conferred on any Candidate who has passed the prescribed Examinations, and is of the age of twenty-one years.

The Degree of Doctor of Medicine (M.D.) may be conferred on any Candidate who has obtained the Degree of M.B. and is of the age of twenty-four, having been engaged, subsequently to his having received the Degree of M.B., for two years in Medical and Surgical Practice, or in either of the Public Services, or in attendance on an Hospital. The Medical Faculty shall have the power to require an Examination for this Degree, if they see cause, and to decline recommending the Candidate to the Senatus, should the result of the Examination not prove satisfactory.

FEES FOR GRADUATION IN MEDICINE.

For the Degrees of Bachelor of Medicine, and of Master of Surgery, together ‡ £21 0 0
Additional for the Degree of Doctor of Medicine, exclusive of stamp duty (£10)..... 5 0 0

II.—FACULTY OF ARTS.

The SESSION commences on MONDAY, November 5, and closes on FRIDAY, April 5.

Years of the Curriculum.	Classes.	Professors.	Hours.	Class Fees.	Total Fees, including Matriculation and all other Dues.
				£ s. d.	£ s. d.
First	Greek	Wm. D. Geddes, A.M., & Assistant	9 to 10 a.m., and 11½ a.m. to 12½ p.m.	3 3 0	
	Latin	Robert Maclure, LL.D., & Assistant	10 to 11 a.m., and 12½ to 1½ p.m. ..	3 3 0	
	English Language and Composition	Alex. Bain, A.M.	1½ to 2½ p.m., Monday, Wednesday, and Friday	1 1 0	8 7 0
Second	Mathematics	Fred. Fuller, M.A., and Assistant	9 to 10 a.m., and 12½ to 1½ p.m. ..	3 3 0	
	Greek	Wm. D. Geddes, A.M., & Assistant	10 to 11 a.m.	1 1 0	
	Latin	Robert Maclure, LL.D., & Assistant	11½ a.m. to 12½ p.m.	1 1 0	
	Natural History	James Nicol, A.M.	2 to 3 p.m..	3 3 0	9 3 0
Third	Natural Philosophy	David Thomson, M.A., & Assistant	9 to 10 a.m. daily; 12½ to 1½ p.m., on Monday, Wednesday and Thursday	3 3 0	
	Mathematics	Fred. Fuller, M.A., and Assistant	11½ a.m to 12½ p.m.	1 1 0	
	Logic	Alex. Bain, A.M.	10 to 11 a.m. daily; 12½ to 1½ p.m. on Tuesday & Thursday; 1½ to 2½ p.m. on Wednesday	2 2 0	7 6 0
Fourth	Moral Philosophy	William Martin, A.M..	9 to 10 a.m. daily, and 11½ a.m. to 12½ p.m. on Monday, Wed. and Friday	3 3 0	
	Natural Philosophy	David Thomson, M.A., & Assistant	10 to 11 a.m.	1 1 0	
	Chemistry	Andrew Fyfe, M.D.; James S. Brazier, Substitute ..	3 to 4 p.m..	3 3 0	8 7 0

Fee for the Degree of A.M., £4 4s.

The above is the Course of Study for the Degree of A.M., which has been prescribed by the University Commissioners, for Students commencing their Studies after the 15th of September, 1860; but Students, who have already commenced their Studies either at King's College or at Marischal College, will be bound to attend only those Classes which were required at those Colleges respectively. Students of the Fourth Year next Session, who have not already attended Senior Latin, will do so daily from 1½ to 2½ p.m.

Students taking a Senior Class in any subject, without previous attendance on the Junior Class in the same subject, shall pay a Fee of Three Guineas.

BURSARIES AND PRIZES IN THE FACULTY OF ARTS.

On Monday, the 29th of October, at 9 a.m., and subsequent day, between thirty and forty Bursaries, tenable during the four years of the Curriculum, and ranging in annual value between £30 and £10, will be offered to public competition.

A sum of upwards of £80 will be applied for books to be given as Class Prizes at the close of the Session. The Students of the Fourth Year may also compete for the Greek Prize of £60, the Mathematical Prizes of £70, £60, and £25, and the Prize of £25 for General Scholarship.

III.—FACULTY OF DIVINITY.

The SESSION will commence on MONDAY, December 10, and close on FRIDAY, March 29.

Classes.	Professors.	Hours.	Fees.	Classes.	Professors.	Hours.	Fees.
Systematic Theology.....	Robert Macpherson, D.D.	12½	1 11 6	Church History.....	William R. Pirie, D.D....	11½ to 12½	1 11 6
Oriental Languages.....	A. Scott, A.M. Jun. Class	9½ to 10½	1 11 6	Biblical Criticism.....	William Milligan, A.M....	2 to 3	1 11 6
	Sen. Class	10½ to 11½	1 11 6			Matriculation Fee	1 0 0

BURSARIES.

Two Bruce Bursaries, each of the value of £10 per annum, will be offered for competition on Saturday, the December 15, at 10 o'clock. Subjects—Gospel of Luke (Greek); Butler's Analogy, Part I.; Paley's Evidences, Part I.

IV.—FACULTY OF LAW.

WINTER SESSION.—The Session will commence on MONDAY, November 5, and close at the end of MARCH.

Class.	Professors.	Hour.	Fee.
Scots Law.....	Patrick Davidson, LL.D., and George Grub, A.M., Substitute	3 p.m. daily.	£2 2 0

Matriculation Fee for Winter and Summer Session £1 0 0

SUMMER SESSION.

Lectures will be given on Conveyancing, of which due intimation will be given.

AGRICULTURAL CHEMISTRY.

Mr. BRAZIER, Fordyce Lecturer on Agriculture, will give a Course of Lectures on this subject, during the Winter Session.

‡ These two Degrees together give the Double Qualification required for the practice of Medicine and Surgery.

Surgeons' Hall, Edinburgh.—Winter SESSION, 1860-61. The INTRODUCTORY ADDRESS will be delivered by Dr. SANDERS, on MONDAY, November 6, at One p.m. The prospectus may be obtained on application to Mr. John Struthers, Secretary to the Medical and Surgical School.

Anderson's University, Glasgow.— The WINTER SESSION will COMMENCE on TUESDAY, the 6th NOVEMBER.

Anatomy and Practical Anatomy—Dr. George Buchanan.
Chemistry and Practical do.—Dr. Penny.
Surgery—Dr. Hunter.
Practice of Medicine—Dr. Anderson.
Materia Medica—Dr. Morton.
Midwifery—Dr. Paterson.
Institutes of Medicine—Dr. Watson.

IN SUMMER.

Medical Jurisprudence—Dr. Cowan.
Botany—Dr. Bell.

The Fees admitting to all the Classes and Hospital Practice required for Licences in Medicine and Surgery amount to £40.

ANDREW ANDERSON, M.D., Secretary.

2, Woodside crescent.

Royal Veterinary College, Great COLLEGE-STREET, CAMDEN TOWN, LONDON.—The LECTURES for the ensuing SESSION will COMMENCE at the above Institution on MONDAY, October 8, 1860. The INTRODUCTORY ADDRESS will be Delivered by Professor SPOONER, at Twelve o'clock.

Anatomy, Physiology, and Pathology of the Horse—Professor Spooner.
Anatomy, Physiology, and Pathology of other Domesticated Animals—Professor Simonds.
Descriptive Anatomy, with Physiology—Assistant-Professor Varnell.
Chemistry and Materia Medica—Professor R. V. Tuson.

Perpetual Fee to all the Lectures with Infirmary Practice, Clinical Instructions and Anatomical Demonstration's Twenty-five Guineas.

September 20, 1860. CHARLES SPOONER, Principal.

N.B. A Prospectus of the Course of Study necessary to qualify a Pupil for the Diploma of the Royal College of Veterinary Surgeons, will be forwarded on application.

University of London, &c.—A First-class B.A. and M.D., prepares Gentlemen for the MATRICULATION and MEDICAL EXAMINATIONS, the Preliminary at the Hall and College, the Membership, the Fellowship Examinations, &c. Full MS. and printed Notes on all the subjects forwarded. Resident Pupils received. Address A. Z., Ferriman's, Stationer, 49, Albany-street, Regent's-park, N.W.

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University College, London.—Faculty

OF MEDICINE.—The SESSION 1860-61 will open on MONDAY, the 1st OCTOBER, at Three p.m. A MEETING will be held for the presentation, to Students of the Faculty, of the Medals and Certificates of Honour awarded at the Class Examinations for the Winter and Summer Terms of the last Session.

The Lectures to the Classes of the Winter Term will commence as follows. On TUESDAY, October 2:—

Anatomy—Professor Ellis, at 9 a.m.
Anatomy and Physiology—Professor Sharpey, M.D., at 10 a.m.
Chymistry—Professor Williamson, at 11 a.m.
Comparative Anatomy—Professor Grant, M.D., at 3 p.m.
Surgery—Professor Erichsen, at 4 p.m.
Principles and Practice of Medicine—Professor Walshe, M.D., at 5 p.m.

On MONDAY, October 15.

Practical Physiology and Histology—Professor Harley, M.D., F.C.S., at 4 p.m. In JANUARY.
Dental Surgery—Mr. G. A. Ibbetson, at 6 p.m.

Hospital Practice daily, throughout the Year, with Clinical Lectures by the Physicians and Surgeons; also Lectures on Ophthalmic cases.

Prospectuses may be obtained at the Office of the College.

JOHN E. ERICHSEN, Dean of the Faculty.
CHAS. C. ATKINSON, Secretary to the Council.

September 26, 1860.

University College, London.—

PRACTICAL PHYSIOLOGY and HISTOLOGY by GEORGE HARLEY, M.D., F.C.S.—This Course consists of a series of Microscopic and Chemical Demonstrations of the Textures and Fluids of the Body, and of Demonstrations in Experimental Physiology. Students are exercised in the various methods employed in Microscopical and Physiological Investigation.

Demonstrations, Monday and Wednesday, from 4 to 5; and every alternate Saturday, from 10 to 11 a.m., commencing on Monday, October 15, Fee £3.

JOHN E. ERICHSEN, Dean of the Faculty of Medicine.
CHAS. C. ATKINSON, Secretary to the Council.

September 26, 1860.

Charing Cross Hospital Medical

COLLEGE, WEST STRAND, LONDON.—The WINTER SESSION will commence on MONDAY, October 1, with an INTRODUCTORY ADDRESS by Dr. CHOWNE at Three o'clock, p.m.

WINTER SESSION—October 1st, 1860, to end of March, 1861.

Anatomy—E. Canton, Esq., F.R.C.S.
Chemistry—R. V. Tuson, Esq., F.C.S.
Demonstrations and Dissections—T. W. J. Goldsbro, M.D.
Physiology and Pathology—Hyde Salter, M.D., F.R.S.
Medicine—W. D. Chowne, M.D., and W. H. Willshire, M.D.
Surgery—H. Hancock, Esq., F.R.C.S.

SUMMER SESSION—May, 1861, to end of July, 1861.

Materia Medica—J. Steggall, M.D.
Botany—J. Symes, Esq.
Comparative Anatomy—R. Barwell, Esq., F.R.C.S.
Midwifery, &c.—W. D. Chowne, M.D.
Forensic Medicine—G. Birkett, M.D. and F. Hird, Esq., F.R.C.S.
Practical Chemistry in the Laboratory—R. V. Tuson, Esq., F.C.S.

Fee to Matriculated Students for all the Lectures required by the College of Surgeons and Society of Apothecaries (including Practical Chemistry), £42 2s.

HENRY HANCOCK, Dean of the College.

HOSPITAL PRACTICE.

Consulting-Physician—Wm. Shearman, M.D.
Physicians—Dr. Golding and Dr. Chowne.
Assistant-Physicians—Dr. Willshire and Dr. Salter.
Surgeons—Mr. Hancock and Mr. Canton.
Assistant-Surgeons—Mr. Hird and Mr. Barwell.

MEDICAL PRACTICE.—Full period required, £15 15s. SURGICAL, £15 15s. Both Medical and Surgical Practice, full period, £26 5s.

JOHN ROBERTSON, Hon. Sec.

Liverpool Royal Infirmary. — The

SESSION 1860-61 will commence on MONDAY, OCTOBER 1.

PHYSICIANS—Dr. Vose, Dr. Turnbull, and Dr. Inman.
SURGEONS—Mr. Stubb, Mr. Long, and Mr. Bickersteth.
HOUSE-SURGEON—Mr. Reginald Harrison
JUNIOR HOUSE-SURGEON—Mr. H. G. Rawdon.

The Hospital contains 235 Beds. The average number of Patients admitted is upwards of 2000 annually.

Students are admitted to the Medical and Surgical Practice from 10 a.m. to 1 p.m. daily.

TERMS FOR HOSPITAL ATTENDANCE AND CLINICAL LECTURES.

	Medical Practice. £ s. d.	Surgical Practice. £ s. d.
For Six Months	5 5 0	5 5 0
One Year	9 9 0	9 9 0
the Second Year ..	6 6 0	6 6 0
the Third Year ..	5 5 0	5 5 0
Perpetual	18 7 6	18 7 6

Certificates of Attendance are received by the Royal College of Physicians, Royal College of Surgeons, London University, and the Worshipful Society of Apothecaries.

Clinical Lectures given by the Physicians and Surgeons; also Clinical Clerkships and Dresserships to the most deserving of the Students.

Apprentices admitted to Reside and Board in the House, for five years, at Sixty Guineas per Annum, exclusive of Fee for Hospital Practice.

For further information apply to Mr. Harrison, House-Surgeon at the Infirmary.

Liverpool Royal Infirmary, September 8, 1860.

St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, OCTOBER 1st, at Eight o'Clock, p.m., with an INTRODUCTORY ADDRESS by Dr. TYLER SMITH, after which a Conversazione will be held in the Museum.

It is a distinctive characteristic of St. Mary's Hospital that its Medical Appointments are conferred upon the Pupils without additional fee. Three Resident Medical Officers are appointed for Twelve Months, and one, the Obstetric Officer, for Six Months, all of whom board free of every expense in the Hospital. The money-value of these Five Appointments far exceeds as many Scholarships of £50 each. Four non-Resident Medical Officers are also selected from the best-qualified Students.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. James Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee. Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Clinical Medicine—Dr. Alderson, Dr. Chambers, and Dr. Sibson. Clinical Surgery—Mr. Coulson, Mr. Lane, and Mr. Ure. Medicine—Dr. Chambers and Dr. Sibson. Surgery—Mr. Coulson and Mr. Spencer Smith. Physiology and Morbid Anatomy—Dr. Markham and Mr. James Lane. Anatomy—Mr. James Lane and Mr. Gascoyen. Operations upon the Dead Body—Mr. Walton. Dissections—Mr. Gascoyen and Mr. Davy. Chemistry and Practical Chemistry—Mr. Field. Midwifery—Dr. Tyler Smith and Dr. Graily Hewitt. Materia Medica—Dr. Sieveking. Botany—Dr. Dresser. Medical Jurisprudence—Dr. Sanderson. Ophthalmic Surgery—Mr. White Cooper. Aural Surgery—Mr. Toynbee. Dental Surgery—Mr. Sercombe. Comparative Anatomy—Dr. Graily Hewitt. Natural Philosophy—Mr. Smalley.

The In-Patients are visited daily by the Medical Officers and the Out-Patients are also attended daily by the Physicians and Surgeons in charge of them. During the past year relief was afforded to 1549 In-Patients and to 13,727 Out-Patients. A Maternity Department is also attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers, in each session, during the last two years of their curriculum.

SCHOLARSHIP, PRIZES, ETC.—In addition to the Medical Appointments mentioned above, a Scholarship in Anatomy of the annual value of £25, is offered to the Students. Examinations for Prizes will take place at the end of each Session.

The Fee for the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, is £89 5s., which may be paid by instalments.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in Practice near the Hospital willing to receive Pupils to reside with them.

GEO. G. GASCOYEN, Dean of the School.

St. Mary's Hospital, August, 1860.

King's College, London. — Medical

DEPARTMENT.—The WINTER SESSION will commence on MONDAY, October 1, with an INTRODUCTORY LECTURE by Dr. JOHNSON, at Eight p.m.

Anatomy—Professor Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—Professor Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson.

KING'S COLLEGE HOSPITAL.

Physicians { George Budd, M.D., F.R.S. / George Johnson, M.D. / Lionel S. Beale, M.B., F.R.S. } With care of In-Patients.
W. A. Guy, M.B., F.R.S. ..... With care of Out-Patients.

Assistant-Physicians—C. Murchison, M.D.; Conway Evans, M.D.; A. B. Duffin, M.D.; E. S. Thompson, M.B.

Physician—A. Farre, M.D. .. .. } For Diseases of Women and Children.
Assistant-Physicians—T. H. Tanner, M.D.; A. Meadows, M.D. .. .. }

Surgeons { W. Fergusson, F.R.S. / Richard Partridge, F.R.S. / William Bowman, F.R.S. } With care of In-Patients.
Henry Lee, F.R.C.S. ..... With care of Out-Patients.

Assistant-Surgeons—J. Wood, F.R.C.S.; J. W. Hulke, F.R.C.S.

The Hospital is visited daily. Clinical Lectures are given every week by the Physicians and by the Surgeons. The Physicians' Assistants, Clinical Clerks, the House-Surgeons, and Dressers, are selected by examination from the Students of the Hospital.

WARNEFORD SCHOLARSHIPS.—Students who enter the Medical Department of King's College in October, 1860, will have the exclusive privilege of contending for the Scholarships founded by the late Dr. Warneford, for the encouragement of the previous education of Medical Students. There will be five, of £25 each, given this year—two to be held for three years, and three for two years.

The subjects of examination are the usual branches of school education—viz. Divinity, Classics, Mathematics, Modern History, and Foreign Languages; but any subject, except Divinity, may be omitted. The classical subjects are the same as those fixed for the Matriculation Examination at the University of London in July, 1860.

For full particulars, apply to J. W. Cunningham, Esq., King's College, London, W. C. R. W. JELF, D.D., Principal.

The Drs. Power continue daily their

LECTURES and EXAMINATIONS for the College, Hall, Universities, Army, Navy, and India Board.

The Special Practitioners' Class for the Degree of M.D. is now going on.

The Special Class in Natural History, Comparative Anatomy, &c., for the Army and India Board, will commence Thursday, September 27.

Dr. W. H. Power prepares Practitioners for the M.D., by correspondence.

Dr. Power receives Two House Pupils.

Lecture-room, Exeter Hall, Strand, September 20, 1860.

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St. George's Hospital Medical School.

—The WINTER SESSION will commence on MONDAY, the 1st of OCTOBER, with an INTRODUCTORY ADDRESS by Dr. PITMAN, at Two p.m.

LECTURERS.

Practice of Physic—Dr. Pitman.
Practice of Surgery—Mr. Tatum.
Descriptive and Surgical Anatomy—Mr. Pollock and Mr. Gray.
Physiology, General and Comparative Anatomy—Mr. A. Johnson.
Chymistry—Dr. H. M. Noad.

The Hospital contains 350 beds. Clinical Lectures will be delivered every week by one of the Physicians and Surgeons.

A Ward is devoted to Diseases peculiar to Women. Pupils have ample opportunity to attend Midwifery cases.

Fees for Hospital Practice and Lectures to qualify for

The College of Physicians....£81 18s.
The College of Surgeons ....£88 3s.
The Society of Apothecaries..£67 4s.
The College of Surgeons and Society of Apothecaries.. } £96 12s.

Pupils who prefer to spread the payment of the fees for the College and Hall over a period of three years, may do so, by payment of £42 the first year, £42 the second year, and £12 12s. the third year. Perpetual Pupils of the Surgeons, have to pay an additional sum of 30 guineas the first year; or of the Physicians, 8 guineas. Separate Entries may be made to any one Course of Lectures, or to the Medical or Surgical Practice.

Perpetual Pupils of the Surgeons are alone eligible to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months, without additional fee. Students of this Hospital are eligible to the office of Obstetric Assistant, who resides and boards in the Hospital, with a salary of £100 a-year. The Obstetric Assistant gives instruction in Vaccination.

EXHIBITIONS AND PRIZES.

The William Brown Exhibition of £40 per annum, tenable for three years, will be open to Students entering to the Hospital as Perpetual Pupils during the Winter Session 1860.

The following Prizes will be offered at the termination of the Session, viz.—

The Thompson Silver Medal, for Clinical Reports.
Sir Charles Clarke's Prize for Good Conduct.
Sir Benjamin Brodie's Prize for Surgical Reports of Cases.
Mr. Lewis Powell's Prize for Medical Reports of Cases.

A Prize of Twenty Guineas, for general proficiency in Medical Studies, for Students who enter to the Hospital Medical School for the Session 1860.

And for the encouragement of Clinical Study—

A Prize of Twenty Guineas, for Surgeons' Pupils in their second year.
A Prize of Twenty Guineas, for Physicians' Pupils in their second year.

*** Further information may be obtained from Mr. Pollock, the Treasurer of the School; or from Mr. Hammerton, the Resident Medical Officer of the Hospital.

Westminster Hospital School of

MEDICINE.—The INTRODUCTORY ADDRESS of the Session 1860-61, will be delivered by Mr. POWER, on MONDAY, OCTOBER 1, at Eight p.m., and after the Address a CONVERSAZIONE will be held in the Board-Room.

The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 175 Beds, and affords relief to about 20,000 Out-Patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Marcet, Dr. Anstie.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr. Hillman, Mr. Power.
Surgeon-Dentist—Mr. Clendon.

LECTURES.

Descriptive and Surgical Anatomy—Mr. Holthouse.
Practical Anatomy—Mr. Heath and Mr. Gray.
Dental Surgery—Mr. Clendon.
Chemistry—Dr. Marcet, F.R.S.
Surgery—Mr. Barnard Holt and Mr. Brooke, M.A., F.R.S.
Physiology and Physiological Anatomy—Mr. Power.
Medicine—Dr. Basham.
Botany—Mr. Syme, F.L.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.
Materia Medica and Therapeutics—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Practical Chemistry—Dr. Marcet, F.R.S.
Midwifery—Dr. Frederic Bird.

Clinical Lectures.—In addition to the instruction given by all the Medical Officers during their Visits, Courses of Lectures on Clinical Medicine and Surgery, in accordance with the New Regulations of the Examining Boards, will be delivered during the Winter and Summer Terms by the Physicians and Surgeons.

Clinical Appointments.—The offices of House-Physician and House-Surgeon, are open to competition solely amongst Gentlemen who have been educated at the Hospital, and who are qualified to practise. They are appointed without the payment of any fee, and are provided with Board and Lodging in the Hospital free of expense. They hold office for one year.

Clinical Clerks and Dressers are selected from the most qualified Students, without additional fee.

The entire Course of Study (including Hospital Practice and Lectures) required by the College of Surgeons and the Society of Apothecaries, may be attended on payment of 75 guineas. Perpetual, 80 guineas.

Further information may be obtained on application to

F. J. WILSON, Secretary to the Westminster Hospital.

St. Bartholomew's Hospital and

MEDICAL COLLEGE.—The WINTER SESSION will COMMENCE on OCTOBER 1st, with an INTRODUCTORY ADDRESS by Mr. SAVORY, at Eight o'clock p.m.

LECTURES.

Medicine—Dr. Baly and Dr. Kirkes.
Surgery—Mr. Lawrence.
Descriptive Anatomy—Mr. Skey and Mr. Holden.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Frankland.
Superintendence of Dissections—Mr. Callender and Mr. Smith.
Demonstrations of Morbid Anatomy—Dr. Harris.

SUMMER SESSION, 1861, commencing May 1st.

Materia Medica—Dr. F. Farre.
Botany*—
Forensic Medicine—Dr. Black.
Midwifery, &c.—Dr. West.
Comparative Anatomy*—
Practical Chemistry—Dr. Frankland and Mr. Atfield.

* The Lectureships on Botany and Comparative Anatomy have been recently vacated, but the names of the Lecturers will be shortly announced.

HOSPITAL PRACTICE.—The Hospital contains 650 beds, and relief is afforded to more than 90,000 patients annually. The in-patients are visited daily by the Physicians and Surgeons, and Clinical Lectures are delivered—On the Medical Cases, by Dr. Burrows, Dr. Farre, and Dr. Black; on the Surgical Cases, by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skey. The out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

COLLEGIATE ESTABLISHMENT.—Students can reside within the Hospital walls, subject to the rules of the Collegiate system, established under the direction of the Treasurer and a Committee of Governors of the Hospital. Some of the teachers and other gentlemen connected with the Hospital also receive students to reside with them.

SCHOLARSHIPS, PRIZES, &c.—At the end of the Winter Session, examination will be held for two Scholarships of the value of £45, for the year. The examination for Prizes and Certificates of Merit will take place at the end of the Winter and Summer Sessions.

Further information may be obtained from Mr. Paget, Dr. Kirkes, Mr. Holden, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

Queen's College, Birmingham.—The

WINTER SESSION will Commence on the 1st of OCTOBER, and the INTRODUCTORY ADDRESS will be Delivered by Professor Dr. WADE, on TUESDAY, the 2nd, at One o'Clock.

WINTER SESSION.

Medicine—Professor F. W. Wade, M.A., M.B.
Surgery—Professor Sands Cox, F.R.S.
Physiology—Professor Andrews, M.D.
Descriptive and Surgical Anatomy—Professor Furneaux Jordan, M.R.C.S.
Practical Anatomy—Professor F. Jordan and W. B. Foster, L.Q. and K.C.P.I.
Chemistry—Professor Anderson, F.C.S.L.

SUMMER SESSION.

Forensic Medicine—Professor Postgate, F.R.C.S.
Practical Chemistry—Professor Anderson, F.C.S.L.
Botany—Professor Hinds, M.D.
Midwifery, Materia Medica } Professors Clay and Suckling.

CLINICAL INSTRUCTION.

Clinical Medicine—Professors Wade, Fleming, and Andrews.
Clinical Surgery—Professors Cox, West, and Gamgee.
Clinical Midwifery—Professor Berry, F.R.C.S.

HOSPITAL PRACTICE.

Hospital Practice: Medical—Drs. Wade, Fleming, and Andrews.
Assistant Physician—Dr. Foster.
Hospital Practice: Surgical—Messrs. Sands Cox, West, and Gamgee.
Assistant Surgeon—Mr. F. Jordan.
Hospital Practice: Midwifery—Dr. Suckling and Mr. John Clay.

FEES FOR LECTURES.

	Single Course £ s. d.		Single Course. £ s. d.
Descriptive Anatomy, General Anatomy, and Physiology	7 7 0	Materia Medica	4 4 0
		Botany	4 4 0
		Medicine	4 4 0
Anatomical Demonstrations	4 4 0	Surgery	4 4 0
		Medical Jurisprudence	4 4 0
Chemistry	4 4 0	Midwifery	4 4 0
Practical Chemistry	3 3 0	Comparative Anatomy	3 3 0

FEES FOR THREE YEARS' COURSE.—The Composition Fee to be paid for the Course of Lectures required by the College of Surgeons, and the Society of Apothecaries, and the Army and Navy and East India Boards, is Forty-five Guineas. The payment may be made at once, or, on special application, in two equal sums. The Students will have the services of the Resident Medical Tutor in the Dissecting Room, and admission to the Museum and Library without any additional fee.

SCALE OF FEES

FOR ADMISSION TO THE MEDICAL, SURGICAL, AND MIDWIFERY PRACTICE OF THE QUEEN'S HOSPITAL.

Number of beds, 150; average number of out-patients weekly, 1000. Three years, or the period required by the Examining Boards, Medical and Surgical, £21.

CLINICAL INSTRUCTION.—Clinical, Surgical, and Medical Lectures will be delivered by the Physicians and Surgeons weekly, which the Students are required to attend without additional Fee.

APPOINTMENTS OPEN TO STUDENTS.—The Offices of Physicians' Clerks, Surgeons' Dressers, and Midwifery Students are also open to the Students without further Fee.

TOTAL EXPENSES.—The total expenses of the Course of Lectures and Hospital Practice required by the Examining Bodies over a period of Three years will be covered by the sum of £68 5s.

For further particulars, apply to Dr. Wade, Honorary Secretary to the Professors, Temple-row; or to Mr. Sands Cox, Dean of the Faculty, Temple-row.

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Grosvenor-place School of Medicine,

No. 1, GROSVENOR-PLACE (Adjoining St. George's Hospital).

The WINTER SESSION will COMMENCE on MONDAY, OCTOBER 1st.

The INTRODUCTORY LECTURE will be delivered at Three p.m. by Dr. BLOXAM.

General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Dr. Halford.
Practical Anatomy—Dr. Arlidge.
Chemistry—Dr. Thudichum.
The Principles and Practice of Medicine—Dr. Cockle and Dr. Leared.
The Principles and Practice of Surgery—Mr. Spencer Wells and Mr. William Adams.
Military Surgery—Mr. Blenkins.

The following Prizes and Honorary Certificates will be awarded at the termination of the Session :—

Gold Medal, for General Proficiency.

A Prize of Ten Guineas, to be given by T. Scott, Esq., M.R.C.P. Ed., of the Indian Army (late a Pupil of the School), for an Essay, the Subject of which is to be chosen by the Faculty and announced in October. This Prize is open for Competition to all unpassed Students of the School.

The Lecturers' Prize of Ten Guineas, for competition by Students of first year only.

Certificates of Honour, for distinguished position in the individual classes.

The Dissecting Room and Museum of Anatomy are open to the Students during daylight, where their Studies are superintended by the Lecturers on Anatomy.

Instruction in Pathological Anatomy is given by the Lecturer on Physiology.

Midwifery cases are provided for the Pupils of the Midwifery Class.

General Fee to all the Lectures required by the Universities of London and St. Andrews, the Royal College of Surgeons of England, and the Society of Apothecaries, Thirty-five Guineas.

Further information may be obtained at the Theatre, 1, Grosvenor-place; of Dr. Richardson, 12, Hinde-street, Manchester-square, W.; or at the Residences of the different Lecturers.

Queen's University in Ireland.—

QUEEN'S COLLEGE, GALWAY.—SESSION 1860-61.

FACULTY OF MEDICINE.

DEAN OF THE FACULTY—Charles Croker King, M.D., F.R.C.S.I., M.R.I.A.

The Matriculation Examinations in the Faculty of Medicine will commence on Friday, October 19.

Arrangements will be made to enable Students who intend to compete for Medical Exhibitions of the Second, Third, and Fourth Years to Matriculate upon the 16th and 17th October. Such Students are, however, requested to communicate their names to the Registrar on or before the 15th October.

Additional Matriculation Examinations will be held on Thursday, the 24th of November.

Matriculation is necessary for those Students only who intend to proceed for the Degree of M.D. in the Queen's University, or to become Candidates for Scholarships, Exhibitions or Prizes in the College.

SCHOLARSHIPS AND EXHIBITIONS.

In the Faculty of Medicine, Six Junior Scholarships of the value of £20 each, and Six Exhibitions of the value of £10 each are appropriated as follows:—Two Scholarships and Two Exhibitions to Students of the first, second, and third years respectively. Also, Two Senior Scholarships of the value of £40 each, and Two Exhibitions of the value of £18 each are appropriated to Students of the fourth year.

The Examinations for Scholarships and Exhibitions will commence on Thursday, the 20th October, and be proceeded with as laid down in the Prospectus.f

Scholars o the first, second, and third years are exempted from a moiety of the Class Fees.

HOSPITALS.—The Hospitals, to which Students are admitted, contain Two Hundred Beds, and are visited every morning by the Medical Professors, who deliver Clinical Lectures.

In order to induce Medical Students to attend the Practice of the Hospitals during the entire course of their education, the fee for Hospital Attendance and Clinical Lectures conjointly, has been reduced to £2 for each Session.

Further information may be had on application to the Registrar, from whom copies of the prospectus may be obtained.

By Order of the President,

September 1, 1860. WILLIAM LUPTON, M.A., Registrar.

Pau, South of France.—An English

SCHOOL has been established for the last three years at this town, for the purpose of giving a classical, mathematical, and general education to the children of English resident in Pau, or of visitors.

The plan of the School includes Latin, Greek, Euc'id, Algebra, German, French by a native, and a thorough course of English.

The Principal of the School, the Rev. JOHN HATTERSLEY, invites the attention of Physicians and others to this advertisement, believing that the opportunity of regular instruction for children will be considered an important addition to the many advantages of Pau.

Further information may be obtained from the Rev. John Hattersley, 32, Haute Plante, Pau, Basses Pyrénées, or from Messrs. Williams and Norgate, Booksellers and Publishers, Henrietta-street, Covent-garden, W.C.

Leeches.—J. Teasdale and Son, the

ORIGINAL PONDERS of LEECHES, ESTABLISHED 1815. Best Hambro' Speckled, Large, 15s. ℔ 100; Large Middle, 13s. ℔ 100; Hungarian or Green, Large, 8s. ℔ 100; Large, Middle, 6s. ℔ 100; Smaller, 5s. ℔ 100. All of the very best quality, and free from mixture with French or other inferior sorts. Importers of Leeches. Manufacturers of every variety of Court and Isinglass Plaisters. Medical Plaisters of all kinds, on every description of fabric. William-street (continuation of Thames-street), and 5 and 6, Water-street, Blackfriars, E.C. Goods free to all parts of London, and all trains daily.

Evening Demonstrations of Anatomy.

Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will Resume his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT on Wednesday, the 3rd of October. The Demonstrations take place on Monday, Wednesday, and Friday evenings, during the Winter Session, from Seven to Nine o'clock, at the Westminster Hospital. Entrance fee (perpetual), Five Guineas.

To Physicians, Surgeons, and

DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE, prepared from pure Cantharidine. An elegant preparation, vesicating in much less time than the Emp. Lyttæ, P.L., easily applied and removed, and will not produce strangury, or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom. In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING, an elegant, economical and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above. In Tin Cases, containing twelve square feet, 1s. 6d. each.

EXTRACTS AND EDITORIAL NOTE FROM THE "NEW YORK JOURNAL OF MEDICINE."

"March 1, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this article is a very simple and neat dressing."

"I have prescribed the Cantharidine Tissue and Dressing (as prepared by you), for the last ten years. I have much satisfaction in bearing testimony to its effectual, mild, and safe action as a vesicant on the most delicate skin, and one of the best auxiliaries in the successful treatment of congestive and inflammatory diseases; the dressing has the advantage of being cleanly, agreeable and curative in its application.

"JOHN PURSELL, M.D., F.R.C.S.E.

"Kennington Park, Surrey, February 12, 1857.

"To Mr. T. B. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury. "ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Birmingham."

Sold by the Sole Consignees, WILLIAM BAILEY & SON, Horseley Fields Chemical Works, Wolverhampton; and by all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

LICHEN ISLANDICUS; or,

Iceland Moss Cocoa,

Manufactured by DUNN and HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen—or flesh-producing substance,—and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which is always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

TESTIMONIAL FROM A. H. HASSALL, ESQ., M.D.—"I have carefully examined both microscopically and chemically the preparation of Iceland Moss and Cocoa made by Messrs. DUNN and HEWETT; I find it to be carefully manufactured with ingredients of the first quality."

"The Combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses moreover tonic properties."

(Signed) A. H. HASSALL, M.D.

Oil of Horse Chesnuts.—Caution.—

Messrs. ANDERSON were the first and original Introducers of this preparation into England, the immense demand for which has tempted several spurious imitations to be made, the most flagrant being a compound of potash, ether, and mucilage, which, if allowed to stand, throws down an alkaline deposit. Anderson's Oil of Horse Chesnuts is receiving the approval of the first members of the Profession, who state that it is the most valuable external application in cases of Gout, Rheumatism, Lumbago, Neuralgia, Toothache, &c.

30, DUKE-STREET, MANCHESTER-SQUARE.

Cod-Liver Oil.—Just Imported

Direct. PALE NEWFOUNDLAND, perfectly pure, nearly tasteless, and free from adulteration of any kind, having been analysed, reported on, and recommended by Professors Taylor and Thomson, of Guy's and St. Thomas's Hospitals, who, in the words of the late Dr. Pereira, say, that "The finest oil is that most devoid of colour, odour, and flavour," characters this will be found to possess in a high degree.

Sold in bottles, and baskets included, at 11s. per gallon.

N.B.—Light Brown Cod-Liver Oil may also be had at 7s. 6d. a gallon, bottle and basket included. Post-office orders made payable to THOMAS KEATING, 79, St. Paul's-churchyard, London.

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ESTABLISHED A.D. 1828.

MESSRS. LARA AND WALTERS

(Late LANE and LARA),

MEDICAL AGENTS, ARBITRATORS, AND ACCOUNTANTS,

6, Pump-court, Temple, E.C.

Partnerships and Practices valued, and negotiated on Commission chargeable only to vendors; Permanent Assistants provided, without expense to Principals; Professional differences arbitrated; Books investigated and Accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the Medical Advisers and friends of Patients.

Attendance from 11 till 4.

Metropolitan Free Hospital.—DEVONSHIRE-SQUARE, BISHOPSGATE, N.E.

RESIDENT MEDICAL OFFICER.—The Committee Hereby Give Notice, That written applications for the above Appointment, will be received at the Hospital up to and including the 10th day of October, 1860. Candidates must be Fellows or Members of the Royal College of Surgeons of England, and Licentiates of the Apothecaries' Company of London. Further particulars may be obtained upon application at the Hospital. GEO. CROXTON, Secretary.

Islington Dispensary.—Election of PHYSICIAN.—A Special General Meeting of the Governors will be held at the Dispensary-house, Upper-street, on Tuesday, 30th October, at Half-past Seven o'clock in the evening precisely, to ELECT a PHYSICIAN in the place of Dr. Scurrah, resigned. Candidates must possess a qualification from the Royal College of Physicians to practise Medicine in London, or at least must be eligible, by Medical education, to be examined for such qualification according to the rules of the College; and should he fail to obtain such qualifications within twelve months after his appointment, his Election to be void. Candidates must attend and exhibit their qualifications to the Medical Council, at the Dispensary-house, on Thursday, the 25th October, at Seven o'clock p.m.

GEORGE LAMB, Hon. Secretary.

Birmingham and Midland Eye INSTITUTION.—A SPECIAL MEETING of the General Committee will be held on Thursday, the 1st of November, for the purpose of ELECTING a HOUSE SURGEON to the above Charity, where upwards of 4000 patients are annually relieved. He will be required to be a Member of one of the Colleges of Surgeons of Great Britain or Ireland, and a Licentiate of the Society of Apothecaries, London, or of one of the Colleges of Physicians of the United Kingdom, and to be registered in accordance with the Act of Parliament. Salary, £100 per annum with Apartments and attendance. Testimonials addressed to the Medical Committee, to be sent on or before tht 26th October next. Any further particulars, my be had on application to the Secretary. By Order,

W. W. LLOYD, Secretary.

Eastern Dispensary, Leman-street, WHITECHAPEL.—The Situation of RESIDENT MEDICAL OFFICER to this Institution being declared VACANT by the resignation of Mr. H. P. Major, a Special General Meeting of the Governors will be holden at the Dispensary on FRIDAY, the 12th day of October next, at Half-past Two o'clock in the afternoon precisely, to receive the Names, Diplomas, and Testimonials of all such persons as intend to become Candidates. The person to be Elected must be a single man, and a Member of the Royal College of Surgeons of England, and a Licentiate of the Hon. Society of Apothecaries of London. The Salary is £100 per annum with a residence, coals, and attendance. Particulars may be obtained on application to the undersigned.

GEORGE ILSLEY, Secretary.

56, Great Prescot-street, London, E., September 19, 1860.

N.B The Election will take place on the 19th day of October next, at the Dispensary, between the hours of Twelve and Two o'clock.

South Coast.—To Medical Men in DELICATE HEALTH, or wishing to take life easy. A gentleman residing at one of our most fashionable Watering Places on the South Coast is compelled, from special circumstances (quite satisfactory), to remove to a distant locality, and is therefore desirous of parting with his House and Furniture. To a married Medical man, without family, or to one in delicate health, a genteel living is secured, independent of Practice, by the reception of two or three patients as boarders. Premium (the value of the furniture only) £420. Address, Medicus, Highworth Cottage, Camberwell New-road, Kennington.

A Married Medical Man, accustomed to teaching, and residing within a short distance from St. Bartholomew's, Guy's, and the London Hospitals, will be happy to receive into his family ONE or TWO GENTLEMEN studying at either of the London Hospitals, to which he offers the advantages of a HOME, together with DAILY ASSISTANCE in their STUDIES and the use of an extensive Library. Students wishing to compete for the annual prizes, or preparing for the Examinations at the College or Hall, will find the above well worthy of their attention. For further particulars apply to B., 50, City-road, London, E.C. A VACANCY for an ARTICLED PUPIL.

An Old-Established Country Practice, returning between £400 and £500 per annum, is FOR SALE. There is no Opposition. One Month's Introduction. References given and required. Price £500. Address, W. H., care of Messrs. Gale and Oldfield, 15, Bouverie-street, Fleet-street, London.

Medical Transfer and Partnership.

30, Bucklersbury, Cheapside.

Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, at the above Address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE Practice.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

He has been concerned professionally for a considerable proportion of the most influential Practitioners (including Partners in many of the leading Medical Firms), to whom he has the satisfaction of being permitted to refer—a privilege that he trusts will be regarded as a proof of the sincerity of his endeavours to conduct these transactions in an honourable and straightforward manner.

Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

Office Hours, from Eleven to Four.

A Comfortable Home, in a Family Residing in one of the healthiest Suburbs of London, is offered to a GENTLEMAN attending any of the Medical Colleges. Easy access to all parts of the town. For particulars, address C. P., 66, Cheapside, E.C.

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(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; D rvault, Officine, &c. &c.

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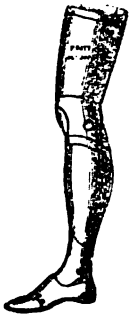

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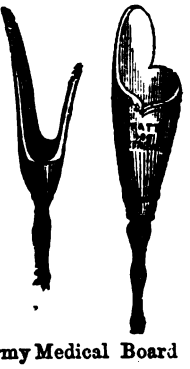

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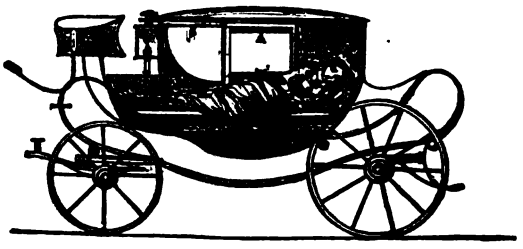

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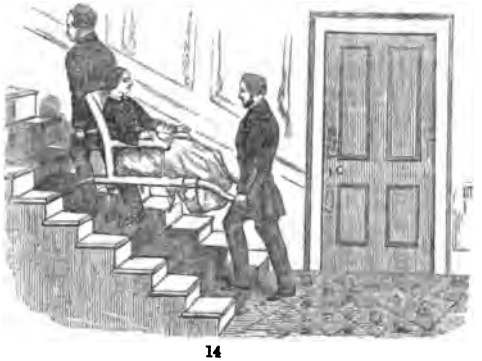

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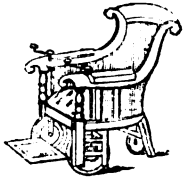

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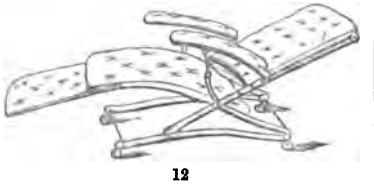

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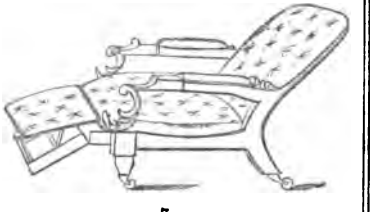

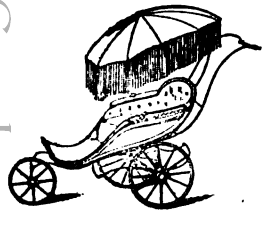

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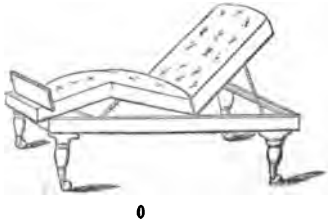

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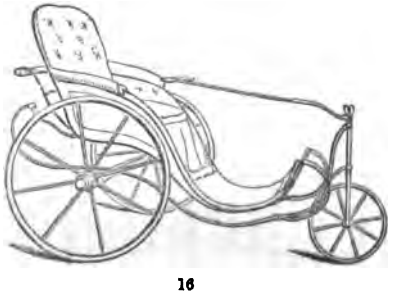

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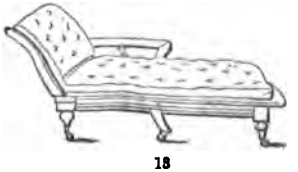

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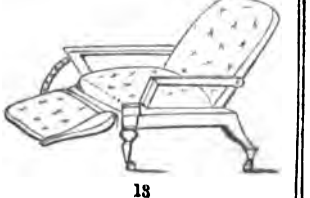

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ORIGINAL LECTURES.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture XXVIII.

OPERATIVE PHYSIOLOGY— ON THE PANCREATIC SECRETION.

Summary: On the Bifidity of the Pancreatic Gland in various Animals—The Existence of a Double Pancreatic Duct, in Man and the Higher Animals, is a Vestige of the Fœtal State—Accessory Pancreatic Glands—The Organ described as a Pancreas by Aselli, in Dogs, is merely an Agglomeration of Lymphatic Ganglia—Brunner's Glands—The Precise Nature of their Secretion determined—Properties of the Pancreatic Secretion - Experiments on this Subject—Substances eliminated by the Pancreatic Gland—Analogy which exists in this respect between the Pancreatic and Salivary Glands—Influence of the Nervous System on the Pancreas—Various Experiments on the Pancreatic Secretion.

Gentlemen,—After having described in the preceding Lecture the various methods employed for the purpose of obtaining pure pancreatic juice, we explained the peculiar disposition of the ducts of the gland, which enables bile to mix with this fluid, and modify its characteristic properties; a circumstance which renders entirely valueless the results obtained by observers who have not adopted, in their experiments, the precautions required to obviate this inconvenience.

We have informed you that in most animals the pancreas is double in the embryonic state, and that the two separate portions of the gland coalesce after birth; the existence of a double pancreatic duct in man and the higher animals being a vestige of the former state. We have in fact ascertained the existence of a double pancreas in the canine fœtus, and in the embryos of several other animals. In birds the pancreas is usually double; the pigeon possesses two pancreatic glands, one on each side of the mesentery, within the arch of the duodenum; a similar disposition exists in the buzzard and other birds of prey, and in several domestic birds. In reptiles there also exist two glands, each of them provided with its own excretory duct. In man and the higher animals the two divisions of the pancreas being united into one, the two ducts are usually anastomosed, except in a few particular cases.

It now remains for us to examine whether (as various authors have supposed) there exist, besides the principal gland, certain accessory organs intended to fulfil the same purpose. In other words, does a secondary pancreas exist? Aselli answers the question in the affirmative; but the organ which he mistook for a gland is in reality a mere agglomeration of abdominal lymphatic ganglia, which constantly exists in the dog and a few other animals, but it is not found in man. The microscope amply demonstrates that this little body is not endowed with a glandular structure.

It has been supposed that the small glandular bodies disseminated in the mucous coat of the duodenum enjoyed the same properties as the pancreatic apparatus; such was the opinion of Brunner, who gave his name to this little gland. In this case (as we previously observed with respect to the salivary apparatus) the analogy of structure which exists between them, created a false notion among anatomists; for the secretion of these minute organs is essentially different from pancreatic juice. In order to prove his assertion, Brunner had recourse to the following experiment:—he endeavoured to destroy the pancreas, in the hope of producing a consecutive enlargement of the duodenal gland; for it is a well known fact, that in all cases where double glands exist, the extirpation of one of them gives rise to a corresponding hypertrophy of the other; one kidney being removed, the other grows larger; the same is the case with the testicles. Brunner therefore supposed that after destroying the pancreas the accessory glands would increase in size; but he was never able, in his experiments, to extirpate the whole of this apparatus; nothing, in fact, is more difficult than to remove in a living animal that portion of the pancreas which lies behind the stomach, in the immediate vicinity of the cœliac arteries, the slightest injury to which would instantly provoke a mortal hæmorrhage; and Brunner himself, in making the autopsy of the animals on which the operation had been performed, was enabled to ascertain that he had only destroyed a small portion of the gland, that which lies immediately behind the intestinal tube. The problem has not, therefore, been solved by this observer, who was never able to realize the proper conditions of the experiment; but a different method has enabled modern physiology to ascertain that these glands are essentially different. Let a portion of the mucous lining of the duodenum be removed and allowed to macerate during a certain space of time in tepid water; a ropy, viscid, and semi-opaque fluid is obtained, which highly resembles water impregnated with saliva. Now the tissue of the pancreatic gland after macerating in water for a certain time, produces a totally different liquid; it may therefore be confidently asserted, that far from resembling the pancreatic apparatus, these little glands play an entirely distinct part in the digestive process.

Let us now examine the physical and chemical properties of the pancreatic secretion. The rabbit now placed before you has lately undergone the operation described in the preceding Lecture; the tube which has been inserted into the fistulous aperture provides us with an abundant supply of this fluid, for the rabbit being (as I have already observed) one of those animals the stomach of which is never empty, the interruptions which take place in the digestive act scarcely diminish the flow of this secretion, as in the case of other species; besides, in herbivorous animals the amount of pancreatic juice which we are enabled to collect is much larger than in the carnivora; the latter usually make a single meal in the twenty-four hours, while the former are constantly occupied in feeding during the whole day. In dogs, for example, it is only at intervals that we can secure this fluid, immediately after the animal's daily repast.

The pancreatic juice which I have just drawn from the duct of this rabbit is limpid, viscous, colourless, flowing, as you observe, in large drops; it has no particular odour, and its taste is slightly saline; on being tested in the usual manner it gives a strong alkaline reaction. The application of heat and the addition of acids quickly produce coagulation; on holding the tube which contains it over the flame of a spirit-lamp for a few seconds, it coalesces into a solid mass, and on pouring a few drops of nitric acid into another portion of the same fluid, a similar result will equally be obtained. The pancreatic secretion, therefore, presents, as you perceive, all the characteristics of an albuminous fluid, and the presence of albumen is probably the cause of its peculiar viscosity.

(M. Bernard repeats these various experiments before the class:) he then proceeds to say:—

In making experiments on the pancreatic body, it is necessary to keep in mind a remark, which equally applies to similar operations on other glands. While the organ is in a period of rest the ducts remain filled with the produce of its secretion, and viscous liquids, flowing as they do with greater difficulty, are more liable than others to remain stationary, when the *vis a tergo* has ceased to act, the functions of the gland being momentarily suspended. If, therefore, you compress the duct you will cause the fluid therein contained to escape by the tube attached to it, without any secretory act having taken place. In this manner the physiologist may be frequently led into egregious errors, if proper care has not been taken to empty the ducts before commencing an experiment. Suppose, for instance, that it is desired to know whether the section of certain nerves leading to the gland brings about the immediate cessation of its activity, or whether galvanic excitation applied to a given branch renews the physiological act; the mere fact of the ducts being full might entirely mislead the observer; the galvanization of the nerve, or an accidental pressure exerted on the gland, may cause a small quantity of liquid to escape from the tube, which would probably be attributed to fresh secretion, although it would in this case be simply that which remained in the duct before the commencement of the operation.

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In his experiments on the pancreatic juice, De Graaf usually found its reaction acid; but the method employed by this observer being, as I stated before, very imperfect, the liquid which he obtained probably did not enjoy its normal properties. It is, however, strange, that Tiedemann and Gmelin, who obtained it by the same experimental process as myself, should also have found it acid in the majority of cases; you see that we have had a decided alkaline reaction in testing the fluid taken from the animal now placed before you; nor have I ever found it acid in any of my experiments. It is difficult to account for the error committed by these eminent physiologists, which, in my opinion, must have been the result of accident.

It is interesting to ascertain, with respect to the pancreatic secretion, what are the substances which make their appearance in this fluid after being injected into the veins, and what, on the contrary, the bodies which do not appear capable of passing into the secretion. As a general rule, all the substances which pass off by the pancreas are likewise eliminated by the salivary glands, while those which are not accepted by the former apparatus are equally rejected by the latter; thus, chlorate of potash, iodine and its various compounds, pass off equally by both of them, while the prussiate of iron, which, when injected into the torrent of the circulation, escapes from the system by the kidneys, does not make its appearance either in the saliva or in the pancreatic juice. But although in this respect the salivary and pancreatic secretions resemble each other, they differ widely in many important points. The production of saliva takes place by intermissions, so to speak; it flows when the jaws are set in motion, and ceases as soon as the act of mastication is ended; the pancreatic secretion, on the contrary, flows without interruption, during the continuance of the digestive process. Another peculiarity connected with this secretion which does not occur in the case of the salivary gland, is the alteration which takes place in its properties while it is being produced; during the first stage of digestion it is a distinctly viscous and adhesive fluid; but as the process advances, its character changes; it becomes watery, and at the same time more abundant, while its coagulability becomes proportionately diminished. This singular phenomenon is invariably observed, and the same fact has been noticed with reference to various other secretions; such, for example, is the case with the mammary glands; the first drops of milk drawn by the child contain a much larger proportion of solid constituents than the succeeding portions of the lacteal secretion, though the abundance of the fluid produced sensibly increases.

The pancreas being endowed with very great sensibility, the selection of animals for the purpose of collecting the produce of this gland is not a matter of indifference: the subjects of such experiments should be taken from that class which exhibits the greatest endurance under pain, and supports operations of this nature with the least inconvenience. A shepherd's dog, in other words, is preferable to a pointer, setter, greyhound, or any of those which belong to the more delicate breeds; the operation in the case of these latter animals disturbs the system to such an extent that the digestive process is suddenly arrested, and, as a consequence, the secretion of pancreatic juice stops also; or, if it should continue, it is no longer the normal fluid, the properties of which have just been described. When, on the contrary, the operation has been performed on a more vigorous animal, we find that as long as the stomach remains empty no secretion whatever takes place; the pancreas is in a state of absolute rest; but no sooner does digestion commence, than the liquid begins to flow in drops from the extremity of the tube inserted into the pancreatic duct; in the first instance it is thick and viscid, but as the process continues, it increases in quantity, and becomes of an aqueous description.

We shall now repeat the experiment before you, gentlemen, and you will be enabled to ascertain for yourselves all the various facts to which we have just drawn your attention. The animal which is about to undergo the operation has just partaken of food.

(A large shepherd's dog being now brought into the amphitheatre, M. Bernard performed the operation according to the method previously described. The duodenum and pancreas being simultaneously drawn out through the wound, the latter organ was found to be unusually red and vascular; a proof that the activity of the gland coincides with the digestive process. The duct having been singled out with great precaution, it was opened with a pair of fine scissors; a large silver tube was inserted at once, and fixed by means of a ligature; the abdominal walls were then carefully brought together by means of a suture, and, in order to collect the fluid secreted, a small reservoir of india-rubber was fastened to the extremity of the tube: at this moment several drops of pancreatic juice escaped from its orifice.)

We shall examine, gentlemen, the liquid obtained from this animal at our next meeting; and a large amount of pancreatic juice being thus placed at our disposal, it will be easy for us to demonstrate its principal properties.

OPENING OF THE LONDON MEDICAL SCHOOLS.

In accordance with our usual custom, we give an abstract of the Introductory Lectures delivered at the opening of the Winter Session. That at

GUY'S HOSPITAL

was delivered by

Dr. Wilks, who, after alluding to the advantages offered by Guy's Hospital for the purposes of Medical study, and inculcating the necessity for students to work in earnest, referred to the decease of Dr. Addison, and spoke of him as one of the brightest ornaments who had ever adorned Guy's Hospital. Afterwards he went into some particulars respecting what he believed to be the true meaning of the word "practical" — a word which was constantly enforced on students, and which they often interpreted into an absence of any enlarged culture of the mind, or even into an ignorance of the allied arts and sciences, understanding by the expression "a practical man," he who can treat disease according to the method of the Schools, and who knows no more. The Lecturer insisted that, at the present day, since the discovery of the correlation of all natural phenomena, it behoved the Doctor to look around him and draw instruction from every branch of science and even from the affairs of mankind generally, for that those only who have a wide range of observation and thought can hope to elevate their respective professions. "For example," he said, "I take up Darwin's well-known treatise, and discover the difficulty which exists, both in the animal and vegetable kingdom, in defining species, and how all created nature has, as it were, a tendency to run together. The opinions there expressed only tend to corroborate my own views, long maintained, with respect to disease, that the so-called typical affections of which we speak are to a certain extent artificial, or that we select certain similar examples of maladies to enable us to apply names to what in our ignorance we choose to call types." Dr. Wilks then spoke on the subject of specialities in Medicine. He considered that the body was so fearfully and wonderfully made that it was impossible to treat one organ separately; and as regarded any additional knowledge of disease which was said to be obtained by the attention being directed to any particular form of malady, he much doubted if this was the case, since diseased conditions were so commingled that they could not be isolated; and taking cancer as an example, the selection of cases of this affection, as it attacks the external part of the body only, and isolating it from other morbid conditions from which it has no actual line of separation, appeared to Dr. Wilks to be the very best method for remaining utterly ignorant of its nature. He was sorry to think that Special Hospitals were often established from interested motives, and he spoke of the degraded position in which the Medical man placed himself who was always begging for his charity and advertising his cures in the newspapers. That the speciality system, however, was not a novel one was seen by a quotation from one of Goldsmith's admirable essays, and in which he very properly holds it up to ridicule:—"In other countries the Physician pretends to cure diseases in the lump. The same doctor who combats the gout in the toe shall pretend to prescribe for a pain in the head; and he who at one time cures a consumption, shall at another give drugs for a dropsy. How absurd and ridiculous! This is being a mere Jack-of-all-trades. Is the animal machine less complicated than a brass pin? Not less than ten different hands are required to make a brass pin, and shall the body be

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set right by one single operator? The English are sensible of this force of reasoning. They have one doctor for the eyes; another for the toes; they have their sciatic doctors and inoculating doctors; they have one doctor who is modestly content with securing them from bug-bites, and 500 who prescribe for the bite of mad dogs." Dr. Wilks thought that the Profession lay open to this ridicule, and that, therefore, it was time for its members to consider seriously how, by any such methods of practice, they were imitating the charlatan, and really obscuring the boundary which had been hitherto so well marked between them. He considered that the great hope of the regeneration of the Profession lay in the proposed union of General Practitioners with the College of Physicians, and the severance from the Apothecaries' Company; for it was his strong conviction, that a profession and a trade having been so long associated together in the public mind, had been fraught with the greatest evil. It had appeared, indeed, as if a druggist's shop had constituted the very basis of Medicine, and that the Pharmacopœia, or a particular method of physic-giving, formed the foundation of the art. Nothing could be more erroneous than such an idea, for he believed that, if Guy's Hospital Dispensary were destroyed, their wards would still be filled with patients, to whom great good could be done without any medicines, which enlightened Physicians considered now-a-days to be only ancillary. The belief, also, that legitimate Medicine was founded on a system of drugs was highly mischievous, since it became thus capable of comparison with every system of quackery, these systems being founded on some specific mode of cure without the possession of any other merits. Take that method of cure away, and the system was dissipated; but not so with orthodox Medicine, which was founded on a knowledge of anatomy, physiology, and of the body in a state of disease. An observation of the latter had discovered a *rationale* of treatment apart from the administration of drugs. The term Allopathy the lecturer altogether repudiated; it was a nickname with which the Profession was ticketed, but he denied altogether that its members treated disease on any method such as the word implied. He thought, moreover, that the specialists were enemies to the Profession, since they taught the public to believe that particular affections required a special mode of treatment, whereas it ought to be the effort of its members to teach that a long observation of disease is necessary to the successful understanding of all its manifestations, and that the best therapeutics are founded on a knowledge of general principles. The notion that there were particular remedies for different complaints was a vulgar error; but he was sorry to say applied by some unworthy members of the Profession for their own interested motives. He considered that the disconnexion of the Profession from Apothecaries' Hall, and its re-erection on the basis of the College of Physicians, would be of immense benefit to the public, for they would thus be taught no longer to associate in their minds the art of Medicine with drugs. He believed that this would be of much more advantage than the late Act of Parliament had been. He considered the Register of little use, while gentlemen whose names were found within it were guilty of practices which were only worthy of the advertising quack. The distinction founded on titles was trivial, and to a certain extent artificial, whereas he (Dr. Wilks) would rejoice to perceive a substantial difference—that those gentlemen who were legitimately registered were in no way imitating the charlatans who were prosecuted by their Registration Societies. Those Students who had finished their course had an arduous task before them, and the most tempting and prosperous opening before them he knew was to take up some particular organ of the body, and maintain (by means of advertising a worthless book on the subject) some especial knowledge of the treatment of its disorders. He warned them, however, against it, as they would thus assist in ruining the noble character of the Profession. He then concluded by inculcating the importance of a moral and religious culture.

The address was listened to throughout with marked attention, and Dr. Wilks was repeatedly and loudly applauded.

ST. GEORGE'S.

Dr. PITMAN remarked, that the occasion which had called them together—namely, the commencement of another Medical year, presented a favourable opportunity, of which he gladly availed himself, to offer some suggestions for the guidance of those who were about to commence the study of their Profession. Possibly they might expect that he should in the first place endeavour to solve that difficult problem, "Who is a Doctor?" and define how much learning is implied in a diploma, or what amount of professional skill and knowledge are sufficient to justify a claim to that much-coveted prefix. But his purpose was more practical. To describe to them the qualities requisite for profitable study, to advise them as to the employment of their time, to anticipate difficulties, to inspire hope—in fact, to point out how they might obtain sound knowledge, how secure Professional reputation and success, and so satisfy the expectation which their friends had formed: these were subjects which appeared to him better adapted for their consideration, as involving questions of the deepest interest to all. Dr. Pitman having earnestly advised steady, undivided attention on the part of the students, remarked that there appeared to be some persons who had a remarkable power of so arranging their time as to make it available for many things for which others could not find leisure or opportunity. They had an instance of this faculty strongly marked through life in an ex-Chancellor now living. Many years ago Sir Samuel Romilly was applied to to undertake some business, but having numerous professional engagements, he excused himself by saying that he had not time, adding, "Take it to that fellow Brougham: he finds time for everything." A distinguished writer of the last century had stated that every person had two examinations, one which he received from others, and one, more important, which he gave to himself; not that they were distinct in kind, but that they differed in the source whence they were derived. It was not enough that knowledge should be brought by others within their reach, nor was their assistance sufficient to give them its possession; it must be made their own through their own exertions. From whatever source education was received its aim should be to teach them rather how to think than what to think—rather to improve the mind, so as to enable them to think for themselves, than to load the memory with the thoughts of other men. Amongst those Students of the past year who had evinced most praiseworthy regularity, and given proof of their profitable attendance in the wards, he had been requested to mention the following names:—Mr. Frederick F. Lee, to whom had been awarded an Exhibition of £50, tenable for three years, and he should be excused for stating that they were indebted for this Exhibition to the munificent liberality of the widow of a respected member of the Medical Profession, formerly a pupil at that Hospital; a prize instituted many years ago by the late Sir Charles Clarke for general good conduct, had been deservedly assigned to Mr. William Hope; a sum of twenty guineas, for general proficiency in Medical studies, had been presented to Mr. W. G. Walford; a similar sum for clinical notes of cases by a Physician's pupil in his second year, had been presented to Mr. Manning; and also twenty guineas for clinical notes of cases by a Surgeon's pupil in his second year, had been presented to Mr. Orme Dudfield. There were also two other prizes, the competition for which had not yet been decided—one being the prize in Clinical Surgery annually offered by Sir Benjamin Brodie,—a name always associated in that Hospital with feelings of the deepest gratitude and respect, and of sincere and affectionate regard. (Loud cheers.) He believed there was no one in or out of the Profession who did not sympathise with him for his present affliction. Although he had mentioned the names of the most successful of the students, it must not be supposed that they only were the industrious. The deserving might be many while the rewards were few, and he would remind them that

> "The virtue lies
> In the struggle, not the prize."

Dr. Pitman proceeded to urge, with great force, that the conduct of the students in the wards of the Hospitals should be marked by gentleness and kindness; that sympathy for the sufferings of others was to be cherished, so that the patients might see that they were not actuated in their investigations by motives of mere curiosity, but that they were occupied in measures for promoting their comfort and assisting their recovery. Some sound advice on the choice of pleasures and associates followed. There was a time, Dr. Pitman remarked, when the term Medical Student was synonymous with idleness, profligacy, and vice, but happily those days were past, and he believed that even Darwin himself would

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elevate the present variety to the rank of a distinct species. A life of self-imposed labour was that which they had chosen, and they must not be deterred by difficulties or disappointments. It was their duty to work cheerfully, honestly, energetically, making the most of small means and common opportunities, instead of discouraging themselves by comparisons and impossibilities; and in the spirit of true philosophy they should believe all things possible, as indeed almost all things were to those who were firmly resolved. There was always hope for him who was in earnest; despair was peculiar to the idle. They had adopted a Profession; let them qualify themselves thoroughly for its practice. They had accepted its duties and responsibilities; let them not shrink from them. Let charity and benevolence be the chief features of their disposition—industry and perseverance their principles of action—integrity their guide of conduct. Let them pursue their purpose with energy and cheerfulness, and with a fine sense of what was due from them as gentlemen and members of a liberal Profession, and their career could not fail to be full of honour to themselves and of usefulness to their fellow-creatures.

GROSVENOR-PLACE SCHOOL.

Dr. Bloxam, after some introductory observations, in which the necessity of natural aptitude for the study of Medicine was insisted on, proceeded to congratulate the Profession on the arrangements for Preliminary Examination of students now about to be carried out. He showed that without such studies as are thus exacted the youth approaches the lecture-room perfectly unfitted for the demands made on him by modern science. He spoke in terms of approval of the double examination lately adopted, and then proceeded to make some observations on the curriculum of lectures, etc., as put forth by the Examining Bodies, an improved point being that the sciences were now studied in their natural rotation, beginning winh Chemistry, Botany, etc., and ascending finally to the more practical ones of Surgery and Medicine. He threw out a hint that clinical teaching might be much improved if a greater number of clerks were employed, each taking charge of two or more cases as might be found expedient, in place of committing the great number as at present to the supervision of a single student. This would make clinical teaching progressive and continuous, and would not only facilitate the studies of the pupils, but lessen the labours of the Physicians and Surgeons of Hospitals. Notwithstanding he might be charged with heterodoxy he believed that even now students were "over-lectured," and that it was for the most part impossible to hear with benefit four or five lectures daily, each of an hour's duration, and to attend to Hospital practice also. This militated greatly against the study of Practical Anatomy in the dissecting-room, a study which is not made so prominent a part of education now as formerly. He warned the pupils that all their energies would be demanded of them in the next three years of life, and that Professional success, if attained, cannot be maintained without Professional merit, and though competition was great that prizes were few. He encouraged them by a comparison of the state of the Profession thirty years back with its present condition, and congratulated them on its vast improvement, chiefly due to the spirited exertions of an independent and liberal press. After some observations on Medical charities, and the literature of the Profession, in which he remarked that from the accumulation of Medical writings it appeared that men wrote, "not because they had anything to say, but because they had nothing to say and wanted something to do," he concluded by saying, "After what I have seen I cannot despair of the future of our Profession; I believe the day not to be far distant when it will be duly recognised and universally honoured. But it is not from without that reforms must come, the main purification must come from within. Reflecting on the events of the last forty years, I believe we have seen the opening of the scroll, the terminal words of which are Truth and Justice."

LONDON HOSPITAL.

Dr. Barnes said he proposed to offer to the Students some general remarks upon the relations of Medicine to society at large, in order that they might more clearly appreciate the position they were about to occupy, and be led to pursue these studies in a liberal and generous spirit. Their prominent position amongst the students of Nature, a position ennobled by the practical application and vivifying influences of their daily duty, brought the Medical Profession into the most friendly relations with the learned of all countries; and let no statesman, or ruler of man, undervalue the political force of the student of Nature. Calm and secure in the armour of truth—independent and great-hearted, from the habit of free inquiry—beneficent, from the contemplation of the proofs of the goodness of God, science was ever working peace and good-will amongst men. Whatsoever the diversity of manners, language, government; whatsoever the political differences that held nations or their rulers at variance, the gentle and beneficent spirit of science had supplied a link of international union that had never been broken. In natural science we are not reduced to choose between fallacious evidence and speculation. When we doubt, we turn at once to the ever-open book of Nature; we consult, at first hand, testimony that may be cross-examined and verified by all. For example, if two anatomists differ in their description of an organ, a third anatomist does not waste his time in weighing and balancing the statements of the combatants; he proceeds at once, instructed by their experience, to re-examine at the original source. And here let me break for a moment to exhort you to follow this plan. When you read one account of a disease in one book, and a different one in another, do not use one book as evidence to condemn the other. Both may be wrong. Search at the common source for yourselves. Never yield to the temptations of controversy; for notwithstanding our immeasurable advantage in having the standard of Nature to appeal to in our disputes, we have controversialists among us. If you think you have discovered some new fact or law, and your position is attacked, as it is pretty sure to be, do not reply or defend it by arguments or pleadings. Be assured that you and your opponent will never settle the matter by talking and writing. But humbly and patiently question Nature again, and appeal to her testimony whether it be for you or against you. It is difficult to reflect upon the progress and position of any science without thinking of Bacon, In London and the provinces some score of addresses upon Medicine will be delivered to-day. I suppose that every one of them will contain some quotation from, or reference to, that great philosopher. I wish I were original enough to dispense with his invaluable aid. Hear what he says of science in general, and tell me if there is any department of human knowledge which more truly answers to his requisite than Medicine:—"For some men think that the gratification of curiosity is the end of knowledge; some, the love of fame; some, the pleasure of dispute; some, the necessity of supporting themselves by their knowledge; but the real use of all knowledge is this: that we should dedicate that reason, which was given us by God, to the use and advantage of man." Add to the power of discovering truth the desire of using it for the promotion of human happiness, and you have the great end and object of our existence. Is there another profession which consists so simply in the pursuit of truth and the practice of benevolence? The only enemies that we combat are error and disease. In this contest we enter into no compromise with evil; and the good we do to one fellow-creature never involves injustice or injury to another. The ardent longing for increased knowledge, the fascination that Nature exercises over her disciples, explains much in the conduct of the Practitioners of Medicine which is either incomprehensible to the public or often misconstrued. The common incentive to labour is the love of gain. The sailor encounters the perils of the sea, the husbandman tills the earth, the merchant toils at his desk or in the marts of commerce, the lawyer pores over his brief, then *iras et verba locant*, he struggles in the forensic arena for victory: it may be over wrong—it may be over right. With all these the immediate motive to exertion is money. It is very true that many find a stimulus in the love of action. Slothfulness to most men is intolerable. Some kind of exercise for the muscles and the brain is necessary to the meanest enjoyment of life. But we may safely affirm that the truth of the maxim, *Labor ipse voluptas*, is by no one so thoroughly appreciated as by the Physician. What Physician has ever felt the passion of discovery die within him, or that he had arrived at the limit of his capacity for doing good? Herein lies the secret

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of that marvellous characteristic of our Profession, the eagerness to work for nothing—that is, without pay. This is why we see young men contest, with a vigour, and often at a pecuniary cost equal to those expended for a seat in Parliament, the privilege of working gratuitously in our Hospitals. Governors and the general public are mostly unable to recognise any but the sordid motive of worldly success. They see the earnest addresses in the newspapers, the voluminous circulars and testimonials, the active canvass from door to door, and not unnaturally conclude that what is solicited at so great a cost of time, money, and even of personal dignity, must possess a commensurate pecuniary value. The simple fact is, that Medicine is essentially a progressive science. It is progressive as an abstract branch of knowledge; it is progressive as regards every individual who follows it as a Profession. The Medical man is always, and above all, a student. Deprive him of the means of observing disease, and you render him unhappy indeed. Not because he is, as a witty divine imagined, enamoured with "pus and miasm;" still less because the sight of human agony has any attraction; not because the employment is profitable in a pecuniary sense; he is unhappy because he feels that, without the opportunity of observation, the knowledge he possesses will decay, the faculties which are strengthened by exercise will grow torpid, the skill that is acquired by practice will be lost. I must say, that governors, and other dispensers of Medical patronage, are now wanting in the sagacity to discern and to utilise this passion of ours for natural history. Sydney Smith, when asked to preach a charity sermon, thus discoursed:—"Benevolence is a feeling common to human nature. A never sees B in distress without wishing C to relieve him." It is wonderful what shining reputations for philanthropy are made by riding upon the doctor's back. After some remarks on the order of study, Dr. Barnes said:—"It is no mean privilege you seek. You may not find wealth; but, with earnestness and industry, you will surely find happiness and competency. Our fleets, our armies, and our colonies cover the globe. All find employment for the members of our Profession. The entrance into the public services is now the right of merit, not the appanage of nepotism. Then there is the career of private practice before you. If we have few splendid prizes, if there be but few great fortunes among us, so there are but few great reverses. It is one of the immunities which we enjoy to a large extent with the other learned Professions, that we are tolerably secure from those calamities which the errors and misfortunes of others so often entail upon those engaged in commerce. There is, perhaps, hardly any profession in which a man need depend so little for success upon extraneous aid. So long as he enjoys that blessing which it is his aim to dispense to others, the Physician approaches most nearly to the Horatian standard of freedom and independence—the man '*in seipso totus, teres, atque rotundus.*' This, you will say, is the sunny side of the picture. It has no doubt a reverse one—a side not without asperities and angularities. Upon this, however, I think it unmanly and unbecoming to dwell. Success rarely attends the querulous man. No doubt you will all have your difficulties, your disappointments, your days of expectation, and your hours of despondency. In all this I, more than most men in the Profession, can sympathise. But unalloyed prosperity is not the lot of man, nor is it good for man. The true use of present adversity is to chasten and strengthen the mind—to teach us to look hopefully into the future, not alone of this life, but of the life beyond."

UNIVERSITY COLLEGE.

At this Hospital the practice of delivering an Inaugural Address has been abandoned, and the Session was opened by a distribution of prizes to successful students of previous terms, after a few remarks by Mr. Erichsen.

ST. BARTHOLOMEW'S.

Mr. Savory addressed a very crowded audience at this School, commencing with an earnest congratulation to those who were entering for the first time the Profession of Medicine, inasmuch as henceforth they might become possessed of illimitable means of doing good, and find unbounded scope for the exercise of the noblest faculties of their nature. Pointing out that though by no means the direct route to wealth and titles, they might fairly weigh in the balance of their esteem the advantages it had to offer; he said he might begin with the lowest, wealth. If vast incomes were not common, sudden failures were very rare. If scientific labours were not rewarded with state honours and pensions, it was a tribute to the labourer and to the work; it was because the result was not limited to the aggrandisement of any sect or party. Its value was universal. No men or party were rewarded, because all men, all parties were benefited and advanced. But were not such labours in themselves ennobling? Was there no heraldry in science? Could titles have added a single ray to the lustre of such names as Harvey or Hunter? The superior charms of scientific labour were almost universally acknowledged. What studies could rival them in their influence upon the mind? What others so well engaged and exercised all our faculties and enlarged them? No class enlisted so many volunteers as the natural sciences. They saw men stepping out from all Professions, as it were instinctively, into their domain. It would be difficult to find a man in one Profession who had attained to any great eminence in the practice of his Profession, or who, by his writings and precepts, had advanced our knowledge of disease, our own power over it, who did not lay the foundation of his success in the distinction which he earned by his labours in the natural sciences. They found time for all this work; nay, it was well invested, for by it they were enabled to do so much and to such good purpose. The object of the present students must be to study anatomy, chemistry, and physiology, with a view to becoming sound and scientific Physicians and Surgeons. If the practice of the Profession did not tend to popularity and public applause, let them think that if they did not win the many in what an enviable relation they might stand to the few. How much good was done without remuneration commonly so called. Where was the consulting room that refused to acknowledge the passport of pain and poverty? Wherever man existed there was he the subject of disease and injury, and was therefore in need of the resources of Medicine and Surgery. But if to Medical men much was given, from them how much was required! With more than ample scope for the exercise of the highest functions with which men are endowed, how powerfully were they appealed to to cultivate every faculty they possessed! With this wide field for their talents, should they, on the plea that they were small, bury them? That which the Profession of Medicine had to offer was open to all; none were excluded. On what did laurels in life depend? The most gifted men often failed in life—the most successful men were by no means always the most gifted. But let them mark this—success was constantly associated with work. It was never really seen apart from work. Let them look into the history of men who had in that Hospital made themselves known, and they would find that one great cause in common—industry,—earnest, persevering industry. Through what grand struggles had such men passed? They were noble illustrations that difficulties proved the cradle of excellence. What was success? The attainment of the end they had in view, the accomplishment of that for which they strove. Whatever the object might be, it could be accomplished only by labour—labour proportionate to the result. How important that the object chosen be a worthy one! Let them not cast their offering before an ignoble shrine. Genuine work was no trifling matter: it was no less than the entire devotion of all our faculties to the difficulty to be overcome. The earlier the effort was made the more readily was the power of application attained. If a sure foundation of elementary knowledge were not laid, lacking this support the future work could never be relied on. To lay that first great stone was their business there that night, and then they could build around it and improve it, not hastily, but securely—not for display, but for endurance. Let them test, and examine, and scrutinise each portion before they left it, and ascertain that it would bear whatever weight they might lay upon it in the future, and then, when the structure became conspicuously high, no one should detect a disastrous flaw in the corner-stone. Perhaps there was no subject on which erroneous opinions were so commonly entertained as the means whereby distinction had been won. There were so many fables to be told of sudden achievements in inspired moments, and of wonderful discoveries through accidental circumstances—such, for example, as the pretty

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fictions of Newton and the apple, Galileo and the lamp, Gurney and the soap-bubble—that it was made to appear as if chance and genius were the sole conditions of eminence. These fictions had no place in the pages of genuine history. Wherever they read the full and faithful record of the life of a great man, there they read the tale of a life of earnest persevering labour. He was not attempting to deny there was more than this, that so much could have been done without more than ordinary intellectual powers; but with these there was always combined, as the inevitable condition of success, extraordinary work. Nay, more, in many cases there were extreme difficulties at the commencement. The biographies of orators, poets, philosophers, historians, statesmen, soldiers, were all alike records of the fact. There was the best evidence of the extreme labour which Cicero and Demosthenes bestowed upon their orations. They were not in the habit of trusting to their genius—they made it by their industry. If there was one branch of excellence which more than another was supposed to be the gift of untutored nature it was the faculty of verse. Yet Lord Byron said he had revolved some of his compositions for whole years on his mind before he had attempted to write them down. Wordsworth spoke of the immense time he required to write even the shortest copy of verses before he could satisfy himself. What an admirable history of resolute labour was the life of Southey. Of Newton it had been said, "Even his recreation consisted only in a variety in his industry," and it is told that he wrote his "Chronology" fifteen times before he was satisfied with it. There were similar records of the labours of Burke, Hume, and Gibbon. Frederick the Great and Napoleon, like Cæsar, worked prodigiously. Still more interesting to them were the labours of the great men of their own Profession—of Harvey, Jenner, and Sir Charles Bell. Great was the genius of Hunter, and how great were his labours! Johnson had defined genius to be "a mind of large general powers, accidentally determined in some particular direction." Buffon said of genius, "it is patience." John Foster held it to be the power of lighting one's own fire. "Genius," said Carlyle, "means transcendental capacity for taking trouble, first of all." Although these and similar sentiments, which had been expressed by Newton, Locke, Helvetius, Diderot, Michael Angelo, and Reynolds, who held that excellence in art, however expressed by genius, taste, or the gift of Heaven, might be acquired, might in some sense be exaggerations—for it must be admitted that no amount of industry alone could have made men like some of these—yet it showed the estimation in which these men held work, and the confidence they had in the "omnipotence of human labour." The most distinguished men had been invariably the most indefatigable labourers. The power of labour in subduing difficulties, and the absolute necessity of study as the inevitable condition of success, even on those whom Nature had most liberally endowed, was still more strikingly shown in the recorded examples of early failures and subsequent success. As examples might be mentioned the cases of Demosthenes and Curran, Lord Byron and others' first attempts, the behaviour of Frederick the Great, and Wellington's first campaign. They might depend upon it that genius commonly meant labour. Inspiration was only another term for industry. There was no waste of time nor stagnation in Nature, but work everywhere; for even in her most perfect productions we were permitted to recognise the consummation of work. Moreover, we saw everywhere by what humble and apparently insignificant agents the grandest results were achieved. Let them witness, for example, the coral reefs and the chalk and other formations. Let them also observe the all-important agency of time as an element in the production of the grandest results. So it was their duty to work—a duty they owed to themselves, to their friends, to their Hospital, to their Profession, to their patients. In no quality of the mind did men differ from each other so remarkably as in what was termed "the power of the will," and in the relation which it bore to the passions and emotions. As by the presidence of the will man was especially distinguished from the animals below him, so in the degree of its development did man vary more widely than in their intellectual endowments, strictly so called. Thus, to refer again to the example of men who had accomplished some great purpose in life, they found that, although such men had been by no means invariably distinguished by genius, yet that they had all been remarkable for strength of will. In such men the will was dominant, subjugating, and controlling the passions and instincts. Thus they were distinguished, not so generally by intellectual wealth as by the earnest and substantial application of the powers at their command. On the other hand, what pitiable spectacles had been presented by the grandest intellectual powers when accompanied by what Coleridge in his wretchedness described as "impotence of the volition." Truly there was no slavery so abject as that which sprung from want of self-control, no victory so fruitful as that we achieved over ourselves. Thus those who had been great, who had been successful in accomplishing some high and noble purpose in life, had been remarkable for character rather than intellect. This distinction was an important one. The latter might accomplish great things, but it was the former which secured success in life. Men differed in ability, but infinitely more in conduct, and they were not responsible for the powers they possessed, but for the use they made of the powerrs at their command. Based upon these arguments, the lecturer counselled resolution, energy, and perseverance on the part of the Students, remarking that the faint and obscure traces of truth which they might here discern, were indeed but the shadows of revelations to come. Yet if now they saw through a glass, darkly, hereafter they should see face to face. If now they were permitted to know only in part, then should they know even as also they were known. (Loud and long-continued applause.)

ST. THOMAS'S.

Mr. Grainger commenced by remarking that these annual reunions were often regarded as mere matters of form demanded by custom, but intrinsically valueless. He could not, however, in any degree, accede to that view; and he would be sorry that their incipient students should enter upon the cultivation of so divine a science as that of Medicine with the feeling that aught connected with it could be trite or common-place. After some remarks on the relation of Medicine to the natural sciences, Mr. Grainger said: "Erroneous opinions still prevailing among so many Medical men renders it necessary for the student always to keep in view the truth recognised by the great teachers of physical science,—that the whole of nature is full of design and of intelligent actions, produced by agents in themselves unintelligent. What, in fact, in its widest acceptation, is law but the operation of the Divine Will so controlling the forces of the universe as to produce a pre-ordained, specific, and intelligible result? No writer that I know has set forth this great principle more forcibly than our great exemplar, Harvey; who, contending against the very error we have indicated, is at pains to show that the common elements of matter and the forces connected with them—air, water, fire, the ocean, the very winds which waft navies to either India, nay, even round the globe, and often by opposite courses—are, as he so eloquently expresses it, subservient to the will of the supreme, intelligent, and eternal God; thereby surpassing their own powers, producing that exquisite order, harmony, and design, which are evinced as plainly in the globe we inhabit as in the most elaborate and perfect animal. To pursue and illustrate this great argument, we may ask why are the lofty Andes placed at the extreme western verge of South America, if their position be not in foreseen and strict relation to the direction of the trade-winds, those grand water-carriers by which this continent is fertilised? Had this range of mountains been placed in the eastern border they would have intercepted, as by a wall, the aqueous vapour borne from the Atlantic and the vast forests and valleys now watered by the largest of all rivers, the Maranon, and redundant with vegetable and animal life would have been converted into an arid, burning plan, identical with the rainless region of Peru, where a second kind of Sahara being produced, the llama, the representative of the camel in the New World, and a few other animals, find a scanty, but yet to them sufficient existence. One other instance may be permitted, since it is more individually connected with Physiology—the rapid ascension into the highest strata of the atmosphere of the heavy carbonic acid generated by respiration, combustion, and putrefaction—a phenomenon in which one physical power, diffusion, overcomes another, gravitation, both being but modifications of one force, attraction, with the obvious intention of removing a poisonous gas from the

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immediate surface of the earth, which, if left alone to the power of ordinary attraction, would have rendered animal existence impossible." Mr. Grainger then spoke of Dr. Richardson's discovery that the coagulation of the liquid fibrin was owing to the loss of ammonia; while Mr. Paget, by his interesting experiments, had proved that the fresh egg of the hen remained unfrozen when exposed to a temperature several degrees below 32, not because it was alive, but because the mechanical disposition of the albumen, as in a similar instance of the leaf of a vegetable, prevented the watery particles running together into crystals of ice. From these and similar considerations, he was satisfied they might rightly conclude that, save and except the sentient and truly living soul, every part and organ of the human body was formed of the common elements of matter, combined by pure physical and chemical forces, and acting exclusively in obedience to those powers. Mr. Grainger then stated that having, in consequence of ill-health, been obliged to resign his Professorship at St. Thomas's Hospital, he was anxious to render his grateful acknowledgments to the authorities, to his colleagues, and the students, for the unvarying kindness he had experienced at their hands. In conclusion, he invited the attention of his auditors to the Christian Medical Association, a Society of Professors and Students formed for the development and support of Gospel truth among the rising members of the Profession, urging them to enrol themselves in its ranks, to attend its meetings, and to help in the precious work of man's regeneration. He specially cautioned his hearers against those monstrous perversions of science which had in these days been exhibited, and, painful to add, by clergymen of the Established Church; nay, worse, by Professors in the very Universities to which young men about to become ministers of the precious Gospel of peace resorted for theological instruction. From the productions of these so-called Rationalists it would seem as if the redemption of a fallen and sinful world was not to be proclaimed by the supernatural interposition of the Deity, or ratified by the miraculous sacrifice and resurrection of the God incarnate, but in another revelation,—that of science; so that the humble Christian, yearning for the salvation of his soul, sighing for those good things which pass man's understanding, was to look for his assured hope, not to the mighty works of the Lord Jesus, who, in His deeds of mercy, no less than in the display of His divine power, subverted the ordinary course of nature, raised the dead, controlled the winds, trod on the restless waves, but to physiology and physic, especially to the principles of animal development which played so large a part in the new theology. If they were so far submissive to this rationalistic school, they, immortal beings, of whom God had graciously said, "Let us make man in our image, after our likeness," might even attain to the dignified conclusion that they were the direct and lineal descendants of a baboon, of the hideous being which they might any day see in the national collection, the Troglodytes Gorilla, the highest of the animal creation, but yet a brute that perishes, and as widely separated from the divine form of man as the heavens were from the earth. (Loud cheers.)

CHARING CROSS HOSPITAL.

Dr. CHOWNE commenced his address by reverting to the period when the Society of Apothecaries did not possess the legal rights which, since 1815, have constituted them one of the governing Medical Corporations of the country, and when, although membership of the Royal College of Surgeons was not necessary as a legal qualification for practice, the high reputation and prestige of the College attracted great numbers as candidates who might have the honour of being incorporated with the body. The more ancient corporation, the Royal College of Physicians, which derived its charter from Henry VIII., exercised its high functions and powerful influence in the encouragement of liberal institutions, the advancement of Medical Science, and the elevation of the Medical Profession. It was the fate of the Medical man to encounter a succession of new propositions and assertions, some peculiar, some presumptuous, some fictitious; for Quackery was a many-headed monster. Quackery, moreover, was bold, and often won confidence even by its daring and swaggering claims. Pretended remedies were boasted into ephemeral fame, soon to expire even of their own worthlessness and nothingness; but the fiction obtained its day, the dupe had been forthcoming, the device succeeded, and the empiric flourished. Dr. Chowne commented on the care neeessary in the study of therapeutics, on the advantages of toxicological studies, and of natural philosophy; on the encouraging results of sanitary improvements, and of the benefits which they confer upon the public, and concluded with advice to the students as regards the use and methodical disposal of the time enjoined for the accomplishment of what they had to achieve. He was warmly applauded.

KING'S COLLEGE.

Dr. JOHNSON, after some introductory remarks, went on to say,—"And now, before I proceed further, let me revert for a moment to the mournful event which lately cast so deep a gloom over this College in particular, but which also excited a very general lament throughout the kingdom—I mean the death of Dr. Todd. You are all aware of the circumstances of his decease, in the midst of a career of almost unexampled prosperity and usefulness. I need not dwell upon the painful details, but I feel that I should be guilty of a serious omission both of duty and affection were I not upon this occasion to allude to some of the many and great benefits which our lamented friend was the means of conferring upon the Medical School of King's College. In the first place, then, he was the founder of our Hospital. Dr. Todd, having been appointed Professor of Physiology in the year 1836, soon saw the vital importance of establishing a Clinical Hospital in connexion with the College. To his clear sense of the need, and to his success in obtaining the sympathy and the aid of very zealous and able fellow-workers with him, we owe it that in the spring of the year 1840 clinical instruction commenced in that old building, now soon to be replaced by the more commodious and imposing structure, which is rapidly approaching completion. I have referred to some of the results of Dr. Todd's energy and influence while he was working among us here. But it was as a teacher of Physiology and Clinical Medicine that he conferred the greatest benefit upon his pupils and upon the College. Few teachers have ever possessed in an equal degree the power of exciting the interest and of winning the confidence and the affection of their pupils; few men have ever exerted themselves so much to promote the welfare of those whom they have taught; few teachers have had the proud satisfaction of seeing so large a number of their pupils pursuing a career of usefulness and distinction. This is not the time or place for the discussion of any disputed points in Dr. Todd's therapeutical doctrines. Suffice it to say that those who by the bedside had enjoyed the fullest opportunity for noting the accuracy of his observation, the soundness of his judgment, and the remarkable success of his treatment, were the most ready to declare that his great fame as a Physician rested upon a solid basis of true desert. I must not omit to mention that Mrs. Todd, with a munificence truly akin to that which characterised her departed husband, has presented to the Hospital, for the use of the present and all future generations of students, Dr. Todd's large and valuable Medical library." The lecturer then endeavoured to excite in the minds of his younger hearers some adequate appreciation of their happy position and prospects as Students commencing their academic career, reminding them that they had youth, health, energy, and elasticity of mind to carry them onwards,—that they were free from the distressing cares of life and the harassing engagements of business, and had before them three or four years for the uninterrupted study of some of the most interesting subjects which have ever engaged the mind of man. He warned the younger students that on being released from the restraints of school and the watchful control of parents and guardians, they would in this great metropolis be exposed to peculiar dangers and temptations. He exhorted them to a faithful discharge of their duty, and told them that one of the best safeguards against evil would be found in a steady persevering industry. Their success hereafter would depend greatly upon character. Their future patients would look not only for Professional skill, but they would require in those whom they admitted to their confidence the high principles and motives of Christian gentlemen. In conclusion the lecturer said—"The Profession which you have chosen, gentlemen, is one in which you may find ample

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scope and opportunity for the exercise of the highest attainments of the intellect and for the greatest of Christian graces. May you never be tempted to forget the true end and dignity of your calling. That which Lord Bacon said of all knowledge is in an especial manner applicable to the science and skill which it will be the business of your lives to acquire and to use—namely, that it 'is not a couch whereupon to rest a searching and restless spirit, or a terrace for a wandering and variable mind to walk up and down with a fair prospect, or a tower of state for a proud mind to raise itself upon, or a fort or commanding ground for strife and contention, or a shop for profit or sale; but a rich storehouse for the glory of the Creator and the relief of man's estate.'"

Dr. Johnson was loudly cheered during the course of his lecture, as were the other Professors who were present.

ST. MARY'S HOSPITAL.

Dr. Tyler Smith said that he could do nothing better than attempt to pass in review some of the scientific and social aspects of Medicine, so as to give the students a fair idea of the Profession they had adopted, and to remind the Practitioners of the scope and duties of the body to which they all belonged. The distinguishing pride and characteristic of Medicine in our day was, that while retaining all that it had derived from ages and experience, the Profession had now allied itself with science to a far greater extent than could be said of any other calling. The student of Medicine was emphatically a student of Science. In devoting his first year of study to botany, chemistry, and anatomy, he was not merely basing his subsequent Medical knowledge upon science, but he was gaining an amount of insight into the organic world of animal and vegetable life, and the inorganic materials of the globe and of the universe itself, which was not required in any other profession, and which made the real Medical man a student of Nature throughout his entire career. They were apt to forget this great knowledge, from the very constancy of its use; just as in the daily use of sight and hearing they ceased to think of the inestimable value of these senses. The Medical Practitioner was different from other men in seeing into and through the physical world at every point. There was to him nothing of mere surface, as in the case of men upon whom scientific knowledge has not dawned. There was another tendency of the Medical mind upon which it was right to dwell. They had, he believed, availed themselves of the advantages of association and co-ordinate labour to an extent not met with among any other body of men. Their ancient Colleges might have their faults, but in those institutions the various branches of the Profession were united in a way which was unknown in the Law or in the Church. There were no other institutions in existence analogous to these Medical Societies, in which year after year the practice of Medicine was advanced by their ripest friends. This result produced a series of schemes, which ranked among the classics of the Profession. The associative tendency of the Profession was of very old date. The Royal Society, the results of which in the extension of natural science were incalculable, was largely contributed to by Medical men. They might also remember with pride that the British Museum, the grandest collection of nature and art which the globe contained, originated with a Physician. (Hear, hear.) It was to Sir Hans Sloane that the country owed this object of pride and wonder. Within their own Profession the Hunterian Museums in London and Glasgow were probably the most marvellous monuments ever raised to exemplify the glory of the Creator and the industry and wisdom of man. (Cheers.) In the Medical press they had an important engine of progress. The existence of this power, and its flourishing condition, depended greatly upon their tendency to associative labour. Into this treasury was poured week after week the labours of the best men in the Profession, and its directors shape and produce these exertions so as to render them useful to the Medical public. The Medical press was to the body Medical what Medical men were to the public. The press, more than any other influence, moulded the profession as a body politic. By its agency, extravagancies were checked, grievances hunted out and redressed, discoveries made known, and abuses prevented. In a word, the press as a whole, was an embodiment of the public opinion of the profession, and when it ceased to be this it failed in its influence. It was perfectly democratic, as open to the voice of the youngest student as to the utterance of the highest persons in the profession. It was a great educational instrument, modifying the laws, institutions, opinions, habits, and manners of the Profession more than any other single agency. In consultations two or three might meet, in Societies Medical men might gather by hundreds; but in the press alone could they all, as it were, stand face to face and enjoy the privilege of an exchange of thought. It alone could deal with the thousands of the Profession as with one man. Some might deplore that ephemeral writings tended to displace the solid tomes which were produced when the periodical press did not exist; but they must accept the age as they found it, and in the universal diffusion of the products of thought, the incessant collision of thousands of minds busied with the same subjects, more truth and progress was elicited than was ever produced by solitary thinkers. Some appropriate remarks on the connexion of religion with the student's everyday work concluded a very able lecture, which was loudly cheered.

WESTMINSTER HOSPITAL.

Mr. Power showed the object of professional education to be twofold—the acquirement of technical knowledge, and a process of mental training or discipline. By constant practice any single faculty of the mind might be extraordinarily developed, but this generally occurred at the expense of others; whereas the true aim of education was to cultivate equally the various powers, and to enable the mind to concentrate them upon whatever subject was placed before it. He enlarged upon the pleasure which resulted from a knowledge of these sciences, and how coincidentally both anatomy and physiology might be studied—upon the necessity of constant and indefatigable labour in their acquirement—and upon their relations to the study of disease. He pointed out how disease might be studied, not only in the living but in the dead; in the living, that they might discern the distinguishing characters of the same disease under many and trying circumstances; in the dead, that they might see the external effects of disease, and knowing the result might recognise the value of early attention to departures from health. Then as regards mental discipline, Mr. Power spoke of the importance of habits of observation, and cited as examples Galileo, Franklin, and Jenner. There were many difficulties in making correct observations, and he therefore urged the necessity not only of correctly observing but of reasoning correctly upon observations. Finally, he pointed out the noble ends and aims of the Profession, how it brought them into relation with all classes of the community, and how their varied knowledge might exercise upon all a powerful influence for good.

After the address a *Conversazione* was held in the boardroom of the Hospital. It was attended by the Professors and many friends of the institution.

MIDDLESEX HOSPITAL.

The annual *conversazione* of the Medical College, Middlesex Hospital, was held last evening in the buildings recently added to the College. It had been announced that the Introductory Address on the opening of the Session would be delivered by Dr. Charles Coote, but in consequence of the sudden indisposition of that gentleman his place was taken by Dr. Stewart, who gave an *impromptu* discourse of considerable ability and elegance to a numerous audience assembled in the new theatre, Mr. Michael Smith presiding. After referring with much feeling to the painful circumstances which had led to his being called upon to address them,

Dr. Stewart proceeded to offer the Students, as the result of his own experience and observation, valuable directions as to the course of studies to be pursued, earnestly counselling diligence and regularity, especially in Clinical Medicine and Surgery. Their course of studies would be comparatively easy if the thread were not at all or very little broken, but once it had been broken, the man who had lagged behind

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found it difficult by any subsequent "cramming" or "grinding" to make up for the deficiency of what he might easily have attained by regular and attentive use of the instructions which this institution placed within his reach. It was too common for young men to give up for a time regular attendance at the Hospital, trusting to means which had hitherto been available for the purpose of getting up a temporary knowledge, such as might enable them to pass their Examinations, but would not give them that confidence in themselves which was necessary in order to pass with credit through the difficulties and trials of a Medical career. That was not to be got by "grinding and cramming," or even by the diligent study of books. Books were but the alphabet of Medical knowledge, and he who only knew books would find that he only knew the letters, and could not spell the words. A sound proficiency could only be attained by a conscientious study in the wards. When the time of trial came they would bitterly regret any loss of the opportunities of experience now at their disposal, and some of those who had not been the worst Students had repeatedly told him how much reason they had to lament the loss of such opportunities. It was for this reason that the lectures, with what some considered undue importunity, impressed upon the pupils the importance of clinical studies, such as many, he feared, looked upon too lightly. It had long been a complaint of the public press that Hospital Surgeons and Physicians did not contribute enough to the progress of Medical science from the extensive and varied materials at their disposal. This was a fallacy; it should be said, "which ought to be at their disposal." It was impossible for the officers of these institutions, with the other engagements which necessarily occupied much of their time, to devote four or five hours a-day to the collection of those materials, and their arrangements for publication. He therefore hoped that those who could do so with the greatest advantage to themselves, would, in future, render zealous and hearty aid, and that officers and pupils together would strive to do what ought to be done for the advancement of Medical science. Thanks to the liberality of the weekly board, there had lately been added to the institution three new appointments of clinical resident assistants, and though he regretted to say that they were not sought for so eagerly as he should have wished to see, he trusted that gentlemen would be found who would see the great advantage of the opportunities they would afford, and who would not only avail themselves of those appointments, but would perform their duties earnestly and well. Dr. Stewart also called attention to the advantages afforded by the recent buildings, a new library, a new chemical theatre, (that in which the address was delivered), and a laboratory of practical chemistry. The museum also had been altered and considerably extended. Dr. Stewart concluded by offering some farther advice on general conduct and morality, and observing that the reputation of the body of Students and of the Profession depended to a considerable extent on each individual personally.

Dr. Stewart was heard throughout with close attention and frequent applause, and a vote of thanks, proposed by Dr. Hawkins, was carried unanimously and with much enthusiasm.

Refreshments were served in the library, and the company devoted the remainder of the evening to general conversation, and the examination of the contents of the museum and of several collections of objects of interest in art and science exhibited on the occasion in the several apartments forming the new buildings.

Manchester Pauperism.—Pauperism has decreased to such an extent in Manchester that the Board of Guardians have determined upon reducing the Relief and Medical districts from seven to five. Two of the Surgeons having resigned, they are consequently not going to fill up the vacancies. The decrease of pauperism, as compared with what it was two or three years ago, is something extraordinary, and is, no doubt, principally owing to the great prosperity of manufactures; but, considering the narrow escape we have had of a bad harvest, and how liable the trade of the district is to fluctuations, it may be doubted whether the Guardians will act more wisely in reducing their staff of officers than they would in letting off a portion of the new workhouse. This reduction will place the staff at the same strength it was sixteen years ago.

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

Part I.—THE HANWELL ASYLUM.

No. X.

By JOHN CONOLLY, M.D.

The officers residing in Asylums for the Insane soon learn that they live surrounded by a very observant crowd; and that their manner, their appearance, their attentive or their indifferent habits when they visit the wards, and even their dress, are all critically noticed by the patients. It is important not to forget this, which even the Medical officers may sometimes do. Other visitors often give great offence without intending to do so, exhibiting mere curiosity, or the same kind of surprise and fear that they would feel among wild animals, and passing by the patients without regard to the words addressed to them. Even members of committees sometimes greatly err; opening and shutting the doors noisily, and regarding everybody and everything with the air of masters; unconscious of the unfavourable feelings they excite. Deriving a peculiar pleasure from conversing with the patients at Hanwell, whose real feelings it was so much my interest to understand on assuming the task of regulating the lives of so many of them, I became so fully acquainted with these among other peculiarities in such communities as to be impressed with the necessity of being as precisely attentive to the demeanour expected by them as if I resided in a court. The subject is significant enough to merit the attention of all who live among the insane, and who wish to possess habitual influence over them. To all in such a position the duty of the wards is the most serious duty of the day, and should be preceded by no ordinary business, nor by any business productive of excitement, or anxiety, or irritation, or, if possible, of sorrow. The impress of these affairs will be detected in the physiognomy by the watchful men and women in the galleries, waiting for the morning salutation, and for daily directions, various and minute, but all of importance to the inhabitants of an asylum, and influencing their lives from day to day.

Experience will teach an intelligent officer all this, and much more, if he is duly impressed with the real object as well as the probable effects of his intercourse with the patients. A kind of military inspection, and too precise an attention to minutiæ which merely please the eye of visitors, and do not enlarge the comfort of the troubled inmates, is in such a situation quite out of place. Whatever concerns the bodily and mental health should solely occupy the attention. The cleanliness, the clothing, the ventilation, the food, and all direct and indirect means of tranquillising the feelings and composing and regulating the mind, are all subservient to both indications. While ever mindful of these things, an even and unexciting manner is so valuable, that, if not naturally possessed, it is highly worth cultivating. Sternness, severity, and the old boasted method of governing lunatics by the eye, do not belong to the system of modern days. They were the characteristics of ignorant superintendents and vain Physicians in a more careless age; yet calmness of deportment should be at all times maintained, as remote from mirth and joking, and ridicule, as from coldness and unkindness. It is among the peculiarities of the insane to construe eccentricities in sane persons into proofs of a malady akin to their own; and care should be taken that neither the dress nor the behaviour of those passing through the wards give support to this reading. All my observations in this part of these papers refer chiefly to large asylums; and the minute attentions to dress and appearance are at least as important among pauper lunatics as among those of higher rank. It may even be said that they are more important, the commoner class of people, sane or insane, being most apt to draw unfavourable conclusions from the eccentric costume of those in a higher rank of life than themselves. The Medical Officers are often exceedingly embarrassed by the thoughtlessness of holiday visitors, who come down to see one of the wonderful things of the day, with no more serious thought than that the details of their morning may amuse those who take no deeper interest in such a

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spectacle than they do. Many visitors simply regard it as merely a disagreeable exhibition which they think ought to be seen once in a man's life. Very amiable ladies often accompany visitors of this sort, and regard the patients with blank astonishment, until alarmed by some appearance of indignation in these they gaze upon with eye-glasses as they would on the details of a flower-show. There are also learned visitors, from various countries, who come to teach rather than to learn; and who direct a long metaphysical discourse to the Medical Officer, not employing the observation which should precede all such speculations, and could alone give them value. Nothing of this kind escapes the observation of the patients; they resent mere curiosity, deride affectation, and simply look upon philosophical declaimers as strange people, whom their friendly Doctor is quietly conducting to appropriate wards. But all these things counteract the good effect of the morning visit. It is even more important to remember that patients are singularly skilful in discriminating between true and feigned sympathy; between the tone and manner which expresses sincere interest respecting them, and that which only reveals to them a simulated benevolence, provocative of their disdain.

In all intercourse with insane persons, fidelity, sincerity, and truth are indispensable. In this department of Medicine, consequently, the range of mere quackery is happily limited; the course of the malady is too powerful for the display of deceptious promises. The physical causes may be obscure enough to give scope to audacious assertions; but the events of the malady follow too quickly, and are too intelligible, to give countenance to long-continued attempts to deceive the relatives of patients with fallacious hopes. It is in the daily intercourse with the insane themselves that truth is especially to be recommended. Friends and relations are too much disposed to think that in such intercourse a large extent of deception is unavoidable, and that every species of falsehood is allowable. They deceive themselves alone. False explanations are given to the patients, false names of persons and places invented, and the cleverness with which this is supposed to be done is very complacently reflected upon; but the patient, the object of this dissimulation, usually suspects from the first that he is played upon and mocked, and generally discovers it after a little while; from which time all hold upon his confidence is lost. It is quite practicable to treat the patient with candour, and yet to evade imprudent communications. Hope may be kept alive without the aid of deception; and the patient may be made to comprehend the desirableness of temporary retreat from social excitements without being humiliated by any stronger definition of his existing mental incapacity. If a patient is assured that what is said to him is true, he will seldom take offence on being told that there are subjects on which it is thought best, for a time, to say nothing at all. In general, the best rule to be observed in discoursing with the insane is to accost them, listen to them, and reply to them, as if they were perfectly in their senses, so as not to excite in their minds any suspicion that they are degraded, or even to confirm their own suspicions, generally existing, although often concealed, that they are not quite in their reasonable mind. This rule, also, is applicable not only to patients of education and station, but to the poorest. The malady which has confused their thoughts has very often quickened their perceptions, and made them uncommonly sensitive as to the manner in which they are addressed.

In the course of the Physician's daily walk through his wards, he is appealed to by those who are discontented, and whom often a few words will soothe; by those who are angry, and who should be calmed, if possible, before he leaves them; and by many who have petitions of various kinds to prefer to him. Some of their demands cannot possibly be granted, but this may be so stated as not to give offence: the greater part are for things trifling in themselves, yet very important in the monotonous wards, and these should generally be granted, and complied with immediately, or with as little delay as possible. These requests are, indeed, usually, for an interview with their relatives; for some change of diet or in dress; for books, for newspapers, for writing materials; all of which are really so many little aids to amendment; and, judiciously granted, strengthen the bonds of confidence betwixt the patients and the Doctor. Demands for immediate liberation are more common among patients of a higher rank; and even these may be evaded without great difficulty.

A great number of insane persons have an almost insatiable desire to write letters. They begin at the top of large sheets of paper, and cross and recross the lines, as if never satisfied that they have sufficiently explained themselves. The outside of their letters generally corresponds with the oddity of the interior, so that a lunatic's letter is usually recognised at once. Some patients write the same letter again and again, alike in expression and in subject, and this perhaps every week. Others write a short note, commonly some peremptory order, every day, and present it to the Physician in silence, but with an air of importance; these decrees are often addressed to the matron, or the steward, or the cook, to be transmitted to them with his authority. Letters to the Lord Chancellor are very frequent; other great personages, except the highest in the land, being comparatively little regarded. These productions of insane minds, although the expression of deranged thoughts, are not to be disregarded by the Physician who wishes to know the feelings and desires of those severed by their mental state from the busy world. The secret impulses of patients may often be learned from them; the remains of reason are in many instances best estimated by a consideration of their contents; and the surviving affections, the tender recollections, the anxiety about children, and the attachment to wives or husbands, will many times be found written with such simple eloquence, that the perusal of a poor patient's letter will much increase the interest felt in his welfare, and even reanimate in the mind of the Physician himself the hope, which so often falters, that the patient is not beyond recovery, and that his restoration to those he still remembers and loves may yet be possible.

By those interested in such matters, the perusal of the following lines, from a maniacal man, many of whose days were passed in violent ravings, but whose thoughts, in every remission of his malady, always reverted to his family, may not be looked upon as unworthy of reading. The patient was by business a carpenter; he was a tall and powerful person, not very safe to approach in his paroxysms, but who had calmer intervals, in which he walked about, erect and solemn in gait; his hands folded; and his dark eyes raised upwards as in religious meditation. The letter is to his wife.

"My poor dear Mary,—My love and respects to you and to my sons and daughters where ever they may be. I hope that this will find you all in good health and in fervent prayer, as this leaves me and in peace with a happy issue out of my Affliction; can enjoy what the man of the world can neither give nor take away. You use to wish that it been better for me if it had been the Quakers that invited me. It is true I met with half-a-dozen of their sermons and prayers for full redemtion for the enjoyment of the new Creation, dazzled my eye with that blessing what I have enjoyed ever since. Shall by prayer and good life be enabled to assist you as well and better than ever I did. Have wrote several letters to the Committee and Dr. Conolly, letting them to know the emprovement of my talents, supplicating them for my Releasement and I shall still remain by fervent prayer, your loveing and affectionate husband. "R. B., April 21, 1848.

"Shall by Prayer be enabled to Rent a family pew in some place of worship, and to eat and drink with you and be a Happy man."

The sense of his malady, expressed in these affectionate words to his wife; his happy belief that it had passed away; and his yearning after the simple comforts of home, and his desire once more to eat and drink at the same table with his sons and daughters, and to pray to God with them, seem, I confess, to me, to be full of natural feeling and even pathos. They illustrate the domestic and devout life of the best of our English mechanics, in whose minds no dishonest thoughts have ever been entertained, and whose highest aspirations, however oddly expressed, are humble and pure.

I became by degrees the friend and consoler of a patient who, on my first assuming the command of Hanwell, evidently regarded me as merely a new object of awe; the head perhaps of some new band of tormentors. He was about fifty years of age; his manner was timid and deferential, his movements were measured and cautious, and, withal, his dress had a slight tinge of foppery. His hat was always kept in the best order; his neckcloth was copious, and scrupulously clean; his shoes were always polished, his grey asylum dress seemed always new, and he wore wash-leather gloves which were never soiled. This inoffensive man had been a servant

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in very good families; and he never arrived at a perfect comprehension of the reason of his being placed under stricter control than he had been accustomed to under kind masters and mistresses. After a time, he confided letters to me, or calm remonstrances addressed to the parochial authorities; after this fashion:—

"July, 1847.—J. S. To the Parish of St. Giles and to St. Ann's, Westminster. To the Gentlemen Overseers of St. Giles, and to the Humane and Charitable and Believing Christian.—J. S., born in the parish of St. Clement's Danes in the Strand, Carey-street, Lincoln's-inn. Hanwell Asylum having attempted to confine and treat with great cruelty and oppression, and to murder him and threaten his Life. Being alone and without A Friend but God. To rob him of his cloaths, bereave him of a dear sister, E. S., a dear brother, F. S. To request the aid of His Majesty's Justices of the Peace and the London police. As Hanwell Asylum wishes to take an honest Protestant and fatally murder by not less two hundred concealed and awful caracters. I claim protection of humane and Christian gentlemen to enter London his native place and safe return. The dreadful oppression of this place is not to be described there is none can tell but God of these Violators and Oppressors. They have attempted fatal murder. Was a respectable servant in familys. Lived in the best of familys as a servant, (here he introduces the names of some families of distinction,) and also in business. The Parish of Hanwell has prevented me from seeing my friends. The Parish of Hanwell has deprived me of the dearest of friends. They have made a tumult in the night and a riot in the day. They have put him in bodily fear of his life, to pain and murder and to put to death. If the Gracious Lords of this land of Britain and England, and Princes and Princesses of England will condescend to listen and save the life of a Protestant believer in Christ whom they threaten to murder. If the Gracious most Noble and Excellent Majesty the Queen will listen and condescend to hear this Prayer and Petition. "J. S."

The gradual development of the writer's apprehension, the fancied accumulation of his wrongs, the attributing of his daily sense of danger to numerous enemies, the retrospection of quiet days of service, the elevation of his appeal as he proceeds, to the lords, to the princes and princesses, and lastly to her gracious Majesty the Queen; and, throughout, his impression, no one can say whence derived, that his persecutions and imaginary dangers arose from his Protestanism, are very curious particulars; and they pointed clearly enough to the importance of the friendly explanations which I well remember to have had a mitigating effect on the apprehensive mind of this simple-hearted man.

There were letter-writers among the patients at Hanwell, of superior attainments, and whose opportunities of mental cultivation had been more extensive; skilful mechanics, whose thoughts had received training in Mechanics' Institutes, and whose improvement had been aided by the publications of the Society for the Diffusion of Useful Knowledge. When the active minds of such men became deranged, the confusion was even more complete. One patient of this description was long an object of my observation. On his admission he lamented that he had not been able to obtain an interview with Lord Brougham, and complained of the infringement of his liberty as a subject, by being followed in the streets by the police-officers, with a thought-taking instrument, of which the basest advantages were taken. This patient passed no inconsiderable portion of his time in inscribing his ideas in pencil on the stone-stairs, whole flights of which became covered with writings that nobody took the pains to decipher. But his moods were variable, and his compositions on paper were sometimes sententious and even pompous, sometimes curiously incoherent, and sometimes excessively irate. One morning he deposited with me the following document, as if by doing so every difficult social problem was settled:—

"The most powerful of all our decrees is to know all we can with respect to our rights and liberties as men. And all the most profound desire of our most nocturnal decree; is the most powerful of all the rights of our ancestors. And the way to obtain all the most powerful of our aid, and all the most profound aid of those that are most able, and capable to do those things. The most Powerful of all our wants are the all wise decree'ers of our most important decision: of all the lost importance of our most decided importunate Proprietor, to refund all that's proper. Amen."

Without attempting to unravel the shreds and fragments of thoughts in this writing, I proceed to give another composition of the same author, prompted by an imaginary event calling for more definite expression; it was addressed to His Royal Highness the Duke of Cambridge, *per* Lord Brougham and Vaux:—

"I write to acquaint your Royal Highness of the murder of the Duke of S—— by an instrument of the fourth division of the Government Electrical Telegraphs described in part in *Chambers's Edinburgh Journal* of September last. I am prepared to attend a Coroner's Inquest when the Royal Family may desire. I am a person stolen, November, 1841, by the agents of the St. Pancras Poor-law Directors, formerly a Lecturer on Chemistry and Machinery, and Hon. Secretary to the —— Literary and Scientific Institution and Practical Knowledge Society. I have been confined twelve months of the time in St. Luke's Hospital, Old-street, by a conspiracy of Sir —— —— and the Directors of the above Asylum. "B. L. J."

This patient's general behaviour was so composed that but for the help afforded by his letters, the variable states of his mind, and even his peculiar mental malady, would almost have escaped observation; but his written compositions afforded proof that even in a state of chronic incoherence there are accessions and intermissions of mental disturbance, not uninteresting to the student of mental peculiarities. The following portions of one of his letters curiously illustrate Incoherence in its highest degree:—

"Hanwell Middlesex Natural History Company Machine Station of Galvanic Magnetic Electro Magnetic Electric V. F. of Herald's College, City of London, Great Britain. To the Right Honourable Miss —— President Lady of the Evidence of the Precedents of the Queen Regnant Rufus the ancestry of the female line of the House of Guelph. Agreeable to the wish of Lord Brougham and friends of Staffordshire I have allowed my body and property to resolve under Mesmerism into the desired positions the wisdom of the late Duke of Sussex and Privy Council friends Freemasons and Odd Fellows. The establishing of a House of Lords of Queen Regnant Rufus and Consort Duke Stuart precedents will be due under the Duke of Richmond Prime Minister. I have the honour to hand the title of Arch Bishop of Surrey as your lordship's duty Deputy Chancellor of Exchequer of ancestries Ministers of the Patrol with Erard and friends respecta."

Such a singular mixture of ideas, political, scientific, and archæological, with the closing infusion of some musical recollections, would scarcely be worth referring to, but for the opportunity afforded in this case of impressing on the minds of young Medical officers of Asylums the useful truth, that even patients thus occupied and bewildered are observant of the manner of those who address them; and that as they are conciliated by kindness, they may be exasperated by any appearance of slight or neglect; for this tranquil dreamer, who was fond of music, fancying he was mocked by the humane and excellent Steward of the Asylum, who had unfortunately forgotten some promises of procuring certain musical publications, was roused for a time from mere chronic incoherence into mania, under which the character of his epistolary correspondence underwent a remarkable change; his ideas becoming very distinct, and his anger very extreme. A portion of one letter written in this temporary frenzy is not unworthy of perusal. The letter was addressed to myself, as the general referee at that time in cases of dissatisfaction.

"Dear Sir,—Mr. —— is an eminent rascal. He is a compound of rogue, fool, and coward, instinct with malignity. Some time since, I wrote a letter to you respecting some music which this scoundrel had received orders from the Committee to procure for us, which, out of spite to me, he had neglected to do, ever protesting that he would get it to-morrow, and ever violating his promise, which he never intended to keep. I wish to confront this knave before the Committee, for the purpose of denouncing his small rogueries, exhibiting him to them in all his glory of malignity and petty larceny. He is a Methodist, a rogue, a fool, and a coward. Stupid dastard villainy is as essential a part of Wesleyan Methodism as is murder of Thuggee. May he be d——d above the earth, may he be d——d beneath the earth," etc., etc.

Two things are, at least, worthy of note in this letter. The excitement of anger seems to have corrected the writer's ordinary incoherence; and the anger, occasioned by the apparent neglect of a promise made to him, is so excessive that he

almost exhausts the language of vituperation under its influence. The first is a fact that may be studied with some advantage; and the second is one that an officer of an asylum cannot forget without detriment to the tranquillity of those under his charge, and a considerable loss of his power to do good to them.

CLINICAL MIDWIFERY.

By ROBERT LEE, M.D. F.R.S.
Obstetric Physician to St. George's Hospital, London.

(Continued from p. 596.)

I proceed now to relate all the cases of difficult, preternatural, and complicated labour which came under my observation during the year 1853:—

Case 644.—At six p.m. on January 10, 1853, I was requested to see Mrs. M——, who was in the eighth month of her fourth or fifth pregnancy. She had recently been suffering severely from catarrh, caught by exposure to cold during a long railway journey. The pulse was rapid and feeble; she looked pale and exhausted, and complained of great faintness. The upper part of the abdomen had suddenly become large, hard, and tender; her situation she said was different from what it had been in any former pregnancy, and expressed her conviction that she was dying. The pains of labour had not commenced, and there was no discharge of blood from the uterus, and the orifice was not open. Some warm wine and-water was given, but this was soon rejected by vomiting. In a little while she felt better, and fell asleep. I remained in the house and saw her from time to time, fearing that internal uterine hæmorrhage had taken place. At half-past nine p.m., on making an internal examination, the os uteri was felt high up and closed, and I did not see how any interference could be beneficial. In half-an-hour she complained of pain, and said the liquor amnii was escaping. I examined, and the finger was tinged with blood. The membranes were immediately ruptured with the finger, and a great quantity of water escaped. Labour pains soon followed, and at eleven o'clock a dead child was expelled. The binder had been firmly applied as soon as the pains commenced. The placenta immediately followed the child, and a great coagulum of dark-coloured blood, and a large quantity in a fluid state. Pressure, stimulants, and cold were employed vigorously, the uterus contracted, and the flooding ceased. But symptoms of fatal sinking were soon observed, and she died at two o'clock in the morning.

Case 645.—On January 12, 1853, at two a.m., the late Mr. James Hunter, of Islington, requested me to see Mrs. B——, who had been upwards of thirty hours in labour. She was the mother of a large family, and all her previous labours had been natural. The vagina and posterior lip of the os uteri were very greatly swollen, and in a peculiar œdematous manner. The head had not descended into the cavity of the pelvis. We waited six hours, but there was no progress, and there being much sickness and vomiting, with exhaustion, and no hope of the head passing, we resolved to have recourse to the perforator and crotchet. Great and long-continued efforts were required to draw the head into the cavity of the pelvis. The cause of the obstruction was not ascertained until four years after. The patient recovered in the most favourable manner.

Case 646.—Mrs. B——, December, 1857: Since her confinement, on January 12, 1853, in the manner now related she has been regular at the monthly periods until three or four months ago. Since then nothing has appeared. There is now a great enlargement of the abdomen, which does not arise from the gravid uterus. The os uteri is felt close to the symphysis pubis, and a large hard mass behind the uterus. The abdomen is much larger than it ought to be at the end of the fourth month of pregnancy. She is not certain if she felt any enlargement of the abdomen before the disappearance of the catamenia. The enlargement has increased rapidly during the last three months. There is frequent desire to pass the urine, and the bowels do not retain their contents in the usual way. No swelling of the feet. On January 10 the movements of the child were felt, and she complained that there was something unnatural about the abdomen. On Monday, March 22, 1858, when about six months pregnant, labour came on spontaneously, the membranes having burst on the Friday before. Dr. Allen examined and could feel no part of the child. I was desired to go and see the patient. I felt the whole hollow of the sacrum filled up with a large soft irregular mass, apparently connected with the posterior part of the body and neck of the uterus. The os was high up. With difficulty I reached the os, and felt the funis without pulsation. My whole hand was then introduced into the vagina, and my fingers came in contact with a foot, which I seized with great difficulty, and drew down, and had secured with a tape. By slow firm traction, the breech and other lower extremity were brought down. Great difficulty was experienced in extracting the head after the trunk. I got my finger into the mouth, but it would not come down. Dr. Allen then passed up his right hand, and got his fingers round the back part of the neck, and by pressing up the tumour with the left index-finger, and at the same time drawing down the trunk, the os was brought into the axis of the brim, and the head gradually escaped.

Case 647.—Mrs. B——, being again in the fifth or sixth month of pregnancy, with Dr. Allen I perforated the membranesin the afternoon, with the stiletted catheter, (about three o'clock) and the liquor amnii immediately began to escape, but pain did not follow, "notwithstanding she had taken a large quantity of ergot of rye previous to the operation; but during the evening," says Dr. Allen, who had the care of the patient, "this gradually crept on, and the fœtus was expelled at 5.15 on the morning of the 14th, after several hours of severe suffering. On this occasion the head presented, and having the same condition of parts to contend with, I got the right index finger into the os, at the same time using pressure on the tumour, as in the former case." She is now in the enjoyment of good health.

Case 648.—Mrs. C——, aged 40, February 4, 1853, has had several children. Is now between five and six months pregnant. Has had vomiting during the whole period. During the last two or three weeks augmented to incessant vomiting, so that everything taken has been rejected. Every thing which has been tried has failed to give relief. The abdomen is now as large as it ought to be between the eighth and ninth month. This great enlargement began three weeks ago. Quickening has taken place, and she feels the child exclusively in the epigastrium. Mr. Kesteven examined with the stethoscope, and could not hear the fœtal heart anywhere. The kidnies act well. The shape of the abdomen is unusual, it is enlarged high up in the epigastrium. Ankles not œdematous, pulse 130, and very feeble. Has lost flesh so that there is a great difference in her appearance during the last fourteen days. She is greatly reduced and looks like a person dying of consumption. I recommended Mr. Kesteven to induce premature labour without delay. This he did, and the following is the result, as stated by him:—"On Friday night, between twelve and one o'clock, I punctured the membranes, and a large quantity of liquor amnii flowed, with great relief to the painful feeling of distension. The vomiting has gradually very much diminished, until it has only been at long intervals, instead of occurring every few minutes day and night. Labour pains, however, did not come on until four o'clock yesterday afternoon. The labour has just now terminated by the birth of triplets, the first was born at half-past four a.m. The second membranes presented sufficiently to be ruptured about five, and the discharge of another large amount of fluid preceded the second fœtus, but a still larger quantity than either of the preceding followed the rupture of the third bag of membranes at a quarter before six. They were all males, alive; one still living, about a foot in length. The first was a breech, the second a head, and the third a foot presentation. The uterus, as might be expected, I suppose, after such enormous distension, had not very firmly contracted after the expulsion of the three placenta, but there has been no great amount of hæmorrhage."

Case 649.—Mrs. S——, aged 44, February 16, 1853. Has had sixteen children. In the last confinement was attended by Mr. ——, and the forceps was applied when the labour had not continued more than seven hours, and the pains continued regular. The eye of the child was injured. The perineum has been torn down to the rectum, but the rectum is not injured. Its contents are, however, sometimes involuntarily expelled, which causes great inconvenience and distress This patient reported that the Practitioner by whom she had been attended on this occasion in the country always carried

the forceps with him. All her previous confinements had been natural.

Case 650.—On April 4, 1853, Mr. Phillips requested me to see a case of profuse uterine hæmorrhage from complete placental presentation. The os uteri was so rigid that he could not succeed in passing the hand into the uterus to turn the child, though he employed caution, and for a considerable period all the force that he considered justifiable. The hæmorrhage continuing profusely, and there being great faintness, he requested me to attempt to deliver. I passed the whole hand readily into the vagina, and then the fore and middle fingers through the os uteri between the placenta and uterus, pushed aside the head, came in contact with an upper extremity, pushed this aside also, and then got hold of a lower extremity, and in a very short time extracted the child alive. Mr. Phillips expressed great astonishment on the occasion, not having heard before, or remembered, that the operation had often, under similar circumstances, been performed by the same means. The result of the case was most satisfactory in all respects. What would the result have been had the placenta been torn away, and the child left to take care of itself?

Case 651.—On July 3, 1853, I was requested to see in consultation a lady, dangerously ill from puerperal peritonitis, and some very peculiar nervous symptoms of an anomalous character. She had been delivered with the forceps five days before, after the inhalation of three drachms of chloroform. This was done in direct opposition to the opinion and advice of her Medical attendant, who was uncourteously told, that if he refused to allow it to be given, his services would be immediately dispensed with, and another Practitioner, who was named, called in to take charge of the case. The pulse was more rapid, and the abdomen more tympanitic in this case than I had ever before witnessed in an individual in the puerperal state, who recovered.

Case 652.—Some time after this I was called to see a poor woman who lived several miles from London, who had distortion of the pelvis, and in whom, during labour, the head had been separated from the trunk, and left within the uterus. The midwifery forceps had been employed, and all other means that could be thought of, to extract the head, but without success. When I saw the patient, the greater part of the day had been spent by different Practitioners in fruitless attempts to deliver the head, and the patient was greatly exhausted. I introduced my left hand with difficulty, completely within the uterus, which was contracted, and got my fingers round the head so as to fix it in some degree. I then introduced the crotchet, and getting the point over the fore part of the cranium, exerted all the force that was in my power to tear up the bones freely, and allow the brain to escape. With the hand and the crotchet, the head—after great efforts, continued until my strength was almost completely exhausted—was brought out of the uterus and pelvis. The patient recovered, and about twelve months afterwards I saw her, with the vagina completely closed up, in consequence of sloughing, and I have never since heard anything of the case.

Case 653.—On July 19, 1853, the late Dr. Yell called me to see a case of inverted uterus, in Orange-street, Leicester-square. I was informed that it was the first child, that the labour was protracted, and that the cord had surrounded the neck, and was very short. The placenta immediately followed the child, and soon after a great flooding took place. Whether the midwife who had attended the patient had made strong traction on the cord was not ascertained. The attempts to re-invert the uterus which were made, were unsuccessful. This patient was alive some years after the accident.

Case 654.—On July 21, 1853, at 9 p.m., I was called to see a patient in her first labour. The liquor amnii had escaped the night before. At 1 a.m. the labour pains had commenced. At 12 the os rigid, about half dilated, and the pains, not strong, occurring every quarter of an hour. Since then, the labour has been going on rather actively; the pains very strong, os uteri fully dilated about three hours since. "The head," said Mr. ——, "has not advanced through the brim. There certainly is some permanent obstruction to the passage of the head, which has existed some hours." It had not been observed that the face presented. I recommended the case to be left six hours longer to the natural efforts, and that neither the forceps nor craniotomy should be thought of unless some unfavourable symptoms occurred. In a few hours the child passed alive into the world without any artificial assistance.

Case 655.—On July 22, 1853, at 7 a.m., I was called to Mrs. B——, who had been delivered two hours before of a living child by a midwife who had long been in practice. Immediately after the birth of the child, an immense rush of blood took place. The placenta was soon removed. I found the patient in a state of insensibility, the jaws clenched, and the power of swallowing entirely lost. A tablespoonful of brandy only had been given. There was a binder, but loosely applied. The patient had been suffering from distressing symptoms about the chest especially, difficulty of breathing, and sense of fulness amounting to suffocation some time before her confinement, but the pulse was so feeble that it was not considered proper to take blood from the arm or to apply leeches.

Case 656.—On August 24, 1853, I was called to an alarming case of uterine hæmorrhage in the Edgeware-road. An immense quantity of blood had been rapidly lost, and the strength of the patient was extremely depressed. The entire os uteri was covered with the placenta. I experienced little difficulty in passing the hand into the uterus, turning the child, and removing the placenta; but the hæmorrhage continued undiminished after the placenta had been removed, and she soon died. In this case, perhaps, the result would have been different if the delivery had been sooner completed; yet there was little time lost.

Case 657.—About the same time, the exact date has not been preserved, Mr. Yorke called me to see a case in the Harrow-road, of hæmorrhage in the eighth month of pregnancy, with partial placental presentation. The os uteri being in a most favourable condition for the operation of turning, there could be no doubt about the propriety of immediate delivery. Mr. Yorke performed the operation of turning in a short time, and the patient recovered completely.

Case 658.—On October 15, 1853, at 12.30, I was requested to see a lady residing at West-road North, who was in the 7½ month of her first pregnancy, and who had been seized with convulsions without any premonitory symptoms. She was insensible. The os uteri a little dilated—face presenting. Membranes not ruptured. Ten ounces of blood had been drawn from the arm, leeches to the temples, and a turpentine enema given. At 3 p.m. she had had one attack—labour progressing. At 6 p.m. went and found the child born dead by the natural efforts. Placenta retained half-an-hour, came away after pressure and gentle traction. About two hours before Mr. —— had given two drachms of chloroform. Three or four fits followed delivery; but her consciousness gradually returned.

Case 659.—Mrs. B——, aged 36, November 29, 1853. Has had seven children. At the last confinement, three years ago, Mr. Jay found a small tumour in the pelvis behind the uterus, which rendered the labour very protracted. She recovered favourably. Her eighth labour commenced yesterday. The membranes ruptured two days ago; Mr. Jay has been in attendance since nine last night; no progress during the last eight hours; violent pain and constant straining; the progress of the head is impeded by a soft, irregular mass behind the uterus, which is pressed down during each pain by the head; the head is squeezed between this and the front of the pelvis; ears not felt; impossible to apply the short forceps; there appeared to be danger of rupture of the uterus, and mischief from pressure; we resolved to open and extract the head, which I immediately did, and the recovery was favourable.

Case 660.—Mrs. B——, March 15, 1855. Labour at the full period commenced yesterday, and has continued all night; the head cannot pass the tumour in the back part of the pelvis; I opened and extracted the head without much difficulty. At the 7½ month Mr. Jay and I met in consultation, to consider whether or not premature labour should be induced; we thought the tumour had not increased since 1853, and that, if the child was small, it might pass alive at the full period. This opinion proved to be incorrect; the recovery was favourable.

Case 661.—Mrs. B——; on Tuesday, November 24, 1858, with Mr. Jay, I perforated the membranes about the 7½ month. My impression was, that the tumour had not increased. On Friday night (between seven and eight) of the 28th the pains came on, and the child was readily expelled, but dead, about a quarter to twelve, and had been dead some time. The patient stated that she felt the movements at the time the membranes were punctured. The patient again recovered favourably, and is, I believe, at this time, in good general health.

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REPORTS OF HOSPITAL PRACTICE

IN

MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

A CLINICAL REPORT ON EPITHELIAL CANCER.

HAVING concluded in last week's number my Report on the Rodent Ulcer, a disease closely allied to the true Cancers, I now purpose to take its next congener.

Epithelial Cancer, as is well known, differs from the yet more malignant forms of cancer in that, as a rule, it never causes disease of internal organs. A few well-certified exceptions to this have been placed on record, but as a broad feature of the disease it may certainly be classed as established beyond all doubt. It differs from rodent ulcer in its more rapid spread, and in its constant tendency, after a longer or shorter period, to cause enlargement of the lymphatic glands. I put aside for the present its histological peculiarities.

I have collected together all the examples of this disease which have been recorded in the Hospital Reports of this Journal since July, 1853, at which date our statistical records of operations commenced. Most of them have been recorded very briefly, and in some instances the data are almost too imperfect for use. It will, however, be practicable from the examination of them to deduce many very important facts relative to the age and sex of the patients, the parts most liable to be affected, the local causes, and the average rate of progress. Nor will the investigation be fruitless in a practical point of view. For, unless I am much deceived, we shall be enabled to bring certain Surgical rules into far more decided prominence than they have yet occupied.

It will be convenient to arrange the cases in groups, according to the part affected: and I shall take first by far the largest group, that, namely, in which the lip was the part attacked. In the following tabular statement will be found certain particulars respecting upwards of 115 cases. In most of these it is to be regretted that my notes do not carry the case much beyond the time of the operation; and in a few, especially of the first, the ages of the patients are not given. In not a few, however, very interesting details are given, as to the return of the disease, either in the glands or its original site.

No.	Sex.	Age.	Position and Duration.	Treatment.	Further Particulars, comprising, when obtainable, Facts as to Recurrence, Enlarged Glands, State of Health, etc.
1	M	..	Lower lip	Excision	Recovered.
2	M	..	Ditto	Ditto	The disease returned before he left the Hospital.
3	M	Old	Lower lip, (almost the whole of it)	Ditto	Recovered.
4	F	Old	Lower lip	Ditto	Recovered. The woman had smoked.
5	M	..	Entire lower lip	Ditto	
6	M	..	Lower lip and chin	Ditto	Recovered. It was very extensive.
7	M	..	Lower lip	Ditto	Recovery.
8	M	..	Entire lower lip	Ditto	Plastic operation subsequently.
9	M	..	Lower lip	Ditto	An excision had been performed eight years before, and for some time he had abstained from smoking, but had resumed the habit a year before the recurrence.
10	M	..	Ditto	Ditto	Recovered.
11	M	..	Ditto	Ditto	Ditto.
12	M	Old	Ditto	Ditto	Recovered after excision of entire lip.
13	M	..	Ditto	Ditto	Recovered, after excision of the greater part of lip.
14	M	52	Ditto	Ditto	Recovered.
15	M	33	Lower lip	Excised April, 1853	His disease returned on the side of the lower jaw, and the affected part was excised in February, 1854.
16	F	70	No note	Excision	Recovery.
17	M	48	Lower lip	Ditto	Ditto.
18	M	Old	Ditto	Ditto	Ditto.
19	M	62	Ditto, 2 yrs.	Ditto	One of the glands was enlarged, but was not removed. He died on the ninth day, of erysipelas of the pharynx.
20	M	35	Ditto, 7 yrs.	Ditto	Recovered.
21	F	62	Angle of lip	Ditto	It had twice before been treated with chloride of zinc. Recovery after the excision.
22	M	67	Lower lip, 18 months	Ditto	Recovered.
23	M	60	Lower lip	Ditto	Ditto.
24	M	60	Ditto	Ditto	Ditto.
25	M	68	Ditto	Ditto	It had recurred twice during eight months, and was excised for a third time. Recovered.
26	M	72	Lower lip and inside of cheek; two distinct growths	Excision of one, removal by ligature of the other	Recovered. The disease returned in the lip, and a second excision was necessary five months later.
27	M	54	Lower lip	Excision	Recovery.
28	M	64	Ditto	Ditto	Ditto.
29	M	48	Ditto, 1 year	Ditto	Ditto.
30	M	60	Lower lip	Ditto	Ditto.
31	M	45	....	Ditto	Ditto.
32	M	73	Lower lip, 1 year	Ditto	Ditto.
33	M	70	Lower lip	Ditto	Ditto.
34	M	60	Ditto, 1 year	Ditto	Ditto.
35	M	60	Angle of mouth, 4 months	Ditto	Recovery. A growth of similar character had been excised from the same part five years before.
36	M	80	Lower lip	Ditto	Recovery.
37	M	43	Ditto	Ditto	Recovery—cachectic.
38	M	40	Ditto	Ditto	Recovery—in good health.
39	M	60	Ditto	Ditto	Recovery.
40	M	60	Ditto	Excision for a third time Feb. 1855	It had been excised twice before, the first operation having been six years before.
41	M	70	Ditto	Excision	Recovery.
42	M	58	Ditto	Ditto	Recovery. It was said to have existed fifteen years.
43	M	70	Ditto	Excision of the diseased parts and of an enlarged gland under the jaw	It had existed only a year.
44	M	34	Ditto	Excision	Recovery. It was of eighteen months' duration.
45	M	39	Ditto	Ditto	Recovery. Two years afterwards a large gland affected with malignant disease was excised from under the jaw. No return in the lip.
46	M	45	Ditto	Ditto	Recovery.
47	M	44	Ditto	Ditto	Ditto.
48	M	47	Ditto	Ditto	It was of six months' duration Recovery.
49	M	56	Upper lip	Ditto	Recovery.
50	M	44	Lower lip	Ditto (extensive)	Died after erysipelas and an erruption like scarlet fever.
51	M	50	Right angle and both lips	Ditto	The disease returned before the wound was healed.
52	M	70	Lower lip	Excision	Recovery.
53	M	40	Ditto	Ditto	It was of six months' duration. Recovery.
54	M	60	Angle and both lips	Ditto	The wound healed, but the cicatrix soon re-ulcerated.
55	M	57	Lower lip	Ditto	Of three years' duration. Recovery.
56	M	70	Ditto	Ditto	Said to be twelve years' duration. Recovery.
57	M	62	Ditto	Ditto	Recovery.
58	M	55	Ditto	Ditto	It was of four years' duration.
59	M	68	Ditto	Ditto	Recovered.
60	M	75	Ditto	Excision of almost the whole lower lip	Recovered. A portion of the lip had been excised sixteen years before for the same disease.
61	M	63	Ditto	Excision	Of three years' duration. Recovery.
62	M	50	Ditto	Ditto	Recovery. The growth had been three times excised before.
63	M	64	Ditto	Ditto	Recovery. Of three years' duration.
64	M	62	Lip and cheek	Ditto	Recovery. It had been twice excised before and reappeared in the cicatrix soon after the third operation.
65	M	67	Upper lip	Ditto	Recovery.
66	M	56	Lower lip	Ditto	Recovered. Of small size.
67	M	63	Ditto	Ditto	Recovered.

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No.	Sex.	Age.	Position and Duration.	Treatment.	Further Particulars, comprising, when obtainable, Facts as to Recurrence, Enlarged Glands, State of Health, etc.
68	M	62	Lower lip	Excision	Of small size. Recovery.
69	M	40	Lip	Ditto	Of four years' duration. Recovery.
70	M	55	Ditto	Ditto	Recovery. Of three years' duration.
71	M	60	Ditto	Ditto	Recovered.
72	M	85	Ditto	Ditto	Very extensive, and involving a large portion of one cheek.
73	M	58	Lower lip	Ditto	Recovery.
74	M	40	Ditto	Ditto	Ditto.
75	M	60	Ditto	Ditto	Ditto.
76	M	46	Ditto	Ditto	Of two years' duration. Recovery.
77	M	51	Ditto	Ditto	Recovery.
78	F	80	Ditto	Ditto	Recovery. She had been accustomed to smoke.
79	M	75	Ditto	Ditto. The man was a smoker, and after the first operation smoked on the right side of his mouth, instead of, as formerly, the left side	Excised from the left extremity of lower lip six years before; five years afterwards a sore of the same kind was removed by Mr. Luke from the right angle of mouth. The man ultimately died about two years after the last operation of a large open cancer in the glands of the right side of the neck.
80	M	60	Left angle of mouth	Excision	He remained well about a year, when the glands under the jaw enlarged and ulcerated. The scar in lip remained healthy.
81	M	28	Lower lip	Ditto	Recovery; St. Thomas's; Mr. Simon.
82	M	37	Ditto	Ditto	Recovery.
83	F	75	Ditto	Ditto	Recovery. Small; the Gloucester; Mr. Wilton.
84	M	56	Ditto	Ditto	Recovery.
85	M	43	Ditto	Ditto	Ditto.
86	M	59	Ditto	Ditto	Three years' duration. Death on the seventh day from erysipelas.
87	M	82	Ditto	Ditto	Recovery.
88	M	80	Ditto	Ditto	Ditto.
89	M	72	Ditto	Ditto	Ditto.
90	M	48	Ditto	Ditto	Recovery. It had existed a year.
91	M	61	Ditto	Ditto	Recovery. It was horny, on an epithelial base.
92	M	76	Ditto	Ditto	Recovery.
93	M	63	Ditto	Ditto	Ditto.
94	M	56	Ditto	Ditto	Ditto.
95	M	57	Upper lip	Ditto	Ditto.
96	M	60	Lower lip	Ditto	Ditto.
97	M	66	Ditto	Ditto	Ditto.
98	M	47	Ditto	Ditto	Ditto.
99	M	69	Ditto	Ditto	Ditto.
100	M	30	Ditto	Ditto	Ditto.
101	M	60	Ditto	Ditto	Ditto.
102	F	49	Ditto	Ditto	Recovery. The woman had been accustomed to smoke.
103	M	71	Upper lip and nostril	Ditto	Recovery.
104	M	53	Lower lip	Ditto	Ditto.
105	M	40	Ditto	Ditto	Ditto.
106	M	41	Ditto	Ditto	Ditto.
107	M	47	Ditto	Ditto	Ditto.
108	M	70	Ditto	Ditto	Ditto.
109	M	55	Ditto	....	Ten years before a cancer of the lip at its right side had been excised by Mr. De la Garde, of Exeter. It had existed two years previously. After the operation he remained well for nine years, when a cancer formed at the opposite side of the lip, and extended to the angle and upper lip. He had not smoked much since the first operation. His mother was stated to have died of "crab cancer of the face (a)."
110	M	48	Upper lip (almost the whole of it)	Excision	Recovery. Under Mr. Curling's care, in the London Hospital. It had extended very rapidly, having commenced only six months before. There were no enlarged glands; its structure was "epithelial and colloid." (Dr. Andrew Clark.)
111	M	56	Lower lip	Ditto	Recovery. In July, 1859, a cancer of the lip of ten months' duration was excised. Nine months later a large gland was excised from under the jaw. Two months subsequently a suspicious sore formed on the opposite side of the lip, and was excised.
112	M	34	Angle of mouth and both lips	Excision	Recovery. The man's father had had a cancer of his lip removed.
113	M	65	Angle of mouth and lower lip	Ditto	Recovery.
114	M	62	Lower lip	Ditto	Recovery. An enlarged gland under the jaw was removed at the same time.
115	M	66	Ditto	Ditto	Recovery. An enlarged gland under the jaw was also removed.

(a) For details see page 162, August 18, 1859.

I have omitted from the above tabular list five cases mentioned in the statistics for October, 1853, because the only information given respecting them is, that all the patients were men, in all the lower lip was the part affected, and all resulted in recovery. Seven other cases, recorded in the provincial statistics for April, 1854, respecting the same statements, are also omitted for a similar reason. In estimating the relative liability of the sexes, and of the upper and lower lip, these cases must, however, be counted, and the whole number available for those calculations is, therefore, 127.

Relative Liability of the Two Sexes.—Of the 127 cases before us, the patients were men in 121 instances, and women in six only. In three of the cases in which women were the subjects it is expressly stated, that they had been in the habit of smoking, and in none of the others is there any evidence that such had not been the fact. In four of the six the lower lip was the part affected, in one the angle of the mouth, and in one no information on the point is given. The ages of the six women were respectively 49, 62, 70, 75, and 80. In one the exact age is not given, but it is stated that she was old, so that the cases in respect to age, etc. seem to correspond closely with those occurring in males.

Relative Frequency of the Disease on the Different Parts of the Lips.—In one case there is no note as to the exact part affected. Of the others the lower lip was the site in 113, the angle of the mouth and parts of both lips in 8, and the upper lip alone in 5. In one instance, Case 26, there was a distinct growth on the inside of the cheek, not far from the affected angle of the mouth. The series does not contain a single instance of symmetrical development of the disease on both sides of the mouth. In these instances, Cases 79, 109, and 111, the disease recurred after excision at one side of the mouth, on the opposite one, the original scar remaining sound, but in all these the patients had, after the first operation, accustomed themselves to smoke on the sound side.

Age most Liable.—In 25 cases the age of the patient is not stated. Dividing the remaining 102 cases into decennial periods, we have under 30, one; between 30 and 40, eight; between 40 and 50, twenty-one; 50 and 60, nineteen; 60 and 70, thirty-three; 70 and 80, fifteen; upwards of 80, four. The age of the youngest patient at the time the disease commenced was twenty-eight; that of the oldest, eighty-two; the average of the whole is fifty-eight years.

(To be continued.)

KING'S COLLEGE HOSPITAL.

CURIOUS ABDOMINAL TUMOUR.

(Case under the care of Dr. BUDD.)

[From notes by Dr. SANSOM.]

J. G., aged 22, was admitted into King's College Hospital, July 2, 1860. Six months before his admission he had an attack of what he called inflammation of the bowels; it was attended by fever, tenderness of the abdomen, and obstinate constipation. At the commencement of this attack he noticed a hardness of the lower part of the belly on the right side, and here the tenderness was greatest. The hardness increased in extent, and the tenderness in degree. He was ill for about a fortnight, and then, so far as all febrile symptoms were concerned, perfectly recovered, but the hardness before mentioned not disappearing he applied at the Hospital. On admission he had a delicate appearance, as of one just recovering from an acute attack, or of one suffering from leucocythemia. An

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examination of his blood nullified this latter hypothesis. In the right inguinal and the hypogastric regions was a circumscribed tumour, bounded below by Poupart's ligament and extending upwards to within half-an-inch of the umbilicus, and laterally to an inch beyond it. Its shape appeared to be triangular; it was firm and hard to the touch, the density increasing from above downwards, and being most marked at the outer corner. It gave the idea of its being very superficial, the skin being with difficulty pinched up over it. Internally its edge was best defined, and here the skin could be pushed behind it by the fingers. It was not in the slightest degree painful on pressure, and its presence seemed to cause not the slightest inconvenience whatever. The patient's general health was excellent; the bowels were opened once every day. The notion which the tumour gave was that it was caused by exudation (probably plastic) among the abdominal muscles. The treatment consisted in opening the bowels pretty freely by means of castor-oil, and rubbing compound iodine ointment over the site of the tumour. On the 13th, eleven days after admission, the tumour had become decidedly softer; its edges daily became less distinct, the softening seemed to take place from above downwards. On the 23rd, it was not more than one-third of its original size. He improved greatly in health and appearance, and on August 15 the whole of the hardness had disappeared.

GUY'S HOSPITAL.

TWO CASES ILLUSTRATING THE TREATMENT OF ACUTE PLEURISY WITH EFFUSION.

(Under the care of Dr. WILKS.)

Case 1.—Pleurisy with Effusion filling the left Chest—Treatment by Hydrochlorate of Ammonia, and subsequently by Iodide of Potassium and Blisters—Entire absorption of the Fluid within a month.

James M., a groom, aged 21, admitted June 3. "Up to the present illness he has had good health. He says that his mother died of consumption, and that his sister is at present ill with it. Five weeks ago he was exposed to wet, and had diarrhœa for two or three days. For three weeks he was ill and languid, and then had a slight pain in the lower part of the left side of the chest, which became afterwards severe. The pain next subsided, and dyspnœa supervened. He has, previous to admission, had blisters, and taken some pills and mixture. His condition at present is that of a tolerably healthy-looking well-nourished man. He perspires freely. Has no pain, but respiration is rather hurried. The chest is well formed, and slightly bulged on the left side, and its mobility is diminished. This side also is dull on percussion from base to apex, anteriorly and posteriorly. There is total absence of respiratory murmur. Tubular breathing and œgophony are present. The heart is displaced towards the right side. Pulse 110, soft. He can sleep well on either side, but prefers the left. Tongue rather red, but clean and moist. Appetite good; bowels acting. Urine scanty, and deposits lithates. Diet, beef-tea and arrow-root. A draught containing half-a-drachm of the hydrochlorate of ammonia and camphor mixture was given every six hours."

Under the above treatment the man steadily improved. A more liberal diet was ordered, and on the 11th and 19th tonics were given. On the 22nd it was noted that there was not much further improvement. A blister was applied, and three grains of the iodide of potassium given three times a-day. He now quickly recovered, and was discharged on July 3, the fluid having been wholly absorbed.

Case 2.—Effusion on the right side, distending the Pleural sac—Treatment by Blisters, Iodide of Potassium, and Mercurials—Recovery and complete Re-absorption in a fortnight.

John W., a labourer, aged 34, admitted June 3. A man of moderately temperate habits and good general health. He appears to have had a pleuritic attack, eleven years ago on the left side. Sixteen days before admission, apparently without any exciting cause, he was seized with pain in the right side of his chest, and headache. He continued at work, and was much exposed to wet. The pain got worse, and dyspnœa came on. Blisters were applied, and a mixture and pills given. It was noted on admission that he was the subject of angular curvature of the dorsal spine. The chest was flattened in front, immediately below the mammæ, especially on the left side, where there was the mark of the cupping scarificator. The right side was slightly bulged, and perfectly dull on percussion, and throughout there was an absence of respiratory murmur. The heart is displaced towards the other side; tubular breathing and ægophony. He had no pain or cough, and but slight dyspnœa. A mixture of the iodide of potassium, in three-grain doses, with nitric ether and camphor mixture, was given three times a-day, and a pill containing one grain of calomel, three times a-day. Diet.—Beef-tea and arrow-root. Under this treatment he improved. The gums were slightly affected on the 9th, when the mercury was discontinued. The mixture was continued. Uninterrupted improvement took place, and he was discharged well on the 19th. The fluid had been entirely absorbed.

ROYAL LONDON OPHTHALMIC HOSPITAL.

INFANTILE IRITIS—CLOSURE OF ONE PUPIL—FILMS IN THE VITREOUS BODY.

(Under the care of Mr. DIXON.)

A. R., aged 2 years and 10 months, was admitted under Mr. Dixon's care on August 20, 1860. Her mother stated that the child was first noticed to be blind when five months old, but that no special attack of inflammation was ever observed, nor anything excepting an eruption on the eyebrows, which directed especial attention to the eyes. The mother has had no miscarriages; she lost one child older than the present patient at the age of two and a-half years, from "cutting her teeth." The present patient was the second. She was delicate from birth, and when a week old had a rash "all over." The rash only lasted a few days. Next it was supposed that her head was affected. A Medical man prescribed some grey ointment to be used on a rag applied to the thigh, but it was only used for one day. She was told that nothing could be done for the sight, and had therefore not applied at any Institution before. The following was the condition of the child's eyes, as noted on her admission.

Left Eye.—The pupil is almost closed by a dense white patch of lymph, from the centre of which rays extend to the iris in various directions. Only a very small aperture appears to exist in the upper and outer part. The pupil dilates a good deal with atropine, but is still occluded by adhesions.

Right Eye.—When the pupil is widely dilated by atropine, ophthalmoscopic examination shows a moving white membrane deep in the eye which often rises in front of the pupil. There are numerous floating hair-like bodies seen in the vitreous humour. The lens and cornea are clear. Both irides are steel-grey and thinned.

SYPHILITIC IRITIS IN AN OLD PERSON.

(Under the care of Mr. DIXON.)

Among the new cases which presented themselves in Mr. Dixon's clinique at Moorfields, on August 9, was an old woman, whose history was somewhat peculiar. She complained of pain in both her eyes, and said that the attack had only lasted about a month, prior to which her sight was excellent. She was a dry-fibred, rather thin person, evidently of good stamina, but looking not much under seventy. Both her eyes were acutely inflamed, there being great conjunctival redness, and beneath that a perceptible zone of sclerotic congestion. She complained of much supra-orbital pain. The irides were of almost normal brilliancy, but the pupils were small, and slightly irregular, and the pupillary edges were evidently somewhat swollen, as were also, in less degree, the whole structures of the irides. There was no perceptible effusion of lymph on either iridal surface. It was clear, however, notwithstanding the absence of lymph, that the disease was essentially iritis, and the use of atropine further confirmed this opinion, by showing that the pupils when dilated were very irregular. The old lady stated that her age was sixty-five; that her eyes had been quite free from inflammation until a month ago, and had only been severely affected about a week. Although her age might have been supposed likely to lull any suspicions on such a point, yet the symmetry of the disease and its peculiar form could not be lost sight of; and no history of rheumatism being obtainable,

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questions were put as to rashes, sore-throats, etc. The old woman at once showed some scattered patches of copper-tinted psoriasis on her arms, and said that she had for several weeks been under treatment elsewhere for the rash, which had at first affected her whole body. In both tonsils were the remains of nearly healed ulcerations of the typical form. She stated that she had herself suspected that her symptoms were of venereal origin, and that she wished much to know if such were the case. She had married her second husband only five months ago, and within a week of her union had suffered from a sore in her person, attended by discharge, and which was soon followed by the symptoms just mentioned. It appeared that she had been treated by mercury, having taken pills until her mouth was sore.

It was not thought well, considering the slight amount of lymph effused, and the fact that the iritis had come on in spite of a previous salivation, to push mercurials any further at present, and iodide of potassium, in eight grain doses, three times a-day was ordered, together with the topical use of blisters to the temple, and solution of atropine to the eye. Under these measures, the congestion, pain, and intolerance rapidly passed off. A week later the iodide was changed for a quinine mixture, and a five-grain blue pill was given every night.

At present (six weeks from the date of admission) the eyes are free from all trace of inflammation. The pupils are not in the least occluded, though the use of atropine shows that a few bands of adhesion still exist. The patient's sight is, however, although no perceptible impediment exists in the pupil, not nearly so good as it was before. The rash has wholly disappeared, and she is again in good general health.

This case is instructive, as well as an example of primary and secondary syphilis occurring under circumstances in which, at first sight, they might not have been suspected, but as an instance of specific iritis at an age in which peculiar complications might be feared. The absence of all surface effusion of lymph might not improbably be attributed to the modified nutrition of old age. Then, also, any iritic affection at such an age could not but cause anxiety as to the choroidal or glaucomatous complications which might arise; and a cautious tonic and specific medication was certainly indicated. Such cases as the above, and many others which we have had occasion to cite in these Reports, show how important it is to be always alive to the possible existence of syphilitic antecedents in all cases and at all ages. Our great dramatist fixes the limits of venereal affections at "from fourteen to fourscore," and judging by what one meets in practice, especially at Hospitals, his assertion cannot be held to involve any libel upon human nature.

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Medical Times and Gazette.

SATURDAY, OCTOBER 6.

NATURAL SCIENCE AT OXFORD.

We publish in another part of this number the Physiological papers set at the last Examination of the School of Natural Science at Oxford. They are of great interest, but require a few words of explanation.

The Examination Statute which has been in force in the University of Oxford for the last ten years compels Candidates for the B.A. Degree, after passing certain Examinations corresponding to those imposed upon them under the old system, to go through a further Examination, either in Law and Modern History, or in Mathematics, or in Natural Science. The Undergraduate may choose freely in which of these three Final Schools he will offer himself for examination, but in one or other he must pass before admission to the B.A. Degree.

The Examination in Natural Science divides itself into the three great branches of Physiology, Chemistry, and Mechanical Philosophy, and in all three of these subjects the Candidate for Honours, and in two of them at least the Candidate for a Pass, must satisfy the Examiners. The Student who may be intending to enter the Medical Profession would, from taste and predilection, offer himself for Examination in the School of Natural Science, but he is not compelled to do so more than any other Student; although a considerable inducement to compete for Honours in this School has been created for him by the recent alterations in the conditions under which the Radcliffe Medical Fellowship is to be competed for and held. In accordance with these alterations, which have been in force but a single year, Candidates for that Fellowship must have been placed in the First Class in the Natural Science Class-list; and the tenure of the Fellowship and the distribution of its funds have been so arranged as to allow of one Fellowship falling vacant annually, instead of two every ten years, and to reduce the tenure of the Fellowship from ten to three years, and its annual value from 300*l.* to 200*l.* In other words, an annual prize, of a total value of £600, is thrown open to be competed for by Students, who, having been placed in the first class in the Natural Science School, shall declare it to be their intention to adopt Medicine as their Profession. Six hundred pounds is sufficient to cover the expenses of a Student at the University; this Fellowship, therefore, may be considered, retrospectively, as reimbursing the Student for the expenses of his Oxford course, while, considered prospectively, it may be regarded as furnishing him with a tolerably adequate provision for the necessary outlay involved in his strictly Professional training in London and on the Continent. Nevertheless, a very large proportion even of the Honour candidates in the Natural Science Schools have offered themselves for examination for it, without any view to Medicine as a Profession, and it has more than once happened that no single one either of the successful or of the unsuccessful candidates has entertained any intention of "declaring for Medicine."

Many of our readers will remember how frequently we have insisted upon the importance of making Physiology a branch of general education, and will unite with us in rejoicing that the English gentleman may, for the future, gain some training in Natural Science at Oxford. It is the neglect of this training which has been the great defect in his education, and has left him the easy prey to every pseudo-scientific quackery successively rising into fashion and falling into contempt. We have only to add that we can speak from a recent personal survey as to the very complete arrangements Dr. Rolleston, the Linacre Professor, has made for teaching Physiology at Oxford, and we feel confident that they will prove under his direction not only creditable to Medicine, but of vast benefit to the Nation.

ARMY MEDICAL SCHOOL.

All the gentlemen entering the Medical Services of the Queen's and Indian Armies are now obliged, after passing the Competitive Examination in London, to spend four or five months at Fort Pitt, Chatham. Here they are to undergo a special training for their new duties, and are to be instructed in everything which may render them more efficient in peace and war as Army Medical Officers. The instruction given at

this School is to be of an entirely practical and special character, and it is believed that it will be of the greatest utility to every one entering the Medical Department.

The first Session commenced on Tuesday, the 2nd inst., when Professor Longmore, Deputy Inspector-General, delivered a very excellent Lecture, in which the objects contemplated in the establishment of the School, and the mode of teaching about to be pursued in it, were well and clearly set forth.

All the Candidates, forty-three in number, were present, as well as Major-General Eyre, commanding the garrison, and other officers. Mr. Sidney Herbert and Dr. Gibson, the Director-General of the Army Medical Department, came down from London to be present at the Lecture; and at its conclusion Mr. Herbert made a pithy and effective address, in which he pointed out the difference in the position and duties of Medical Officers which the new Warrant and Regulations had made, and argued that the country would expect the Medical Officers to justify the increased rank and pay which had been conferred upon them, by an increased attention to the health of the soldiers. He referred also to the excellent account lately received from China, where the appointment of a special Sanitary Medical Officer had not only been of the greatest service in maintaining the health of the troops, but had also infused a sanitary spirit into all the officers, combatant and Medical, of the army.

Major-General Eyre and Dr. Gibson then addressed a few observations to the gentlemen present, and the meeting broke up.

The Candidates for both the Royal and Indian Armies appear to be an extremely gentlemanly and fine-looking set of men, of whom the Services may well be proud. They have passed through severe examinations with great credit, and we wish them every success in their honourable career.

THE WEEK.

The following case illustrates what we stated last week,—viz. that under the present humane system of treating the insane without restraint, it is impossible (humanly speaking) to provide against all accidents to lunatics; though the recommendation about fencing off the boilers came a little too late:—

"On Tuesday, the 25th ult., an inquest was held on the body of Hannah Heeps, a pauper patient of the Lunatic Asylum at Northampton, who met with her death in a very horrible manner. It appeared that the deceased had been admitted into the Asylum on June 16, under the order of one of the county magistrates. She was reported as a suicidal patient, having made repeated attempts on her life, and the attendant who had charge of her was desired never to lose sight of her; a too literal compliance with this order led to the death of the unfortunate woman. On Monday, the 24th ult., the attendant having occasion to go into the washhouse belonging to the institution, took the deceased with her. In the washhouse were three large coppers filled with boiling water. The deceased was ordered not to go near them, but, seizing a moment when the attention of the nurse was diverted to some other object, she rushed forward and threw herself into one of the coppers. This was done in the presence of several people, but so rapid and unexpected was the movement that no one could interfere to prevent it. The poor creature was immediately taken out. She lingered for a few hours in great pain, and then expired. The jury, after a long enquiry, returned a verdict 'that the deceased destroyed herself by throwing herself into a copper of boiling water, she being at the time of unsound mind;' but absolved the attendant from all blame. The coroner concurred with the jury in their opinion as to the attendant, who was described as one of the most attentive and kind nurses in the Hospital. The coroner recommended that the coppers should be fenced off, and no patient allowed to go near them. One of the directors who was present promised that this recommendation should be attended to."

A number of circumstances which we need not refer to have led to an inquiry into the condition of the Hospital at Melbourne, Australia, and the Committee of Inquiry have published a long report. The following extract might apply with great force to Hospitals at home:—

"With a view to increased efficiency in the Medical department, we have had under our consideration the expediency of increasing the regular staff of the Hospital, but upon the whole we are of opinion that at present no such increase is required. In order to relieve the great pressure of business arising from the out-patients, it appears to us that it would be desirable rather to adopt a suggestion thrown out by Dr. Youl of establishing Branch Dispensaries in different populous localities, to which one or more Surgeons or Physicians might be appointed by the Hospital Committee. By such an arrangement the business of the central establishment would be effectually relieved; the great bulk of those who now frequent the Hospital as out-patients would, with much more convenience to themselves and their families, attend the local institutions; while, at the same time, a system of domiciliary visitation might be instituted which would be of immense advantage to the poorer classes, and tend, it is to be hoped, to lessen materially the enormous mortality which at present prevails among the infantile branch of our population; the opportunities, too, of accumulating experience would be more generally enjoyed by the Medical Profession.

"We do not imagine there would be any difficulty in settling the conditions on which these auxiliary establishments might be made dependent on the parent institution, or any indisposition on the part of the Government to extend the annual Hospital Grant, so as to bring it in relation to the enlarged sphere of its operations.

"Another mode by which the efficiency of the Hospital might be promoted, would be by the establishment of a Convalescent Asylum. On this question, however, we do not at present propose to enter at large, only we desire to express our belief that the time is not distant when a distinct and tangible mode of carrying out this object will be presented to the Governors."

The following extracts from a private letter to the Editor, written by a friend who has recently visited Naples, will be read with interest. The letter is dated Naples, September 27, and was received this week:—

"A few days ago I was one of a party which went down to Caserta to visit the military Hospital, where the wounded were brought after the unfortunate affair of Capua. We first walked in the gardens of the palace, where we were so fortunate as to come, accidentally, on a body of officers practising rifle-shooting. Among these was no less a personage than Garibaldi himself. As soon as he perceived us he came frankly forward to Mrs. W——, who had with her a large hamper of lemons and oranges for the wounded. On her requesting him to give orders that she might be admitted to the Hospital, he immediately offered to escort her thither himself. A few minutes afterwards the people were a little astonished to see Garibaldi drive off with an English lady and her two daughters, without any of his Staff, to visit the Hospital. I was perched on the box. After a ten minutes' drive we arrived at the Hospital, a fine modern building to look on from without, but the wards are too small, and the ventilation is bad. As to organization there is none. When the crowd outside knew that the General was there, they flocked into the wards in such numbers that he could hardly move about. It was a most affecting sight to see the tenderness with which the weather-beaten warrior approached the sick-bed. Everyone was visited in turn, and he had a few words of consolation for each individual. He laid his rough hand so kindly on the fevered brows of the most suffering, that the tears started from their eyes. It was a hot, sultry day, and the air was very carefully excluded. The reason given to me, on my asking why the windows were not open, was that air too freely admitted was apt to cause fever among wounded men. Of course there was no answering such a profound observation, but after a few minutes Garibaldi ordered the windows to be thrown open, Mrs. W—— having suggested to him the propriety of doing so. Before leaving the wards, where there were about sixty wounded, the most of them having

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been sent into Naples, Garibaldi made his secretary, who had followed him, give each patient a dollar to get any little thing he might fancy. On seeing one poor fellow very uncomfortable with a dry dressing, the usual Neapolitan one, he caused him to be properly dressed, and made some observations about using water for dressings, by which the Surgeons here might profit. He asked particularly if they used chloroform during operations, and was answered in the affirmative. This is a step in advance. On the visit to the common soldiers being finished, Garibaldi went to see the officers, of whom there were about a dozen. He kissed some of them affectionately, and shook hands warmly with all, requesting everyone to make known to him any wants, etc. Not one of them complained to him, but on being questioned by Mrs. W——, it was evident that there were many things required for their comfort; above all, night attendance. The place is full of quacks and pretenders of all kinds, both Medical and military. One *gentleman*, calling himself an Inspector-General of Garibaldi's Hospitals, was offering quinine for sale the other day in Naples. Query, where did it come from? I saw a case where the hæmorrhage had been stopped by Dr. Simpson's plan. I cannot enter into details, as it is just post time, and I write in haste. One of the Surgeons was present when I was showing the *modus operandi* in the Hospital here. He had tried in vain to secure the artery, a small one, and the man was getting faint from loss of blood. He then thought of the needle, and succeeded in arresting the bleeding instantly. So you see they may begin to use it by-and-by."

In the opening Address to the Manchester School of Medicine on Monday, Mr. Lund made the following remarks, which are well worthy of attention. He said:—"Experience could only be gained by constant observation in actual practice, either at an Hospital, or among private patients. But there was this difference. In Hospitals, the diseases would generally be found to have attained some considerable hold upon the constitution before the patient applied for aid; while in private practice there was a much better chance of seeing disease in its earliest stage—the only period at which many serious maladies could be arrested. If the apprenticeship system were ever to be entirely abolished,—as perhaps some day might be the case—it had occurred to him that much good would arise by an attempt to establish in the general practice of Medicine a system of Medical Curacies, in many respects analogous to similar appointments among the clergy. Let it be understood that after a young man had obtained his degrees, and before he could be placed on the Register to practise on his own responsibility, he must bring proof that he had occupied for two years or longer some situation where he had acted as an assistant or deputy to a senior Practitioner, including, of course, in these Medical Curacies, all such appointments as Resident House-Surgeoncies to public Institutions, etc. now found so useful."

We believe that, in consequence of the large number of candidates who have been attracted to the Army and Medical Service by the new Warrant, it has been decided that gentlemen who possess *Degrees* in Medicine and Diplomas in Surgery will be preferred to those who only possess a *Licence* to practise either Medicine or Surgery. This is of very great importance to Medical Students who may hereafter wish to enter the Army Medical Service, as they should at once shape their course of study so as to enable them to obtain a Degree in Medicine, as well as a Diploma in Surgery, from one of the Bodies in Great Britain or Ireland legally entitled to grant these qualifications.

DECREES, issued by the Dictator at Naples, amongst other things, appoint a commission of advocates (not one Medical man) for the improvement of the sanitary condition of the prisons.

OXFORD EXAMINATION PAPERS.

No. I.—PHYSIOLOGY AND ANATOMY.

Practical Examination.

1. Expose the several nerve centres of the animal laid before you, make a sketch and give a description of your dissection, stating the homological relations which the different ganglia hold to the nerve centres of higher animals in the same class.
2. Place under the microscope a piece of one of the adductor muscles of the animal dissected, and give an account of the intimate structure of the tissue thus prepared.
3. What does the jawbone laid before you enable you to predicate of the animal to which it belonged?
4. Give a detailed description of the preparation laid before you.

No. II.—PHYSIOLOGY AND ANATOMY.

Practical Examinations.

1. Make a dissection of the contents of the orbit in the head laid before you, stating the functions of the several structures you expose.
2. To what order of Mammalia do you suppose the preparation before you to have belonged? Give the reasons for your answer.
3. What are the several tissues visible in the object under the microscope, and what is the relative proportion they hold to each other in the compound organ they make up in the several classes of Vertebrata?

No. III.—PHYSIOLOGY AND ANATOMY.

Practical Examination.

1. Dissect and describe in the animal laid before you the abdominal aorta up to its bifurcation, a short portion of each of its branches, and any other structures in immediate connexion with the parts thus exposed.
2. Place under the microscope a portion of a sympathetic ganglion from the animal you have dissected, and describe the several tissues thus made visible.
3. To what class of Vertebrata did the preparation before you belong, and in what points does it contrast with similar preparations from higher classes?
4. Give a detailed description of the preparation No. i.

No. IV.—PHYSIOLOGY AND ANATOMY.

Practical Examination.

1. Make a dissection of the animal laid before you, and describe the several parts you expose, omitting the intestinal canal.
2. Write a description of one of the three skulls numbered i. ii. iii.
3. Describe the preparation put before you, and compare it with similar structures from animals in the same class.

PHYSIOLOGY.

(*Pass Paper.*)

1. Give an account of the bone laid before you, stating the class of Vertebrata, to which it belonged, the part of the body whence it came, and the functions it executed during life.
2. "There is one great and principal difference between living matter and that which does not live, and there are a number of minor differences." Expand and illustrate this aphorism.
3. Enumerate the several varieties of articulations and the different structures which may be found to enter into the constitution of a joint in the living body.
4. Compare the blood-cells of Mollusca, Batrachia, Aves, and Mammalia.
5. Give an account of the circulation as carried on in the Batrachia at the different periods of their existence.
6. Show how the act of respiration is effected in an osseous fish, and state what are the conditions affecting the life of a fish when removed from the water.
7. Into what orders may the class Pisces be divided, and upon what different principles of division is it possible to classify them?
8. To what points would you look in assigning its relative dignity to one or other of two brains from different orders of Mammalia?
9. Give the anatomy and functions of the middle ear, and the ossicula auditus.

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10. What are the ultimate elements necessary for the constitution of a secreting gland? Draw diagrams of the several varieties of these organs and give an account of the nature and working of the secretion of some one of them.

11. Give an account of the act of rumination, with a description of the structures which subserve the process, and a statement of the differences they exhibit in the order possessing them.

12. Explain the division of Vertebrata into Allantoidea and Anallantoidea, and state how it is that the Batrachia are referred to the latter of these two great divisions.

PHYSIOLOGY.

(*Class Paper.—No. V.*)

1. "All organic beings have been formed on two great laws, unity of type, and the conditions of existence." Explain and illustrate this aphorism.

2. Give the chemical and physiological history of the albuminoids found in blood.

3. What is meant by a "Renal Portal Circulation," and in what classes of Vertebrata do we find such a system?

4. What light does Comparative Anatomy throw upon the differences of function of the submaxillary and parotid glands, and what recent discoveries have been made as to the innervation of these two organs?

5. Give the anatomy and homologies and state the nature of the secretion of the appendices pyloricæ in fish.

6. Describe the stomatogastric nerves in an articulate animal, and state with what system of nerves they are homologous in the Mollusca and Vertebrata respectively.

7. What is the ultimate structure of a "Tubular Nerve" Fibre, and in what ways may its contents be known to be heterogeneous?

8. Give an account of the development of the Echinodermata.

9. What do you know of the distribution of the Entomophaga and Insectivora in space and time?

10. Give an account of the native varieties of the human species found in Borneo, Australia and New Zealand.

REVIEWS.

Cellular Pathology as Based upon Physiological and Pathologica Histology. By Rudolph Virchow. Translated from the Second Edition by Dr. Chance, L.R.C.P. and Physician to the Blenheim-street Dispensary. Illustrated by 144 Woodcuts. Pp. 511. London: 1860.

(Second Notice.)

In Pathology the cell is the seat of action, the great majority of new formations being formed from the growth of the cells of the connective tissue, by the division of their nuclei, and their multiplication. All growths benignant, and malignant, have this similar mode of origin; their distinctions come with their further development, and are brought about by the peculiar kind of irritation excited in the part. It is a complete error to suppose, that a substance—a blastema—is deposited *between* the elements of the body, and that out of this substance a new structure is produced. Tubercle—true miliary tubercle—for example, has its origin in a growth of the cells of connective tissue; it is formed of a mass of cells rich in nuclei imbedded in the tissue which invests it. It is very nearly related to pus, which has the smallest nuclei and cells; and is distinguished from the more highly organised forms of cancer, by the fact, that cancers are formed of large corpuscles with highly developed nuclei and nucleoli. Tubercle is thus developed out of the original histological elements of the connective tissue—by a continual division of them—by a process of "degenerative proliferation." By the profusion of its growth its supply of nutriment is cut off, and then it shrinks and dies, and leaves a disintegrated cheesy material—its regular, though not constant, termination.

All this, Virchow asserts, has been made clear by his demonstration of the fact that nearly every part of the body possesses cellular elements: that bone-corpuscles are real cells, and that connective tissue also contains cells from which germs can grow. Instead, therefore, of seeking the origin of new formations in plastic lymph, blastema, or exudations, we must—with rare exceptions—look for them in the cells of the connective tissue. We may, indeed, regard the body as being made up of this connective tissue, in which other constituents, muscles, nerves, etc., are imbedded. This connective tissue is present in the brain, the liver, the kidneys, in muscle, skin, cartilage, bone, etc.; and its presence explains to us how it is that the same pathological products may arise in structures apparently so dissimilar. The old doctrine of blastema and cell-growth within it falls to the ground. The fibrinous fluid attending inflammations is the product of the corpuscular elements of the tissue abnormally excited, not an exudation from the blood-vessels. When the blastema theory was laid down, the existence of these cellular elements was unknown; but when it was shown that there was scarcely any part of the body which did not possess these elements—that bone-corpuscles, for example, were real cells—then germs in abundance were at hand to show how new tissues may be developed. Now, therefore, we may substitute for plastic lymph, blastema, exudation, the connective tissue with its cellular elements. All new formations here find their origin, excepting epithelial formations and some few others.

In Lectures XI., XII., and XIII., Virchow gives a detailed account of the intimate anatomy of the nervous system. In Lecture XIV. he discusses the obscure subject of Irritability. Every vital action presupposes an excitation or irritation; the irritability of a part is a criterion of its life. But the action of a part may be displayed either in the promotion of its function, its nutrition, or its formation. And in considering the subject of nutrition it is necessary to keep these three forms clearly in view. The question of nutritive irritability is of much more interest to the pathologist than is that of functional irritability. Nutritive absorption may be in excess in a part, so that it becomes hypertrophied, but the histological elements remain the same in number. In Bright's disease the renal epithelial cells enlarge and become cloudy through the large amount of their contents, the tubules being thereby made broader. This condition of *cloudy swelling* is met with in may irritated parts as an expression of inflammation. We cannot, therefore, in such cases, distinguish by the mere anatomical appearance between simple hypertrophy and some forms of inflammation.

In real inflammatory irritation we have to deal with all the three forms of irritation—of function, of nutrition, and of formation. In traumatic injury of muscle, for example, we have nutritive and functional disturbances. In inflammation of interstitial connective tissue, we have new formations—pus, etc. Some cause of irritation acts either directly (or indirectly, through the medium of the blood) upon the part, which is thereby so altered, that it absorbs and attracts to itself from the parts around it a larger amount of matter than ordinary. There is no such thing as an inflammatory exudation in the sense usually attached to the term. What we find in the inflamed part is essentially composed of the material which has been generated in the inflamed part itself, and of the transuded fluid derived from the vessels. Exudation is not, however, present in all inflammations. There is a *purely parenchymatous inflammation*, running its course in the interior of the tissue, and not showing the presence of any free fluid; here the elements of the tissue are larger and fuller than natural, and filled with an abnormal matter, but there is no exudation. And there is the *secretory* (*exudative*) *inflammation*, belonging mostly to the superficial organs, in which there is also an increased escape of fluid from the blood, which conveys the peculiar and abnormal parenchymatous products to the surface.

In Lecture XV. we have an account of the passive processes—degeneration. On this point we would only linger to call attention to a point upon which Virchow lays some stress, viz. that many cases which are called *fatty degeneration of muscles*, present only adipose tissue between the primitive muscular fibres, the striæ remaining firm and intact. Observers who so frequently find the heart's tissue thus degenerated may perhaps get a hint here. A most instructive account of the atheromatous affection of arteries and of endocardial excrescences will be found in Lecture XVI.

The remaining Lectures are occupied with a minute description of the mode of development of the different abnormal products out of the corpuscular elements of the connective tissue.

We have, we think, given the reader a general idea of the main doctrines contained in this very remarkable volume. But we will at once say that the subject requires much and

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careful study for its full apprehension. We may even say more than this,—viz. that the volume does not contain, as could be wished, a clear and succinct account of the author's particular views. Perhaps this is unavoidable in a volume consisting, as we are told, of lectures just as they were taken down by a short-hand writer, and as they came from the lips of the lecturer. The consequence of this is, and naturally enough, that the subject is given in a somewhat obscure manner to the reader, who has not the advantages of the lecturer's demonstrations before him. We think that the translator would have done well to have anticipated this difficulty, by giving the reader a summary view of Virchow's new doctrines. This would have enabled the reader to attack the details in a much more easy and satisfactory way than he is able to do at present.

Much credit is due to the translator for having brought this volume home to the capacity of the non-German reader; but we trust in his next edition, that he will carefully revise the text, and relieve it of the too German style in which it is now dressed up,—of the many German *proliferations* which now obscure the meaning of the author.

With regard to the doctrines laid down by the author, we must candidly confess that we are not at the present moment in a position to enable us to criticise their value. The first thing to determine is the correctness of the data upon which they are founded; and this is a matter for the careful study of the microscopist alone. Do these cells of the connective tissue really exist in the form described by Virchow? Do they grow normally and abnormally (under irritation) after the manner he lays down? These are points which must now occupy the serious attention of observers; and upon their confirmation, or otherwise, will of course depend the acceptance or rejection of Virchow's theories of growth, normal and abnormal.

We are willing to confess that the author has made out a very strong case in favour of his general, basic (so to say) doctrine—viz. the growth of the elements of connective tissue. And we could much wish that the very difficult microscopic manipulations and preparations required for its demonstration may be undertaken by some competent investigator, who will bring the subject, thereby, under the comprehension of the Profession generally. The master hand of Virchow himself might produce demonstrations which would force conviction on the minds of many who remain sceptical of their truth because their own manipulating powers are not equal to the difficulty of the task.

Practically we admit also that his views square well with our modern ideas of treatment of diseases. In accordance with his views, we can readily understand how it is that general bleeding has no *direct* influence over local inflammations; and equally well can we understand how it is that local bleeding —*i.e.* the direct abstraction of blood from an inflamed part—should reduce (as we know it does) the local characteristics of the inflammation—the pain, the heat, the redness, and the swelling. Thus, according to Virchow, the hyperæmic condition of the vessels is not the *precursor* of the local inflammation; but it is *a consequence* of the abnormal growth of the irritated elements of the tissue. Stop or reduce their supply of blood, you cut off the food which feeds their growth; and this you do by local bleeding, but cannot do by venesection. "If," he says, "we cut off or diminish the supply of nutritive matter, we must of course prevent the part from absorbing more than its wont."

It will, no doubt, be objected to Virchow, that his views are too extremely "solidistic;" but a careful perusal of his pages leads us to think that he has on this point scarcely done himself justice, that is to say, that he has not clearly expressed his real humoral opinions. He cannot, we are sure, mean to assert that local diseases are always the pure essences of the diseases themselves. He must, perforce, admit, that, for instance, in small-pox there is some antecedent element or compound which fructifies in and pervades the body before the local symptoms of the disease—the eruption—appear. That this may be a morbid condition of the fluids is more than probable; indeed he himself speaks of "particular substances which find their way into the blood, and induce particular changes in individual parts of the body by their being taken up into them in virtue of the specific attraction of individual parts for individual substances."

Altogether, we are forced to this conclusion concerning the volume before us:—if the statements made in it are satisfactorily confirmed by other observers, a new era in the doctrines of Physiological and Pathological growths is opened before us: and Surgeons and Physicians will have to re-consider their practical opinions, as at present exercised, upon the local phenomena of disease. If, indeed, these statements of Virchow be eventually confirmed as facts, we do not hesitate to say that this volume of his is the most important work, on the subject it treats of, which has issued from the press in these latter days.

The Baths and Mineral Waters of Bath. By Dr. Falconer, &c., &c. Third Edition. Pp. 50. Duodecimo.

This little volume will be found of much service to those who wish for information respecting the Bath waters. The author himself gives a summary of what is to be found in its pages. "The following pages," he says, "contain a description of the admirable and extensive arrangements provided for the employment of the mineral waters of Bath; together with brief notices of the impregnations and medicinal uses of the waters, and of the Bath General or Mineral Water Hospital; the whole being prefaced with a general account of the early history of the mineral waters and baths of Bath." The historical sketch of the Bath Waters contains an interesting account of the notice which has been bestowed upon them in different ages.

GENERAL CORRESPONDENCE.

MEDICAL BARDS AND STIMULANTS REVIEWED.

Letter from Dr. J. Barclay.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have to-day received a green pamphlet, purporting to be a letter to Dr. Page, on the subject of his late elegant Harveian Oration, entitled, "On certain recent Alterations in Medical Practice. By Thomas Heberden, M.D. Oxon," a Fellow of the Royal College of Physicians. It took some little time for me to feel convinced that it was not a hoax—that it was not meant to convey the sting of censure under the most successful veil of covert satire. But, assuming the genuineness of the article, I cannot describe the pain with which I perused this green pamphlet. Is this, indeed, the style acquired in the classic groves of Isis? Is this, indeed, the "tone" that can be permitted to emanate from the College of Physicians? Who can honour us, if we thus fail to honour ourselves? Who can respect us, if we be deficient in self-respect? Who dare point the finger at quackery? Who can uphold the dignity of the Profession? Who can repudiate the puffing system, direct or indirect, if this be permitted for one hour to be considered as a course acceptable to the Profession at large?

I, for one, Sir, beg, through your columns, not only as a Physician, but as a man, to repudiate, in the strongest manner, the production I have alluded to. Our College must deal with it on its own responsibility. I write merely as a member of a Profession usually considered "learned."

The facts of the green pamphlet are fallacies; the system of abuse of stimulants I hold to be ruinous and immoral, and the style is this (it is, indeed, a quotation, but the author adopts it as his own formula):—

> "'Principiis obsta'—on the outset act,
> And crush disease at once by skill and tact;
> Crush it ere from neglect the frequent fit
> Becomes a habit difficult to hit.
> However fierce the storm, expect a calm;
> Now is the time for the preventive balm!
> Whether, as in the ague's simpler forms,
> Remission lasts a day between the storms,
> Or gives ten minutes' respite to the frame,
> The principle of cure remains the same.
> What is that principle? As in the ague,
> To stop recurrence of the fits that plague you,
> Steady the hand, and leave the parts alone;
> You know the means to give the main-spring tone?
> Relying on the lull, however brief,
> Push bark and steel to permanent relief;
> And failing these—for both may disagree—
> Change to whatever else makes fever flee.
> If the remission, trusted thus, endure
> For an indefinite period, that is Cure!"

But, leaving such composition to Moses and the Minories

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—whence it must have emanated—I would further wish to say a word or two as to the Medical matter of the green pamphlet.

There has, since the sadly sudden death of Dr. Todd, been a feeling in the Profession, from regard to his memory, of reticence in condemnation of the doctrines inculcated by him with gradually and steadily increasing force during his later years. The time for this reticence has gone by when we find a F.R.C.P. assuming the correctness of the assertion, that blood-letting is invariably injurious, that "quinine, steel, and stimulants" should be given "in cases where, for thirty centuries, the great majority of the Profession advocated exhaustive measures," and snarling over the offensive bone of contention, as to who was the new Harvey or Jenner who "discovered" this fallacy.

I consider the system of indiscriminate use, or, rather, abuse of stimulants, has done more harm than good; for the Profession in this country was already well aware how useful, in rational doses, at rational times, was alcohol in all its forms. Alcohol, Sir, can no more cure all diseases than any other drug. A system of stimulation is no better as a panacea than a system of globules or hydropathy—nay, it is infinitely worse, for infinitely more dangerous. There are those that I have met with in my little experience who have to curse the day they were advised by high Medical authority to use stimulants to excess. I have seen one young lady who is now reduced to a state of perpetual fuddle by ether and ale, who has nothing the matter with her but hysteria and self-will; I have seen a yellow, provincial lawyer, with a sluggish liver, drop in his office, half drunk with the "four glasses of sherry" ordered at lunch; I have seen a clergyman of excited brain driven almost to madness by draughts of porter and glasses of brandy-and-water, to which he was utterly unused; and how many are there over whom the grave has closed with pints of alcohol in their system when the poor liver and lungs failed in getting rid of the offensive and unsuitable remedy?

There is such a thing, Sir, as rational treatment of disease; there is such a thing as cutting short disease by depletion judiciously employed; there is such a thing as the rational use of all forms of stimulation, when the disease, or, rather, the constitution, calls for it; there is such a thing as hastening or producing death by the indiscriminate abuse of a powerful remedy; there is such a thing as moral responsibility.

Sir, I beg you to pardon my discursiveness; but let me entreat of you to let it be known, that the Profession repudiates an indiscriminate system of stimulation as it would any other system of quackery; that Medicine, robbed of its science, and reduced to the Mosaic form of creed quoted above, would cease to be a benefit to mankind, and that the professors of such a belief must, by-and-by, as a natural consequence of the substitution of empiricism for philosophy, sink down to that state in which they could be capable of writing and publishing such another green pamphlet.

"Principiis obsta, sero medicina paratur,
Cum mala per longas convaluere moras.
Sed propera: nec te venturas differ in horas.
Qui non est hodie, cras minus aptus erit."
OVID: Remed. Amoris.

That is a very good epitome of rational Medicine.

I am, &c.
JOHN BARCLAY, M.D., F.R.C.P.

The Newarke, Leicester,
September 15.

HOSPITAL REGISTRATION.

LETTER FROM DR. STONE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Allow me, as the author of some recent remarks on Hospital Registration, to acknowledge a letter from Dr. Farr, contained in the last number of your Journal. In it he directly admits the paternity of that cumbrous and objectionable nosology which formed a single blemish in the excellent propositions submitted by Miss Nightingale to the Statistical Congress. Indirectly he goes far to justify the severest of my criticisms; for not only does he fail to support his production by satisfactory arguments and explanations, but he exhibits an apparent misapprehension of the theoretical incongruities urged against it. For these, among other reasons, I must decline discussion of a subject already pretty well settled by the opinion of the Profession at large. But I beg to protest against a fusion of Miss Nightingale's valuable suggestions with Dr. Farr's questionable statistical views and heterogeneous principles of classification. While I give the fullest assent to the one, I feel bound to reiterate my disapproval of the other. It seems agreed on all hands that, desirable as the application of statistics to Medical facts may be in the abstract, its working-out is surrounded by many practical difficulties. These are in no way removed by the high hand with which Dr. Farr seems disposed to carry the matter, nor by implicit comparisons of his method with that of "Owen and Hooker," nor by the sneer with which he receives Dr. Tripe's plain and temperate letter of September 1.

It is to be hoped, for Miss Nightingale's sake, that the refusal of which Dr. Farr professes to be the mouthpiece is not final. Her good sense and impartiality will show her what that gentleman seems to ignore, that there is no "enemy" in existence, and no "battle to fight out," but simply a scheme to be carried through in the manner which will best secure real results, and the hearty co-operation of our Profession. In such cases every lover of truth has a right to proffer amendments, and the lofty tone and warlike similes of her champion become as irrelevant as his allusions to "New Zealanders," "self-acting mules," and Garibaldi.

The bellicose temper of the letter seems to indicate one of two things,—either that Dr. Farr has recently become a Rifle Volunteer, or that he tacitly admits the hostility of scientific nosologists to his strange illogical classification, and personifies it unconsciously under the designation of "the enemy." It is to be regretted that he has already succeeded in applying the method to the registration of deaths in England; indeed its defects in this direction have been well exposed by the Registrar of Deaths for Scotland. But, even under these circumstances, it appears to me highly injudicious to afford the protection of a name justly respected, as is that of Miss Nightingale, to an analytical attempt which, on its own merits, has hitherto completely failed in securing scientific weight or universality of adoption.

I am, &c.
Haddo House, Aberdeenshire. WILLIAM H. STONE.

HEROIC DOSES OF DIGITALIS IN NERVOUS EXCITEMENT.

LETTER FROM DR. WILLIAMS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last week's number is a very interesting paper by Mr. Jones, of Jersey, on large doses of tincture of digitalis in delirium tremens, which is well worthy of the attention of the Medical public. That such doses are as a rule not dangerous when there is any unnatural excitement of the nervous centres, is fully borne out by the fact that even ounce-doses of tincture of digitalis have been prescribed twenty years ago to ward off epileptic attacks, when there was any preliminary warning of their approach. I was under the impression that it was Dr. Billing who so ordered it, but I cannot now find that he did so in any of the editions of his works. In such cases I have been in the habit of prescribing it in half-ounce doses for many years, and have found it by far the most efficacious remedy.

The following is a foot-note, written by myself, many years ago, under the head of Epilepsy:—"I have certainly averted the impending paroxysms by administering very large doses of digitalis, which does not appear to be so unmanageable and uncertain in its effects in large doses as in continued small ones. I have given as much as half-an-ounce of the tincture on the threatened approach of a paroxysm, and never saw any ill effects arise from administering so large a dose. One patient always kept a draught of the above dose in the house."

There is one form of excitement of the brain which I have never had an opportunity of administering it in, namely, puerperal convulsions. In this formidable disease, I decidedly think it deserves a trial.

I am, &c.
A. WYNN WILLIAMS, M.D.

20, King-street, Portman-square,
October 2, 1860.

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MEDICAL NEWS.

UNIVERSITY OF ST. ANDREWS.—List of gentlemen on whom the Degree of Doctor of Medicine was conferred on September 28, 1860:—

Adam, James Veitch, L.R.C.S. Ed., Wooler
Baxter, John, L.R.C.S. Ed., New Brunswick
Bird, Samuel Dougan, M.R.C.S. and L.A.C., Richmond, Surrey
Bennett, Charles Henry, L.A.C., Hammersmith
Blades, Charles Corbett, M.R.C.S. and L.A C., London
Bowness, Robert Harrison, L.R.C.P. Ed. by exam., Lancashire
Braithwaite, William, M.R.C.S. and L.A.C., Leeds
Clarke, Alfred Frederick S., L A.C., Manchester
Dawson, James Edmund, M.R.C S. and L.A.C., Liverpool
Downs, George, F.R.C.S., Stockport
Dudley, William Louis, M.R.C.S. and L.A.C., Dudley, Worcestershire
Edger, William, M.R.C.S. and L.A.C., Nether-Stowey, Somerset
Galgey, William, Belfast
Goldie, William, L.R.C S. Ed., Lanarkshire
Harvey, Octavius Charles, M.R.C.S., Jamaica
Haydon, Nathaniel John, M.R.C.S. and L.A.C., L.R.C.P. Ed. by exam., Bovey-Tracey, Devon
Hoskins, Edmund John, M.R.C.S. and L.A.C., H.M. Indian Service
Jackson, John Hughlings, M.R.C.S., Green-Hamerton, Yorkshire
Major, Harry Pike, M.R.C.S. and L.A.C., Hungerford, Berks
May, Edward Hooper, F.R.C.S. and L.A.C., Tottenham, Middlesex
Metcalfe, Richard, M.R.C.S., Hawes, Wensleydale, Yorkshire
Part, James, F.R.C.S. and L.A.C., London
Pearl, Geoffrey, M.R.C.S. and L.A.C., Windsor
Peart, Robert S., M.R.C.S. and L.A.C., Tynemouth, Northumberland
Pike, Thelwell, M.R.C.S. and L.A.C., Weyhill, Hants
Pulney Andy, Senjee, Madras
Ross, George, M.R.C.S. and L.A.C., L.R.C.P. Ed., London
Royston, Charles, M.R.C.S., L.A.C., and L.R.C.P. Ed., London
Shaw, Edmund, M.R.C.S. and L.A.C., Trinidad
Stanfield, William, M.R.C.S. and L.R.C.P. Ed., Oldham
Stevenson, Henry C., L.R.C S. Ed., New Brunswick, B.N.A.
Thompson, Daniel Robert, Madras
Tylecote, John H., L.R.C.S. Ed. and L.A.C., Heywood, Staffordshire
Watts, Robert George, M.R.C.S. and L.A.C., Clifton, Bristol
Williams, John, M.R.C S. and L.A.C., Doncaster
Williams, John, M.R.C.S., Brecon.

The Degree of Bachelor of Medicine was also conferred on

Robinson, John, B.A. St. Andrews, Runcorn, Cheshire.

ROYAL COLLEGE OF PHYSICIANS.—At the ordinary quarterly Comitia held on Tuesday, October 2, the following gentleman, having undergone the necessary examination was admitted a Member of the College:—

Price, James, M.D., Brixton.

The following gentleman was also admitted a Member of the College, having been previously elected under the Temporary Bye-Laws, now expired:—

Bryan, Edward Langdon, M.D., Brighton.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, September 27th:—

Barker, George, Totteridge, Herts
Callon, William Joseph, Liverpool
Davy, Richard, Chulmleigh, North Devon
Ryall, William Frederick, Plymouth
Williamson, Henry William

The following gentlemen also on the 27th ult. passed their First Examination:—

Garner, Robert Cotterill, Stoke, Staffordshire
Laverick, John Valentine, Winderwell, Yorkshire

For an Assistant.

Downes, Robert, London

DEATHS.

BYRNE.—September 6, at Fort Moultrie, Bernard M. Byrne, M.D., Surgeon in the United States Army, of typhoid fever, aged 47. He was a native of Ireland, and emigrated, while quite young, with his parents, to Baltimore, and graduated at the University of Maryland. He was subsequently engaged as Prosecutor to the Professor of Anatomy in Washington College, New York; and afterwards, about 1836, entered the Medical Staff of the Army, serving with great credit through the Florida and Mexican wars. He then served as Medical Director-General on the Pacific coast. He was an accomplished writer, and his Treatise on Cholera was officially approved by the United States Government, and is now used as a text-book in the Medical department of the British Army. He married the daughter of Colonal Abert, chief of topographical engineers, Washington, and has left a widow and three children.

CRELLIN.—October 1, at Forest-hill, Sydenham, Frederic Crellin, F.R.C.S. and M.R.C.S. Eng., L.S.A. Lond., Surgeon R.N., aged 59.

FINNEY.—September 24, at Newburn, Northumberland, Dr. Thomas Finney, aged 65.

HOLT.—September 29, at Enfield, Middlesex, William Henry Holt, M.D., M R.C.S. Eng., 1802, aged 77.

HOWARD.—September 15, at Mornington-road, Regent's-park, William Lucy Howard, M.D., aged 38.

MACAULAY.—July 15, at Odin Bay, China, on board the Hospital Ship *Mauritius*, of dysentery, Robert Welbank Macaulay, Surgeon Benga Medical Service, youngest son of Dr. Alexander Macaulay, of Edinburgh, aged 37.

TOLDERVY.—September 4, suddenly, the result of an accident, James Bailey Toldervy, M.D., of Frederickton, New Brunswick, aged 52.

DR. RUFZ, Director of the Garden of Acclimatization, established at Boulogne, has presented to the Academy numerous parasites found in foreign animals. A leech found in the throat of a black stork; a tænia in the intestines of an ostrich, (an animal which, according to Buffon, was free from parasites, etc.)

MELVILLE HOSPITAL.—On a recent visit to this establishment by Miss Nightingale, that lady pronounced the Melville Hospital to be in every respect the best of the Naval or Military Hospitals in this kingdom. Before leaving Melville, the First Lord of the Admiralty intimated to the Principal Medical Officer his satisfaction at the result of the inspection.

THE MARQUIS DOCTOR.—The "Madrid Gazette" of the 22nd ult., publishes the bulletin of Dr. the Marquis de San Gregorio, Physician to the Queen, on the accident which befell her Majesty on board the *Princess de Asturias*, near Mahon, on the 20th. It appears that, although the three wounds which the Queen received in the head were slight, it was considered necessary to have recourse to bleeding. No ill consequences arose from the accident, or the bleeding.

OUR French brethren are daily opening their eyes more widely to the uses of alcohol in fevers. The fact seems dawning upon their senses with the force of some wonderful novelty. "A number of officinal tinctures and various medicaments are only of use," writes Dr. Burden, "through virtue of their alcohol. The more spirituous the vehicle, in fact, the greater is its virtue. The tonic liqueur which I give my poor patients is made of quinine or gentian, etc., macerated in eau-de-vie."

OUR ARMY IN CHINA.—"The good health of the troops continues. Less than four-and-a-half per cent. are on the sick-list, including therein all the men who have cut their feet with oyster-shells while bathing. There are not more than one per cent. of serious cases. One regiment, the 99th, is 598 strong, and has but two men absent from duty. The Hospital-ships are models of comfort, and even luxury. No want of 'Medical comforts' here. Whatever the patient requires is at hand, from champagne and sherry to sago and arrow-root."

EFFECT OF MUSIC ON THE SICK.—The effect of music upon the sick has been scarcely at all noticed. In fact, its expensiveness, as it is now, makes any general application of it out of the question. I will only remark here, that wind instruments, including the human voice, and stringed instruments, capable of continuous sound, have generally a beneficial effect—while the pianoforte, with such instruments as have no continuity of sound, have just the reverse. The finest pianoforte-playing will damage the sick, while an air like "Home, sweet Home," or "Assisa al pié d'un salice," on the most ordinary grinding-organ, will sensibly soothe them—and this is quite independent of association.—*Florence Nightingale.*

GARIBALDI'S SICK AND WOUNDED.—"I am sure that any information connected with the Military Hospitals of Naples and Sicily will be read with interest by my benevolent countrywomen. From Sicily, then, the news is bad. Pernian fever has made its appearance in Barcelona, and four of the Genoese Carbineers have fallen victims. All the patients are therefore to be removed to Palermo, where Miss Middleton has already given, and may yet give, invaluable services. A Central Hospital is to be formed in Naples. I am requested to announce the receipt of a large number of cotton sheets, bearing the address of "Campbell, London," and part of them I have seen. I am also requested to ask who sent fifteen cases of instruments, and what has become of them, as they have not turned up. They would have been invaluable in Sicily."—*Times.*

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ANCIENT MILITARY DOCTORS.—Dr. Sarcy - Lachaume lately died in Paris, at the age of 84. He was the oldest of living French Military Surgeons. He had seen service, had made the campaigns of Sambre and Meuse, of Italy, of Egypt, of Spain and Russia. He followed the Emperor to Elba; and left the service after the battle of Waterloo. On April 28th last died suddenly, in a magnificent hotel of La Rue Caumartin, at the conclusion of a most happy and calm old age, the last representative of a family, whose head was one of the glories of French Surgery; and which in the space of three centuries gave to the Medical profession eight of its members, who carried on practice from father to son. We speak of the Guillemeau.

"IN Scarlatina," says Sydenham, "I hold it sufficient for the patient to abstain wholly from animal food and from fermented liquors; to keep always in-doors, and not to keep always to his bed. When the desquamation is complete, and when the symptoms are departing, I consider it proper to purge the patient with some mild laxative, accommodated to his age and strength. By treatment thus simple and natural this ailment—we can hardly call it more—is dispelled without either trouble or danger: whereas, if, on the other hand, we over-treat the patient by confining him to his bed, or by throwing in cordials and other superfluous and over-learned medicines, the disease is aggravated, and the sick man dies of his Doctor."

"VITAL processes," says the author of "The Physiology of Common Life," "depend on chemical processes, but are not themselves chemical, and cannot, therefore, be explained by chemistry. There is something special in vital phenomena which necessarily transcends chemical investigation. We need not pretend to settle what vitality is, or on what the speciality of its phenomena ultimately rests, to be assured that it is something different from what goes on in laboratories, and demands other tests than those furnished by chemistry. The philosophic poet warns us—

> "From higher judgment seats make no appeal
> To lower;"

and such appeal from higher to lower, is the appeal of Physiology to Chemistry."

GARIBALDI'S HOSPITALS.—"I could wish that something were done for the establishment of a Central Hospital in Naples; but, as yet, it is a *desideratum*. In the action of the 19th there were, according to the latest Hospital returns, 130 killed and wounded, of whom 12 only remain in Santa Maria—bad cases; 60 have been removed to Caserta, and the rest, slightly wounded, have been sent into Naples. The amputations were performed very skilfully under the direction of the head of the Medical Staff of Türr's division, and too much credit cannot be given to that staff of Doctors and attendants. I am the more particular in alluding to these facts as an attempt is being made to find fault with everything connected with the Hospital arrangements. I have made inquiry of many persons, unconnected with each other, and I have heard from all the language of unqualified praise. Several officers of high rank told me that they were astonished at the rapidity and excellence of the arrangements of the unfortunate affair of last week."—*Times' Correspondent.*

ANTIQUE QUARRELS.—At a late sitting of the French Academy of Scienes, M. Biot replied to Sir David Brewster's letter of the previous sitting, observing that its contents were exclusively personal, and relating to a question of priority touching observations made nearly fifty years ago. He conceived the wrongs Sir D. Brewster complained of to be purely imaginary, and concluded by saying that at their time of life such retrospective polemics should be avoided.

LIVERPOOL INFIRMARY SCHOOL OF MEDICINE.—This school was opened on Monday by an excellent address from Dr. Gee. At the close of the lecture the chairman briefly addressed the students, congratulating them on the choice they had made of a profession, and urging them by their good conduct to uphold the character of the institution. He then proceeded to distribute the prizes awarded during the past session. The first prize was a gold medal, awarded after an examination in every subject taught in the school, and to the possession of which is attached the privilege of residence for a certain period in the Royal Infirmary. This prize was gained by Mr. Jasper Capper, who had obtained a larger number of marks in almost every department than had ever been obtained before. The other prizes were as follow:—Surgery—(Lecturer, Mr. Long): Silver Medal, Mr. Capper; Certificates, Mr. Ricketts and Mr. Sheldon. Medicine—(Lecturer, Dr. Inman): Book prize (equal), Mr. Thornburn and John K. Kenyon. Anatomy and Physiology (Senior Class—(Lecturer, Mr. Fletcher): Medal, Mr. Capper; Certificates, Mr. Ricketts and Mr. Thornburn. Anatomy and Physiology (Junior Class)—(Lecturer, Dr. Waters): Medal, M. G. B. V. Nash; Certificates, George S. Kenyon and Mr. Jackson. Chemistry—(Lecturer, Dr. Edwards): Medal, Mr. Thomas Bird; Certificate, Mr. Johnstone. Midwifery—(Lecturers, Mr. Batty and Dr. Grimsdale): Medal, Mr. George S. Kenyon; Certificate, John K. Kenyon. Materia Medica—(Lecturer, Dr. Nevins): Medal, Mr. George S. Kenyon; Certificate, John K. Kenyon. Botany—(Lecturer, Dr. Collingwood): Book Prize, Mr. R. Lupton; Book Prize for Collection of Plants, Mr. Isaac Thompson; Certificate of Honour for ditto, Mr. William Cross. Practical Chemistry—(Lecturer, Dr. Edwards): Book Prize, Mr. John Eaton.

A VILLAGE OF ARSENIC-EATERS (?)—A stream called Whitbeck, rising in the Blackcombe Mountains, in West Cumberland, contains arsenic in determinable quantity. The arsenic is most probably derived from veins of arsenical cobalt ore, through which it percolates; for a few yards above the source of the stream there is the entrance of a mine, which is very rich in arsenical ore. The arsenical water is habitually used for every purpose by the inhabitants of the little village of Whitbeck, and with beneficial results so apparent that one might be justified in paradoxically characterising it as a very wholesome poison, the deadly elements in dilution being productive of the most sanitary effects! Ducks will not live if confined to the Whitbeck, and while trout abound in all the neighbouring rivulets, no fins are ever found in the arsenicated stream. But its use by the villagers does not give rise to any symptoms of arsenical poisoning, but rather to the effects which are observed in Styria among the arsenic-eaters there. When the railway was being carried past Whitbeck the first use of the water produced the usual marked effects on the throats both of the men and horses employed on the works. The soreness of mouth from which they at first suffered soon, however, disappeared, and the horses gave rise to that sleekness of coat assigned as one of the effects produced by the administration of minute but repeated doses of arsenic. It is a question how far the rosy looks of the Whitbeck children, and the old age which a large proportion of the inhabitants of the village attain, are to be attributed to the arsenic present in the water.—*Westmoreland Gazette.* [Is this a penny-a-liner's hoax?]

HEALTH OF SCOTLAND.—In the eight principal towns of Scotland, containing in 1851 a population of 784,306, and now estimated to have a population of 908,146, the births in the month of August were 2561, the deaths 1738, the marriages 556. It is satisfactory to see that the excessive mortality of 1860 is at length arrested, and the deaths reduced to the average or a little below it. The daily deaths in the eight towns were 96 in February, and above 80 in March and April, but have been falling in number ever since, and were only 56 in August. This, however, is a higher mortality than that of London. The population of these eight towns in 1851 was almost exactly a third of that of the metropolis; the deaths in the eight towns in August were at the rate of 392 a-week, but the deaths in London in August, instead of being three times that number (1176) in a week, scarcely exceeded 1000. But the mortality of London last August was nearly 200 a-week below the average of the last 10 years (corrected for increase of population), and there might have been an improvement in the mortality returns of the Scotch towns but for the prevalence of epidemics—measles in Glasgow, smallpox and measles in Dundee, and scarlet fever in Leith, Paisley, and Aberdeen. The mean temperature of the month was in Aberdeen 51·8 deg., in Edinburgh 57·8 deg., in London (Camden-town) 58 deg. The depth of rain at Greenock was 5·60 inches, at Glasgow 4·47, at Edinburgh only 1·65; at Camden-town it was 4·48. Of the births in the eight Scotch towns 9·6 per cent. were illegitimate, and Aberdeen retains its pre-eminence—in that city 18·1 per cent.—more than one in six of the children, born were illegitimate. In the detailed returns for all Scotland for the second quarter of this year instances such as these occur:—Hawick out of 97 births 13

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illegitimate; Inverury, 10 out of 36; Auchindoir, 5 out of 19. One local registrar lays the blame on "field labour;" another on the girls going to service in "the low country;" a third attributes a decrease of the immorality to "abundance of employment and high wages promoting marriage;" a fourth, who says his return tells a fearful tale, slily adds that, having five active clergymen to less than 1500 people, "it cannot be charged against a want of the means of grace."

SIR BENJAMIN BRODIE'S moderate estimate of the ill effects of tobacco we fancy to be somewhat overcharged. A drop of its essential oil on the tongue of a cat will, he says, destroy life in ten minutes. No doubt; but 100 drops distributed over 365 days would hardly have any effect at all on the cat, which has not the vital powers of a child five years old. We dissent also from the applicability of the instances adduced by Sir Benjamin Brodie of the pernicious effects of excess in tobacco smoking, and which he holds up to us as warnings—namely, the decline of the Red Indians of America and of the Turks. The Red Indians had been smoking for ages before we knew of their very existence; indeed, it was from them we learnt the practice; and they might have smoked on to the latest posterity without diminution of their numbers, had not fire-water, gunpowder, and the encroachment of cultivation on their hunting-grounds prevented it. As to the Turks it is assuredly neither excess of tobacco smoking or of any other vicious indulgence that has changed their relative position to Europeans. They have not declined at all, for they have at present as much courage and more knowledge and intelligence than they had under Solyman the Magnificent. It is not the Turks that have fallen off, but we that have advanced at a pace with which an Asiatic race, albeit planted for four centuries in the choicest regions of the globe, cannot keep up.—*Examiner.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, September 29, 1860.

BIRTHS.

Births of Boys, 909; Girls, 893; Total, 1802.
Average of 10 corresponding weeks, 1850–59, 1626·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	543	513	1056
Average of the ten years 1850–59	631·2	569·4	1200·6
Average corrected to increased population..	..	..	1227
Deaths of people above 90	1	2	3
Deaths in 15 General Hospitals	42	15	57

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	5	12	1	6	6	12
North ..	490,396	1	6	5	4	6	9	8
Central ..	393,256	1	1	6	..	7	5	4
East	435,522	..	21	6	2	7	5	18
South ..	616,635	..	10	17	4	15	4	8
Total.. ..	2,362,236	3	43	46	11	41	29	50

TO CORRESPONDENTS.

ABERDEEN AND ST. ANDREWS.

Owing to the non-arrival of some proofs from Edinburgh last week, it is necessary to correct certain errors in our copies of the Regulations of Aberdeen and St. Andrews. At St. Andrews the Examinations take place *three* times (not twice) in the year; namely in May, September, and December. This year the Winter Examinations commence on December 27. Special Examinations are no longer granted. The Regulations of King's College, Aberdeen, are obsolete. This College and Marischal College have ceased to hold an independent existence, and now, in a united form, constitute the University of Aberdeen, the new Regulations of which have appeared in our advertising columns.

Letters and Papers from Dr. Figg, Mr. Meade, Dr. Althaus, Mr. Ewens, etc., are in type.

Dr. Scholefield.—We consider the advertisement of Dr. Jordan's book to be extremely unprofessional. The letter shall appear as soon as possible.

Mr. P.—We do not see how the deaf and dumb could be benefited by the publication.

AN OPENING.

A Clergyman writes to us to say that a Medical man is much wanted in the parish of Avebury, near Marlborough, Wilts.

A NOTE FOR STUDENTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—You would, I believe, confer a favour on our students, both freshmen and oldsters, by calling attention in the next number of your Journal to the fact that the Registration at the College has already begun, and will terminate on the 13th of this month. I am, &c.
October 4. A TEACHER.

THE TITLE OF DOCTOR.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As it is obvious from your correspondent's letter, signed "Ph.D.," that Licentiates of the Colleges of Physicians are by law, usage, and analogy, "Doctors of Physic," it follows that they are *bona fide* M.D.'s, the words Medicine and Physic being convertible terms. In fact Medicin Doctor is Doctor of Physic translated into Latin. I think the controversy is now fairly ended, and must apologise for trespassing on your space.
2, China-terrace, Lambeth, I am, &c.
October 3. JNO. H. SMYTH, B.A., L.R.C.P.E.

THE SOCIAL EVIL.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your correspondent "A. C." has evidently misunderstood the tenor of your remarks, at least as I read them. I understood you to say that the efforts of philanthropists would be far better exerted in an attempt to prevent the evils through which females are precipitated into misery and guilt, than in spasmodic attempts at curing an irremediable disease. You wish those efforts to be made so as to anticipate and remove many of the promoting causes of prostitution.—the causes which drive (so to say, females that way; and as we well know many of those causes are removable. When this has been done then "A. C." may have grounds to plead his cause. I am, &c. ITA.

COMMUNICATIONS have been received from:—

DR. CONOLLY; Dr. R. LEE; Dr. FARR; Dr. FORBES; Dr. R. D. THOMSON; Dr. STONE; Dr. SKINNER; Dr. FAYE, Christiana; Dr. CHOWNE; Dr. BLOXAM; Dr. STEWART; Dr DEVENISH; M. CLAUDE BERNARD; Mr. CHAPPLE, Poona: Mr. COOPER FORSTER; Mr. SHINKWIN; Mr. SYMONDS, Oxford. Mr. WILLIN, Melbourne; Mr. WEEDON COOKE; Mr. NOTTINGHAM; Mr. F. A. HARDY; Mr RIVERS; Mr. SCHOLEFIELD; Mr. RUTTER, Sydney; Mr. CRONIN; Mr. EWENS; Mr. STEVENS; Mr. POPE; Mr. CROSKERY, Jamaica; Mr. PARKER; Mr. CRAVEN; Mr. STONE; Mr. ELLIOT, Rev. W. CANN; COUNCIL OF LECTURERS OF ST. BARTHOLOMEW'S, GUY'S, ST. THOMAS'S, ST. GEORGE'S, MIDDLESEX, ST. MARY'S, and other LONDON HOSPITALS.

APPOINTMENTS FOR THE WEEK.

October 6. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

8. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Dr. B. W. Richardson "On the Physiological and Therapeutical Properties of Peroxide of Hydrogen."

9. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

10. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

11. *Thursday.*

Operations at St. George's, 1 p.m; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

12. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) at 2 o'clock:—

By Mr. Bowman—Examining Knee-joint for Dead Bone. By Mr. Lee—Excision of Elbow-joint; Examining Elbow-joint for Dead Bone; Varicose Veins; Radical Cure of Hernia. By Mr. Wood—Radical Cure of Hernia.

St. Thomas's Hospital.—The following Operations will be performed this day (Saturday) at 1 o'clock:—

By Mr. Solly—Lithotomy for Anchylosed Knee-joint, and Caries of Astragalus. By Mr. Le Gros Clark—Lithotomy and Amputation of Penis.

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Surgeons' Hall, Edinburgh.—Winter

SESSION, 1860-61. The INTRODUCTORY ADDRESS will be delivered by Dr. SANDERS, on MONDAY, November 6, at One p.m. The prospectus may be obtained on application to Mr. John Struthers, Secretary to the Medical and Surgical School.

St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, OCTOBER 1st, at Eight o'Clock, p.m., with an INTRODUCTORY ADDRESS by Dr. TYLER SMITH, after which a Conversazione will be held in the Museum.

It is a distinctive characteristic of St. Mary's Hospital that its Medical Appointments are conferred upon the Pupils without additional fee. Three Resident Medical Officers are appointed for Twelve Months, and one, the Obstetric Officer, for Six Months, all of whom board free of every expense in the Hospital. The money-value of these Five Appointments far exceeds as many Scholarships of £50 each. Four non-Resident Medical Officers are also selected from the best-qualified Students.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. James Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee. Surgeon-Dentist—Mr. Sercombe.

Lecturers.—Clinical Medicine—Dr. Alderson, Dr. Chambers, and Dr. Sibson. Clinical Surgery—Mr. Coulson, Mr. Lane, and Mr. Ure. Medicine—Dr. Chambers and Dr. Sibson. Surgery—Mr. Coulson and Mr. Spencer Smith. Physiology and Morbid Anatomy—Dr. Markham and Mr. James Lane. Anatomy—Mr. James Lane and Mr. Gascoyen. Operations upon the Dead Body—Mr. Walton. Dissections—Mr. Gascoyen and Mr. Davy. Chemistry and Practical Chemistry—Mr. Field. Midwifery—Dr. Tyler Smith and Dr. Grailly Hewitt. Materia Medica—Dr. Sieveking. Botany—Dr. Dresser. Medical Jurisprudence—Dr. Sanderson. Ophthalmic Surgery—Mr. White Cooper. Aural Surgery—Mr. Toynbee. Dental Surgery—Mr. Sercombe. Comparative Anatomy—Dr. Grailly Hewitt. Natural Philosophy—Mr. Smalley.

The In-Patients are visited daily by the Medical Officers and the Out-Patients are also attended daily by the Physicians and Surgeons in charge of them. During the past year relief was afforded to 1549 In-Patients and to 13,727 Out-Patients. A Maternity Department is also attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers, in each session, during the last two years of their curriculum.

Scholarship, Prizes, etc.—In addition to the Medical Appointments mentioned above, a Scholarship in Anatomy of the annual value of £25, is offered to the Students. Examinations for Prizes will take place at the end of each Session.

The Fee for the Hospital Practice and Lectures required by the College of Surgeons and Society of Apothecaries, is £89 5s., which may be paid by instalments.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of Gentlemen in Practice near the Hospital willing to receive Pupils to reside with them.

GEO. G. GASCOYEN, Dean of the School.

St. Mary's Hospital, August, 1860.

Westminster Hospital School of

MEDICINE.—The INTRODUCTORY ADDRESS of the Session 1860-61, will be delivered by Mr. POWER, on MONDAY, OCTOBER 1, at Eight p.m., and after the Address a CONVERSAZIONE will be held in the Board-Room.

The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 175 Beds, and affords relief to about 20,000 Out-Patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Marcet, Dr. Anstie.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr. Hillman, Mr. Power.
Surgeon-Dentist—Mr. Clendon.

LECTURES.

Descriptive and Surgical Anatomy—Mr. Holthouse.
Practical Anatomy—Mr. Heath and Mr. Gray.
Dental Surgery—Mr. Clendon.
Chemistry—Dr. Marcet, F.R.S.
Surgery—Mr. Bernard Holt and Mr. Brooke, M.A., F.R.S.
Physiology and Physiological Anatomy—Mr. Power.
Medicine—Dr. Basham.
Botany—Mr. Syme, F.L.S.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.
Materia Medica and Therapeutics—Dr. Radcliffe.
Forensic Medicine—Dr. Fincham and Dr. Reynolds.
Practical Chemistry—Dr. Marcet, F.R.S.
Midwifery—Dr. Frederic Bird.

Clinical Lectures.—In addition to the instruction given by all the Medical Officers during their Visits, Courses of Lectures on Clinical Medicine and Surgery, in accordance with the New Regulations of the Examining Boards, will be delivered during the Winter and Summer Terms by the Physicians and Surgeons.

Clinical Appointments.—The offices of House-Physician and House-Surgeon, are open to competition solely amongst Gentlemen who have been educated at the Hospital, and who are qualified to practise. They are appointed without the payment of any fee, and are provided with Board and Lodging in the Hospital free of expense. They hold office for one year.

Clinical Clerks and Dressers are selected from the most qualified Students, without additional fee.

The entire Course of Study (including Hospital Practice and Lectures) required by the College of Surgeons and the Society of Apothecaries, may be attended on payment of 75 guineas. Perpetual, 80 guineas.

Further information may be obtained on application to

F. J. WILSON, Secretary to the Westminster Hospital.

Queen's University in Ireland.—

QUEEN'S COLLEGE, GALWAY.—SESSION 1860-61.

FACULTY OF MEDICINE.

Dean of the Faculty—Charles Croker King, M.D., F.R.C.S.I., M.R.I.A.

The Matriculation Examinations in the Faculty of Medicine will commence on Friday, October 19.

Arrangements will be made to enable Students who intend to compete for Medical Exhibitions of the Second, Third, and Fourth Years to Matriculate upon the 16th and 17th October. Such Students are, however, requested to communicate their names to the Registrar on or before the 15th October.

Additional Matriculation Examinations will be held on Thursday, the 24th of November.

Matriculation is necessary for those Students only who intend to proceed for the Degree of M.D. in the Queen's University, or to become Candidates for Scholarships, Exhibitions or Prizes in the College.

SCHOLARSHIPS AND EXHIBITIONS.

In the Faculty of Medicine, Six Junior Scholarships of the value of £30 each, and Six Exhibitions of the value of £10 each are appropriated as follows:—Two Scholarships and Two Exhibitions to Students of the first, second, and third years respectively. Also, Two Senior Scholarships of the value of £40 each, and Two Exhibitions of the value of £18 each are appropriated to Students of the fourth year.

The Examinations for Scholarships and Exhibitions will commence on Thursday, the 20th October, and be proceeded with as laid down in the Prospectus.f

Scholars o the first, second, and third years are exempted from a moisty of the Class Fees.

Hospitals.—The Hospitals, to which Students are admitted, contain Two Hundred Beds, and are visited every morning by the Medical Professors, who deliver Clinical Lectures.

In order to induce Medical Students to attend the Practice of the Hospitals during the entire course of their education, the fee for Hospital Attendance and Clinical Lectures conjointly, has been reduced to £2 for each Session.

Further information may be had on application to the Registrar, from whom copies of the prospectus may be obtained.

By Order of the President,

September 1, 1860. WILLIAM LUPTON, M.A., Registrar.

University of London, &c.—A First-

class B.A. and M.D., prepares Gentlemen for the MATRICULATION and MEDICAL EXAMINATIONS, the Preliminary at the Hall and College, the Membership, the Fellowship Examinations, &c. Full MS. and printed Notes on all the subjects forwarded. Resident Pupils received. Address A. Z., Ferriman's, Stationer, 49, Albany-street, Regent's-park, N.W.

Evening Demonstrations of Anatomy.

Mr. CHRISTOPHER HEATH, Demonstrator of Anatomy at the Westminster Hospital, will Resume his Evening Course of DEMONSTRATIONS and EXAMINATIONS upon the DISSECTED SUBJECT on Wednesday, the 3rd of October. The Demonstrations take place on Monday, Wednesday, and Friday evenings, during the Winter Session, from Seven to Nine o'clock, at the Westminster Hospital. Entrance fee (perpetual), Five Guineas.

Glasgow School of Medicine.—Theory

and PRACTICE of SURGERY.—GEORGE H. B. MACLEOD, M.D., F.R.C.S., Fell. Fac. Phys. and Surg. Glas. (Surgeon to Royal Infirmary and Lock Hospital), will begin his WINTER COURSE of LECTURES, at No. 43, Mason-street, on TUESDAY, November 6, at Four p.m. This Course qualifies for all the Licensing Bodies.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, YORK PLACE, BAKER STREET, PORTMAN SQUARE, for the extraction of Mercury, and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

Cod-Liver Oil.—Just Imported

Direct. PALE NEWFOUNDLAND, perfectly pure, nearly tasteless, and free from adulteration of any kind, having been analysed, reported on, and recommended by Professors Taylor and Thomson, of Guy's and St. Thomas's Hospitals, who, in the words of the late Dr. Pereira, say, that "The finest oil is that most devoid of colour, odour, and flavour," characters this will be found to possess in a high degree.

Sold in bottles, and baskets included, at 11s. per gallon.

N.B.—Light Brown Cod-Liver Oil may also be had at 7s. 6d. a gallon, bottle and basket included. Post-office orders made payable to THOMAS KEATING, 79, St. Paul's-churchyard, London.

Chlorodyne.—J. T. Davenport

begs to direct attention to the disgraceful and fraudulent practice of certain parties, who apply the term "CHLORODYNE." to compounds of their own manufacture, well knowing that the word is applied to a remedy solely discovered and introduced by Dr. J. COLLIS BROWNE, M.R.C.S.L. (late Army Medical Staff), the formula of which is confided to J. T. DAVENPORT, and none other;—hence the assumption of the title, claim to discovery, or manufacture of CHLORODYNE by any other persons is a direct palpable deceit and imposition.

The Medical Testimony, published on the extraordinary properties of this remedy, is exclusively applied to

DR. J. COLLIS BROWNE'S CHLORODYNE.

Wholesale Depôt—33, Great Russell-street, Bloomsbury-square, London.

Pilules de Hogg a la Pepsine, pure ou

unié aux FERRUGINEUX.—These three useful preparations have already been prescribed by many eminent Physicians throughout France, who have reported that the most satisfactory results have attended their administration in such cases and conditions as the following :—

PILLS of PURE PEPSINE, exhibited for Dyspepsia, Diarrhœa, Indigestion, and sense of uneasiness after eating.

PILLS of PEPSINE united with IRON, in Female Complaints, Impoverishment of the Blood, and in most cases of convalescence, to strengthen the system generally.

PILLS of PEPSINE united with PROTO-IODIDE of IRON, in all cases where this latter medicine is indicated : Debility, Chlorosis, Rheumatism, Cutaneous Affections, Tumours, Consumption, &c. &c., and as an excellent adjunct to Cod-liver Oil.

Mr. R. HOGG, 9, Albion-place, Hyde-park-square, is Agent for these three preparations in the United Kingdom, and sold by all Patent Medicine Vendors. In bottles, 2s. 9d. and 4s. 6d. of 50 and 100 Pills, see Pamphlets sent free by post.

Hogg's Lithia Water, Super-

CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA.

HOGG'S Citrate of Potash, and Citrate of Potash and Iron Waters.

HOGG'S Protocarbonate of Iron Water, and Ammonio-Phosphate of Iron Water.

These Waters are prepared as prescribed by Drs. Garrod, Owen Rees, and Bird; they are strongly effervescent, very agreeable, and contain an ordinary dose of their respective ingredients.

Also Potash Water, containing 20 grs. of the Bicarbonate; Soda Water, 15 grs. ; Seltzer, Vichy, and Pullna, from correct analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-pl., Hyde-park-sq.

Aerated Lithia Water. — Messrs.

BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD'S instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain 2 grains and 5 grains in each bottle, either by itself, or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.

The following Waters as usual :—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 80 grains; Soda, 15 grains; Ammonia, 10 grains; Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

BLAKE, SANDFORD & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Struve's Seltzer, Fachingen, Vichy,

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3 & 4 oz., do. do.	blue tinted	7s. 6d. do.
½ oz. white moulded phials do.	of a very superior quality.	4s. 6d. do.
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Hypophosphite of Quinine; Hypophosphite of Iron; Hypophosphite of Iron and Quinine in Scales (perfectly soluble); Syrup of Hypophosphite of Iron and Quinine.

Most successfully employed in cases of Debility and Low Vitality.

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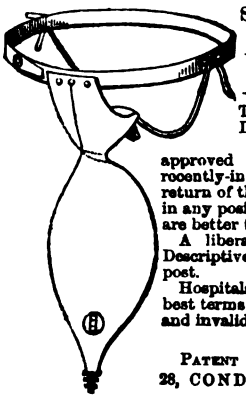

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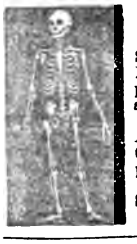

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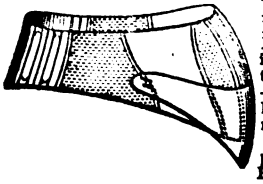

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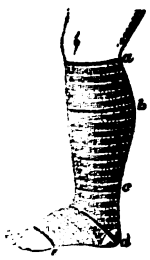

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GEO. CROXTON, Secretary.

Midleton Union.—Medical Officer WANTED for the UNION WORKHOUSE and FEVER HOSPITAL.—The Guardians of the above Union will at their meeting on WEDNESDAY, the 17th day of October next, proceed to ELECT a properly-qualified MEDICAL OFFICER for the above situation, at a Salary £80 per annum, with a residence and garden attached. Candidates must attend at the meeting and produce original Diplomas. Applications, stating qualifications, to be sent in to me, before the meeting of the Guardians on the above day.

By Order,
JAMES COTTER, Clerk to the Union.

Midleton, September 26, 1860.

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By Order,
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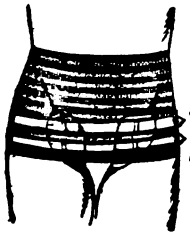

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These objects are such as to justify the Committee appealing to every member of the Medical Profession for aid; and they feel a confident hope of being able to fulfil both of these desirable intentions in a manner alike creditable to the Profession as a body, and as a tribute of respect worthy of Mr. PROPERT, who has done so much for his brethren and their families in distress.

The Managing Committee avail themselves of this opportunity of acknowledging the liberal contributions of the non-Professional Public, who have not restricted their liberality to the promotion of these important additions to the Educational Department of the College, and in this way marking their appreciation of the Founder's benevolent exertions, but have rendered the Profession most important assistance both in raising and maintaining this noble Institution. The Committee therefore hope to have the continued active co-operation, not only of the present Governors of the College, but of the Friends of Education generally, as well as of the whole Medical Profession.

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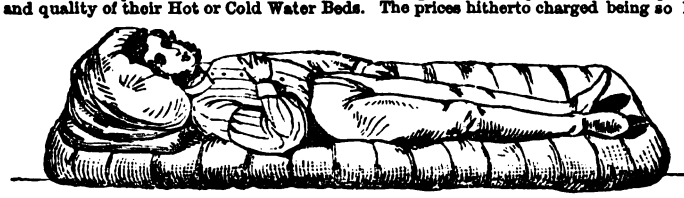

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ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

LECTURE XXIX.

OPERATIVE PHYSIOLOGY—

ON THE PANCREATIC SECRETION.

Summary: Results of the Operations performed in the preceding Lecture—The Experiment is comparatively Harmless, when the Subject has been properly selected—Difficulty of keeping Pancreatic Fistulæ in full Activity for a long space of time—Necessity of operating simultaneously on a large Number of Animals, when large Quantities of Pancreatic Juice are required—Presumed Properties of this Fluid in the Human Subject—Experiments made on the Pancreas of Condemned Criminals—Clinical Cases adduced in support of the Results obtained in this manner—Crystalline Precipitate which forms in this Liquid when allowed to cool—Modification undergone by this Secretion, after a certain space of time has elapsed after its Removal from the Natural Recipients—Experiments on this Subject—Fundamental Property of this Pancreatic Secretion, viz. The Emulsion of Fatty Substances—No other Liquid in the whole Economy enjoys the same Power—Alkaline Secretions Exert on Fatty Substances a peculiar Action, which is not the same as that of the Pancreatic Juice—The Nature of the Functions fulfilled by the Pancreas easily deduced from these Facts—Effects produced by the Ligature of the Pancreatic Ducts in Animals fed with Fatty Substances—Similar Results observed in Cases of Cancerated Pancreas—Influence of the Nervous System on the Pancreatic Secretions—Difference which appears to exist in this Respect between the Pancreas and the Salivary Glands—Effects produced by the Section of the Pancreatic Branches of the Solar Plexus—The Secretion become continuous, and its Properties are modified—Conclusions deduced from these Facts with reference to Secretions in General—The fundamental Principle of this Method inaugurated by Réaumur and Spallanzani, for the purpose of ascertaining the Functions of Glandular Bodies, consists in collecting the Fluid produced, instead of producing artificial Mutilations of the Organ, in order to study its Properties.

Gentlemen,—We showed you, at our last meeting, the manner of obtaining the pancreatic juice, and the operative proceeding with a view to this end. The dog on which the experiment was performed on Friday last is still alive, and the wound inflicted on the abdomen is, as you observe, almost completely cicatrised. The pancreatic duct, however, having unfortunately been cut by the ligature used to secure the india-rubber recipient attached to the tube, we have not been able to collect so much of the fluid as we desired in consequence of this accident; but we have secured a sufficient quantity for all practical purposes. We might repeat the operation several times in succession on the same dog without any serious inconvenience, as the animal (when properly selected) seldom suffers much, notwithstanding the delicate nature of the organs wounded. The peritoneum of the dog is not nearly so sensible as that of man, or even of the horse; and hence, in the latter, it is almost impossible, without incurring great danger, to establish a pancreatic fistula. Permanent apertures of this kind cannot be kept up for any great length of time even in dogs, on account of the rapidity of the healing process in the animals on which they are practised; and hence the operation must either be repeated several times on the same animal, or several animals must be employed at the same time, if a large quantity of the fluid is desired. Spontaneous fistulæ of the pancreatic duct are occasionally to be met with in the human subject; but those of a genuine kind are rare. I have, however, myself observed two cases in which this lesion was supposed to have taken place. In one of these individuals it was remarked that, when the digestive organs were in a quiescent state, no fluid appeared to flow from the fistulous opening; but, when the stomach was in a state of activity after the ingestion of food, a profuse secretion flowed forth from the aperture, and such was its abundance, that the patient was under the necessity of keeping a towel constantly over the opening. On examining this fluid, I found it decidedly alkaline; but apart from this property, it neither resembled the pancreatic juice, nor any other normal secretion of the economy.

Is the pancreatic juice found in man and obtained from the lower animals identical? To this I am prepared to answer in the affirmative; and if differences have been observed, I strongly suspect that, as in the preceding case, they are to be attributed to the unhealthy condition of the gland in the human subject in whom the fistulous opening existed; for, on making infusions with the pancreas obtained from condemned criminals, by allowing it to macerate in tepid water, a liquid entirely similar to the pancreatic juice in the canine species was obtained. In the normal state, therefore, the secretion in man and in the dog is in all respects the same; and this is not strange, seeing that the gastric juice in both is identical.

We here exhibit a considerable quantity of pancreatic juice obtained from the dog operated upon a few days ago. You observe it gives a distinct alkaline reaction—a property constantly found in this liquid in the healthy state. Another of its peculiarities is, that it speedily undergoes chemical alterations, and that, perhaps, more rapidly than any other of the secretions of the economy; and in the changes which it undergoes, there are circumstances which merit our attention. As it cools, a precipitate is soon observed to take place; the chemical composition of this precipitate is not perfectly known; according to M. Robin, it is formed of lactate of lime. It consists in minute prismastic crystals. In the tube which I hold at this moment they are perfectly visible to the naked eye, under the appearance of small whitish granulations. Another important modification which the pancreatic secretion undergoes shortly after being drawn from the duct is the diminution of its coagulability under the influence of heat; when recently taken from the fistula, it coalesces into a solid mass when placed for a few instants over the flame of a spirit lamp; but, when it has remained for some time outside the economy, this property quickly diminishes.

(The comparative experiment is here performed before the class with full success.)

But the fundamental and characteristic property of the pancreatic juice—that which distinguishes it from all other secretions—is that it enjoys the peculiar power of forming an emulsion with fatty substances and with oils. By adding some of this latter fluid to the pancreatic juice contained in this tube, you observe that a white emulsion is immediately produced; and it persists during a considerable space of time. This singular emulsifying property is peculiar to the pancreatic juice, and is not remarked in connexion with saliva, the gastric juice, or the bile; it is true, however, that alkaline secretions (saliva and bile, for example) produce analogous effects, by partially saponifying the greasy bodies with which they come in contact; but in the pancreatic fluid, this property exists, independently of its alkaline reaction, and the emulsion produced is of a different nature, not being the mere result of a chemical combination. This fact enables us to understand the main uses of the pancreas in the economy; it is principally subservient to the digestion of fat, which, unless in a state of emulsion, could not pass into the absorbent vessels. After tying the pancreatic ducts in a dog, and feeding it with fat, this substance is found undigested in the animal's excrements; and clinical observations fully confirm the results of experimental investigation in this case, for in patients affected with cancerated pancreas, an oily matter has frequently been discovered in the patient's stools; probably the residue of fatty substances which he had not been able to assimilate.

We are now fully acquainted with the principal properties which are enjoyed by the pancreatic secretion; it only remains for us to examine its relations with the nervous system. In this respect it completely differs from the other secretions which we have hitherto studied. The remarkable effects of innervation upon the production of saliva and gastric juice have been fully explained to you; but the influence of the nervous system upon the pancreatic apparatus appear to be of an entirely different order. When the nerves of this organ are acted upon—whether excited by the galvanic stimulus, or paralyzed by a transversal section—the result is identically the same; the secretion grows abundant and uninterrupted, while a profuse diarrhœa is constantly established; the extirpation of the semilunar ganglia produces similar effects, and under these peculiar conditions the pancreas pours forth a peculiar fluid, which no longer exhibits the physio-

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logical properties of the secretion. A fundamental difference here exists between the salivary glands and the pancreas; in both these organs the section of the sympathetic nerve accelerates the circulation, but in the salivary apparatus the normal secretion is far from being thus modified.

When the pancreas, the functions of which are intermittent in the healthy state, is thus compelled to furnish a continuous secretion, the produce which it pours forth is no longer a normal fluid; it is a watery production which possesses none of the characteristic properties of pancreatic juice. In this experimental fact, we meet with the confirmation of the general views we have elsewhere expressed on the mechanism of secretions. We admit that in all secreting organs a special and characteristic substance is produced, and that an intermittent flux carries it away; it is therefore absolutely necessary that the gland should enjoy certain intervals of rest, during which this peculiar compound is formed; and when the moment of excretion has arrived, an abundant flow of blood to the part takes place, and carries off the special produce of the gland by means of a profuse exudation. But when secretion is all at once rendered continuous, the characteristic substance is no longer produced within the gland, and the watery vehicle alone escapes from the secreting apparatus.

You perceive, gentlemen, that the great object of all the operations which we have performed before you has been the examination outside the economy of the various secretions which concur in the digestive process. To Réaumur and Spallanzani belongs the honour of this new method of investigation: by them it was originally inaugurated; and at the present moment we have operative proceedings by which almost all the secretions concerned in digestion can be procured. We can thus not only carefully examine, and accurately ascertain the properties of each and all of them; but we can also imitate them, and artificially prepare the digestive juices. To a certain extent these secretions can be obtained without the operative measures we have described and practised before you, by simply macerating in water the organs whence they come; but neither in such quantities nor in such a state of purity as when the usual method has been employed. It now remains for us to describe the application of this method to the biliary secretion; and this subject will occupy the last Lecture of the present Course.

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GENERALLY KNOWN AS
BRIGHT'S DISEASE.

DELIVERED AT

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By S. J. GOODFELLOW, M.D.

Physician to, and Lecturer on Medicine at, the Hospital.

Lecture VI.

Gentlemen,—It seems to me desirable for clinical purposes, more, I confess, than for any other practical object, that I should arrange the several agents reputed to be instrumental in the causation of these diseases under three categories.

1. Those whose action is upon the blood primarily, and upon the nervous system, and the tissues of the organ secondarily.

2. Those which affect the nervous system primarily, and the blood and tissues secondarily.

3. Those which, either by direct or reflex action, affect the tissues of the organ primarily, and its own nerves secondarily.

Now, although there are probably some advantages in this arrangement, yet I do not overlook the objections to which it is open.

For example, where ought we to place alcohol and other allied fluids? I shall place it under our first class. You will see, however, by-and-by, that there are strong grounds for including it under the second. So also with scarlatina; but I have had less difficulty as to where this ought to go. I have placed it under the first category, believing as I do that it is essentially a blood disease, and that its action upon the nervous system is altogether secondary. Yet some writers upon this disease think that its primary influence is altogether upon the nervous system.

The most comprehensive and, at the same time, the most practical way of including all the possible causes of these diseases, would be this:—Any substance, state, or condition, which is calculated to impair the nutrition and secretion of the organ, retard the circulation of the blood in its vessels, or irritate, directly or by reflex action, its nerves and tissues, may be regarded as exciting or engendering causes; and any condition of the body, natural or acquired, which renders it more than usually impressible to the influence of certain morbific agencies, will, of necessity, predispose to the disease, and make those substances, states, or conditions, efficient causes.

Under the First Division I put scarlatina, erysipelas, measles, variola, cholera, struma, syphilis, phthisis, gout, rheumatism, etc.; alcohol (and in this I include all fermented alcoholic fluids), turpentine, ether, naphtha, chloroform, etc. You will see that I have placed alcohol and other hydrocarbons last, and I have done so, because I have some doubts whether they ought not to be placed under the second division.

Under the Second Division I put cold, cold and wet, and more especially sudden and great transitions of temperature, injuries, or diseases of the brain and spinal cord, or sympathetic system, whether from centric or eccentric causes, anxiety of mind, mental shocks, etc.

Under the Third Division I am disposed to include all injuries and mechanical causes of irritation: as blows, the presence of calculi (microscopic or larger), cantharides, and other irritant poisons, Onanism (Rayer), excessive venery (Rayer), amenorrhœa, and other uterine affections; and, lastly, diseases in other parts of the urinary apparatus which are calculated to produce reflex irritation in the kidneys.

The first on our list is *scarlatina*. There is no doubt that scarlet fever is one of the most frequent causes of kidney disease, attended with albuminous urine. What is its mode of action? To answer this question satisfactorily it will be necessary to consider what takes place in the system generally, as well as in the kidneys, in this disease. It will assist us in understanding the *modus operandi* of this and the other assigned causes, especially cold and wet, and alcoholic and allied fluids, if I make a few remarks upon the physiology of the urinary secretion.

In scarlet fever what is the condition of the body generally? That the skin, and some few of the mucous membranes, are not the only parts which suffer I shall endeavour to make evident to you. The capillary blood-vessels of the skin are not the only ones that are congested by the retarding, stagnating influence of the "poison." The vessels of every structure and organ of the body suffer, if not to an equal, yet to a very great extent. It is true we cannot see the precise condition of the vessels in the internal organs as we can in the skin, and in the mucous membranes of the eyes, nose, mouth, and fauces; but we have equally certain evidence in the symptoms.

The *circulation in the brain and nervous system* is also affected. We have evidence of this in the disordered function of these important organs.

The *muscular system* is also affected. This is evident from the pain felt, in many cases, from motion and pressure, much resembling rheumatism. In fact, there are strong grounds for believing that the scarlatinal poison acts much in the same way as the true rheumatic poison, and that there is a close and intimate resemblance, in many respects, between them.

That the *serous and synovial membranes* suffer we have evidence in the frequency of effusions in both, and in the pain and stiffness in the joints.

That the scarlatinal poison *irritates the glands*, the constant pain, swelling, and frequent suppurations in or around them attest. There is also a remarkable tendency to exudations in scarlet fever, and an exudation of a very low character—not of fibrinous matters readily organisable, but of a low form of albumino-fibrinous matter, which has a great tendency rapidly to be converted into a sort of albumino-purulent state, or even into true pus. The great tendency to the formation of pus is shown by the frequent abscesses in the areolar tissue beneath the skin and some mucous membranes, and in the neighbourhood of the

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glands, and in the purulent infiltrations between the muscles. There is also very often an exudate of a low form of albumino-fibrinous matter on the *free surface* of the mucous membrane of the fauces, and of a dirty-looking puriform serosity in the areolar tissue, beneath the mucous surface of the pharynx and larynx. There is in most cases of scarlet fever a deficiency of true fibrine, hypinosis, as it is termed.

In the mild forms there may be an increased transudation of the *liquor sanguinis*. The tumefaction that is so often observed, and the sensation felt by the patient, as if he were generally swollen, may in part be due to this transudation, as partly it is undoubtedly due to the state of congestion of the vessels generally.

With reference to this congestion it seems to me that writers upon the exanthemata have too much relied upon simple congestion as the cause of the eruption, and have overlooked the direct influence of the "poison" upon the red blood-corpuscles. We know that several substances, some of them poisonous, give a scarlet hue or vermilion tint to the red blood-corpuscles,—urea and several other animal products, arsenious acid, the nitrate, phosphate, proto-carbonate, and sulphate of soda, and the sulphate of magnesia; but all the sulphur and hydro-carbon compounds darken them. This is certainly an interesting subject for further investigation, which might lead to more certain information as to the real nature of the scarlatinal poison. There is very strong evidence that it is volatile, and that it is a product of the animal body, and therefore an alteration probably of some normal animal principle. It may be closely allied to some of the odorous excreta of the body, for no one who has had under his charge several patients in one ward labouring under these exanthemata can have failed to detect a peculiar odour belonging to them. I am quite sure that I know the scarlet fever odour and the small-pox odour.

This, then, is the description of what takes place to a greater or less extent, according to the severity of the disease, in the organs and tissues of the body generally. Is it unlikely that what occurs in so many parts should take place in the kidneys also,—the very organs whose office it is, in common with the other emunctories, to eliminate the poison from the system? If we could observe what takes place internally in the tissues generally, and in the kidneys in severe cases, we should see something resembling this condition. That the capillary vessels are congested and distended by the scarlatinal poison, there is no doubt, whether that poison acts directly upon them or indirectly through its paralysing influence upon the nervous system. There is also another and very important cause of congestion probably in operation. This state of congestion, the immediate effect of the scarlatinal poison, never occurs without retardation of the blood-current. When there is a general retardation from any cause in the capillaries, there is always an effort on the part of the heart to overcome the obstruction, and this explains, in some measure, the full bounding pulse which we so commonly, almost invariably, find in the early stage of the disease. But this does not continue long. The heart, sooner or later, becomes weakened by the direct effects of the poison upon the blood circulating through it, and the diminution of the nervous power, caused by the condition of the blood, as well as probably by the paralysing influence of the poison upon the nervous tissue itself. From one or other, most probably from both, of these causes the heart becomes weakened, and we have now the jerking, compressible, almost continuous pulse; that is, a pulse without any distinct, appreciable interval between the beats, which every Practitioner will recall to his recollection as being present in severe cases of scarlet fever. The heart then fails, and this offers another impediment to the circulation, another cause of blood retardation in addition to the direct influence of the scarlatinal poison, the change in the blood, and the impairment of the nervous force. I need not mention to you (for I have done that in my Lectures on the Diseases of the Heart) the experiments which have been made to show that a certain force on the part of the heart is actually necessary to carry on the circulation, and that if the force be below a certain amount, first capillary, and then venous, congestion will be the result. Besides these, there is a greater or less interference with the play of chemical affinities, which in health undoubtedly promotes the circulation.

Here, then, there are four causes of blood retardation and congestion, and probably increased transudation at a comparatively early period of the disease.

Up to this point we will suppose the eruption to be general, and to be "well out," as the phrase is. But now a time has come, sooner or later in different cases, according to the severity of the disease, it may be within a few hours, as in that form appropriately designated *scarlatina maligna*,—a time has come, I repeat, when there is not merely retardation of the circulation and increased transudation, but there is more or less extensive stagnation, and relief to the distended vessels is sought in *exudation*, and a patchwork, dappled state of the skin is presented to us; or, as in *scarlatina maligna*, this state may have been present almost from the first onset of the disease. Effusion or excessive transudation has taken place in some situations, especially in the skin, and this may be limpid serum containing an excess of water, or it may be a denser kind of serum containing a larger proportion of albumen. In the former case, the effusion will appear at a comparatively early stage of the disease, and frequently under the form of sudamina. In other situations, especially on and beneath many of the mucous surfaces, we have exudates of different kinds, according to the "constitution" of the epidemic, or that of the individual, or upon both combined. But these exudates are never fibrinous, or rather fibro-plastic, unless in the case of some co-existent inflammation in one of the serous membranes, as, for example, in pericarditis. There is scarcely ever that network of fibrillation which we observe in coagulated fibrine. It appears under the form of the first and second varieties of Rokitanski's *croupous exudation*. It may be fibrine that has undergone some slight molecular change, which has altered its physical properties, but not its chemical composition. These exudates contain, besides this altered fibrine, a great number of molecular granules, and flake-like laminæ, and, in a short time, nuclei and cytoïd corpuscles. In short, as I have said before, these exudates are of a low form, are not organisable, and have an unusual tendency to be metamorphosed into a more or less perfect purulent matter, in which is observed a considerable quantity of fatty matter; and sometimes this degraded metamorphosis takes place very rapidly. There is then in the severe forms of the disease a general inflammatory condition of the skin, of the mucous membranes, and of the areolar tissue, which eventually leads to more or less desquamation of the skin and of the epithelium in the two first, and the formation of abscesses, or to exudative or purulent infiltration in the last.

Now, can we suppose that all these morbid processes can go on in nearly, if not in all the tissues of the body, and that the kidneys should remain free from the diseased action?

But I will remark here, that I do not think that the structures of the kidney suffer so much as many others. The kidneys, according to my experience, are not unusually prone to take on diseased action. To suppose so would be inconsistent with our daily experience; for we find these organs, even in old persons, perfectly healthy, notwithstanding that they have been continuously at work during so many years, and have been frequently exposed in the life of every individual to numerous causes of irritation and decay. But in scarlet fever they do undoubtedly participate in the several morbid actions; and we have certain evidence that the increased transudations of the milder forms of the complaint, and the exudations and general inflammatory condition of the severer forms are also present in the kidney structures.

We are now in a position to account for what we observe in the urine during life, and the kidney itself after death.

Those who have taken the pains carefully to examine the urine day by day, have found albumen even at an early stage, but certainly almost always from the commencement of the desquamation. In severe forms the urine has not infrequently been found to be bloody,—that is, to contain red blood-corpuscles, in addition to the serum. Is it surprising that we discover albumino-fibrinous casts, epithelial casts, blood casts, and red-corpuscles; and if we have these in the urine, after having traversed the tubules, is it not probable that the tissues of the kidney are infiltrated with sanguineous effusion, and also with this low form of albumino-fibrinous material?

This morbid process going on, in what way is the function of the organ likely to be affected, and what means are there for the removal of these exuded matters? There are three:—the tubules, venous absorption, and lymphatic absorption.

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Let us inquire how far these means are in a state to perform this office. The tubules are more or less obstructed with solid matters, which in some parts may impede, in others prevent any escape in this direction. The circulation in the venous radicles is nearly arrested, and but little absorption can take place in this way. The lymphatics are pressed upon by the exuded matters themselves and by the distended blood-vessels, while the whole is closely invested by a capsule composed of an inelastic and to a certain extent a tissue not readily extensible. These agents of absorption are not in a condition very favourable for the adequate discharge of their office. These three agencies failing, there is no way of escape for the exuded matters, that at this time probably have become mixed with a large proportion of the constituents of the urine. If any absorption by the lymphatics take place, only the more fluid portion can be taken up, and probably this is more or less mixed with the urinary constituents. The secretion also is all but arrested, and the whole mass of blood is deteriorated by the presence of the urinary excrements, ill-prepared as it was before, for this additional cause of vitiation: its own previous diseased condition is now reacting upon itself. It has probably not recovered its normal condition before it is exposed to another and even more serious cause of deterioration; and this fluid, upon the purity and soundness of which depend the well-being of the whole organism, the nutrition of the tissues, the due performance of the functions of organs the most vital, is circulating through vessels and tissues that either are, or but lately were, weakened and disabled by the primary disease. You cannot, therefore, be surprised that anasarca occurs in this complaint even from a condition that would not produce it if the general tissues had been healthy and had possessed more tone.

Now suppose a person dies from the disease on the fifth, sixth, or any later day about this period, and supposing that the morbid process in the kidney is such as I have described, what morbid appearances would you be prepared to find? The vessels are greatly distended, there has been more or less blood stasis in some parts, principally in the veins and in the Malphigian tufts; the kidney then will be in a state of great sanguineous congestion or engorgement—there will be observed numerous red dots, and streaks, and the general tissue, being infiltrated with a kind of sanguineous transudation, will either present a diffused redness, or this redness will be more or less intermixed with whitish or yellowish-white lines. The whitish parts will be due to exudative matter. On the surface there will be also a diffused redness, or here also there may be a mottled appearance, the darker parts being due to the arborisation of the minute veins. The tubules will be more or less distended with blood-casts, exudative matters, and cast off epithelium. Now with all this the capsule has not yielded much to the internal pressure, and the kidney, although larger than normal, is not so large as at a later period after anasarca. This state of engorgement, exudation, and desquamation will of course vary in proportion to the severity and duration of the disease; but subject to this it will be more or less as I have described it. You will see, then, that this state very closely resembles, is indeed identical with, the first form of Rayer, as figured in his Atlas, pl. vi. fig. 1, and pl. x. fig. 3, large diagrams of which you see before you. It is the same as the congestive stage of the large white kidney of Bright and Wilks, and an early stage of the first two of Rokitansky.

Gentlemen, I do not wish you to go away with the notion that this state, as I have described it, occurs in every case of scarlatina; but yet it is, I believe, an accurate description, modified according to the severity of the disease, and the period at which death has occurred. If the fatal event has taken place very early, there will be nothing more seen than intense congestion, with probably some extravasation; and the longer time that elapses between the commencement of the attack and the fatal issue, the greater will be the change in the structure of the kidney. If the attack of scarlatina be mild, although death does not occur and we have no opportunity of seeing the kidney, yet we may easily imagine that the congestion will be much less considerable throughout.

There is a very general impression that dropsy is more frequent after mild attacks than after severe ones, or at least as frequent. If, therefore, the kidney undergoes such extensive changes in the severer cases, the reverse of this ought to be the case. I am, however, not quite sure that there is a greater liability to dropsy after mild attacks, nor do I think it would be nearly so frequent after the mild attacks of the disease, if the same care and precaution were observed in what may be called the "after treatment" of the disease. In severe cases the patients remain under strict Medical treatment so long as the slightest signs of the disease or of its effects are observed. In mild cases, on the contrary, I believe that patients are very often supposed to be cured before the poison is really out of the system, and any exposure to cold, or to cold and wet which is sufficient to produce a chill, or any debauch or imprudence in drink or diet, will soon lead to all those states of the kidney, and of the organs and tissues of the body generally, which I have described.

I think it necessary here to warn you against the notion that there is less danger of a relapse or of dropsy after a severe attack than after a mild one. After any attack of scarlatina, however mild it may be, you may rely upon it that great damage has been sustained by the blood and tissues of the body, and your patients ought to be emphatically recommended to exercise great care and caution if they wish to avoid the risk of an attack of dropsy, or some other sequela of scarlatina. After a severe attack, however, a considerable portion of time elapses before the blood and tissues have entirely recovered their normal state. During the ten years that I was at the London Fever Hospital, it was my lot to witness several relapses into the disease, in which there was a return of the eruption, of the sore-throat, and of the general inflammatory condition. I have, on several occasions, seen three relapses in the same individual, even when the first attack was one of a very severe character; and if you will carefully watch the cases in the wards, you will find that few persons, labouring under severe forms of scarlet fever, escape a partial return of the feverish symptoms and also of the eruption.

But, to consider the subject with more especial reference to the kidney, suppose that the patient does not die at the period that I have mentioned, and that he is attacked with dropsy. If he is carried off at this time by convulsions, or any other immediate cause of death, the kidney will be in much the same state as I have already described, except that its tissues and its tubes may be infiltrated by a greater quantity of fluid, it may itself have become dropsical. If, however, he has lingered on for some months, the anasarca, although at times checked for a little, yet in the end has increased, and he then dies from coma, or convulsions, or from effusion in one or more of the great serous cavities, or from inflammation in some parenchymatous organ, or he is suffocated by the œdematous condition of the lungs,—in what state should we expect now to find the kidneys according to our view of the morbid process? In this case the hæmatin will have disappeared; some of the corpuscles, and the blood and other casts with which the tubules were clogged, will have been discharged, or the tissues will be infiltrated with serosity, and the albuminous croupy exudates may in part have escaped by those few other tubules, which have become pervious, and in part have remained in tubules and Malphigian capsules, together with the altered blood, and the desquamated and degenerated epithelium by which they have become infarcted, impervious for the passage of the urine. The same inflammatory exudates still remain in the tissues, or they may have undergone a sort of gelatinous metamorphosis more or less abounding in fatty matter, and the tubes themselves in many parts may be wasted and obliterated from the pressure. The smaller arteries being in like manner pressed upon, any further supply of blood is cut off, and there is, consequently, an anæmic appearance of the tissues generally with, here and there, a few congested venous radicles. All this, for the most part, has taken place in the external, secreting, or cortical portion of the organ, which has consequently increased in thickness at the expense of the internal or medullary, or excreting portion, and the fibrous investment, having been exposed for weeks or months to constant pressure from within, has now yielded considerably, so that the size of the kidney may be even three or four times greater than in the normal state.

Here then we have a kidney closely resembling the second and third forms of Rayer, as figured in his 6th plate, fig. 4—a large diagram of which is also on the wall, the large white kidney of Bright and Wilks; and the third and fourth forms of Rokitansky.

That this is no imaginary description many of you have seen in the dead-house, and many may still see; and such

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are the processes, as I think, by which these morbid states are produced.

But there still remains some little difficulty with regard to this part of our subject. It is perfectly legitimate to enquire how, if the kidneys are so much congested, albumen is not more frequently, indeed almost always, found in the urine? I am, however, not quite sure that if it were carefully looked for in a sample of urine, taken from the whole quantity passed daily, some traces might not be found. But even if some be transuded, as some may be, even in health, there are three ways at least by which it may be removed from the true urinary constituents before their exit from the convoluted tubules. It may be absorbed by the tubules themselves; it may also be removed by the lymphatics and the veins. The lymphatics alone, with their wonderful power of absorption, and, by means of their strong muscular walls, of circulation, also will remove large quantities of albuminous fluid in a short space of time, if these vessels be not pressed upon and disabled by more solid exsudates, and by the general turgescence of the vessels. The solid matters must undergo a process of liquefaction before they can be taken up, and I have no doubt but that this often takes place without our knowing the curative process that has been going on beyond our sight. Our patients may often have been near a fatal condition of things without our being aware of it, and from which they have only escaped by the *vis medicatrix*, acting through the lymphatics.

(To be continued.)

ORIGINAL COMMUNICATIONS.

ON THE GENERAL TREATMENT OF PATIENTS BEFORE AND AFTER SURGICAL OPERATIONS.

By F. SYMONDS, F.R.C.S.
Surgeon to the Radcliffe Infirmary, Oxford.

In the *Medical Times and Gazette* of September 8, I offered a few observations on the Dressing of Stumps after Amputations. On the present occasion I purpose making some remarks on the general treatment of patients, both before and after operations; especially with a view to prevent, as far as possible, those secondary complications, which so often bring the most promising case to a fatal termination.

This latter subject demands as much attention on the part of Surgeons as the former. Quickness of healing and (in amputation of a limb) excellence of stump will depend, in great measure, on operative skill and good dressing; but the patient's life will depend rather on attention to a number of precautions of a more general character. The morbid agencies, against which we have to guard, seem to be twofold,—internal and external. These we will proceed to consider.

(1.) When the question of performing a capital operation arises, it is of the utmost importance to examine carefully for co-existing internal disease. In the case of primary amputations for injuries, of course this remark does not apply. Whether the patient be healthy or diseased, the nature of his injury may necessitate immediate amputation, and he must take his chance. But in all other cases it becomes our duty to examine our patient's constitution most narrowly, before subjecting him to an operation, which will be sure to tax its powers to a greater or less extent.

With our present aids to diagnosis, it is rare that we are unable to detect mischief in the heart, lungs, or kidneys, or any constitutional taint, such as that of syphilis, struma, etc.; but there is another organ of supreme importance to the animal economy, whose exact condition our present knowledge often fails to furnish us with the means of ascertaining—I mean, the liver. While the diagnosis of many of its affections can generally be made with tolerable certainty, the pathological condition, to which perhaps it is most liable (and which is as frequently a cause of death after operations, as albuminuria, lung-tuberculosis, or adherent pericardium), is often impossible to ascertain during life; I mean, that condition of the organ ordinarily known as fatty degeneration. The frequent occurrence of this condition in cases of death after Surgical operations makes us deplore the meagre knowledge we at present possess of its causes, symptoms, and the extent of its amenability to treatment.

The pathology of fatty liver has been investigated with great minuteness by Frerichs, for the translation of whose valuable work on the Liver the Profession is indebted to the New Sydenham Society; but any one who refers to this work in hopes of finding much light thrown on the present obscurity of the diagnosis of that disease will be disappointed. "The slighter forms of the disease," he observes, "which can scarcely be regarded as of a pathological nature, give rise to no remarkable derangements; in the more advanced grades of the affection the symptoms are of such a nature that they can only under favourable circumstances be appealed to with confidence." The alterations in size, form, and consistence of the organ—the gastric derangements—the look and feel of the skin, sometimes yellow, greasy, and velvety, sometimes soft, transparent, and satin-like, are often the only accompanying symptoms; but these are far too variable to be of much diagnostic value by themselves. Hence cases must sometimes occur in which the disease in question will escape detection or even suspicion, until it is discovered at the post-mortem examination (a). We know, however, that there are certain diseases and certain habits of life with which fatty liver is very apt to be associated; to wit, wasting diseases such as tubercle, ulceration of bone with exhausting discharge, the dyscrasiæ of drunkards and syphilitic patients, indolent luxurious habits, with free living, etc. In cases of this kind, even in the absence of appreciable symptoms, we should always bear in mind the probability of co-existing liver mischief, and take it into account when we are weighing the chances of a patient's recovery from a capital operation.

While there is still much uncertainty as to the exact functions of the liver, and the mode in which an undue accumulation of fat affects them, the fact that they *are* more or less affected in such cases is beyond doubt; and if (as seems probable) the liver is not merely a blood-purifier, but also, to some extent, a blood-maker, it possesses functions far too important to admit of any impairment without detriment to a patient who has to undergo an operation of any magnitude.

If, therefore, when contemplating an operation, we have ground, from our knowledge of our patient's constitution and habits, to suspect a fatty condition of his liver, we should at once try to combat it by all the remedies in our power, both medicinal and dietetic. A well-regulated diet, with a very small allowance of fatty or hydro-carbonous food generally, and the exhibition of alkaline medicines, will probably cure the affection if it be only transient, and relieve it if it be permanent. Now comes the question,—Supposing an operation of some magnitude to be advisable, what amount of internal disease is to deter one from its performance? This is a matter to be decided only by an attentive consideration of the various circumstances of each particular case, bearing in mind, as a general rule, that where the local disease, in spite of treatment, is evidently wearing out the patient at a greater pace than the constitutional disease, we shall probably prolong his life by removing the former.

For some time previous to a patient's undergoing an operation, the Surgeon will do well to watch the pulse very closely, and become familiar with its variations in the course of the day; otherwise, after the operation, he may find a difficulty in reading it aright. He will be liable to overlook some alteration in its frequency, force, or volume, which may be of real significance; for we know that sometimes slight variations in the character of the pulse will give intimation of coming

(a) Frerichs makes some valuable remarks about the fallacies to which we are liable, in examining the state of the liver after death. He says, that simple inspection is generally insufficient to determine the exact amount of its fatty contents, since a liver may be in a tolerably advanced stage of fatty degeneration without seeming otherwise than normal to the naked eye; and, on the other hand, may be almost wholly free from fat when its appearance would lead one to suppose the contrary (as in the case of a soft, anæmic liver). Again, the rough test of its greasing the blade of the knife is in many cases insufficient. The microscope alone can inform us of its true condition. Consequently, in records of post-mortem examinations, any statements made about the presence or absence of fat in the liver must be received with much distrust, unless they are stated to have been verified by microscopic examination. Frerichs also observes that a liver infiltrated with fat is not necessarily one which has undergone fatty degeneration, since the quantity of fat in the liver may vary within wide limits consistently with health. We cannot, therefore, help concluding that many cases of what have been described as fatty livers may have been merely transient, physiological, and not pathological conditions of the organ, while death was due to some other cause.—"Frerichs on Diseases of Liver," Syd. Soc. Transl. Vol. I. chap. vii.

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mischief, when no clue to such mischief can be got from the look of the wound or from the patient's general condition. On the other hand, the Surgeon will perhaps take alarm at some alteration which may mean nothing at all. I well remember a case of amputation in which, from not having observed this precaution, I was misled, and began to form an unfavourable opinion of my patient, until I found, from those better acquainted with the peculiarities of his pulse, that my alarm was groundless.

But we must make sure that our patient is not only sound enough, but strong enough, to bear the operation. In a chronic case under constant observation, it is not so easy to make certain of this point. One is apt, when seeing a patient almost daily perhaps for some weeks, to disregard slight indications of failing strength. It has seemed to me a good plan in such cases, when practicable, to send the patient away to his friends for a time. By so doing he has the advantage of change of air; we have the advantage of being more likely, on his return, to form a correct judgment of his fitness to undergo the operation proposed.

(2.) We come now to the consideration of external morbid agencies, which we know from experience to have so large a share in inducing unfavourable complications after operations. Since these are a class of evils almost wholly in our power to prevent, we shall be more or less culpable if we allow them to exist.

The first, and most pernicious, is impure air. In many Hospitals I believe it is the custom for patients who have undergone capital operations to be placed in separate and well-ventilated wards. The desirability of such isolation is obvious. I would, however, observe that the benefits of isolation will be very imperfectly obtained, perhaps wholly cancelled, unless proper attention is at the same time paid to deodorisation. The effluvium arising from a patient's wound may be so powerful as thoroughly to taint the air even of a spacious, airy room. All that ventilation can do is, by establishing a free current of air, to dilute the products of decomposition and carry them away; deodorisation destroys these products as fast as they are formed.

I know of no deodorant so instantaneous and powerful in its action as chlorine in some shape or other. In my own practice I always use the "liquor sodæ chlorinatæ" of the London Pharmacopœia. One part of this to twelve parts of distilled water makes a deodorant lotion sufficiently strong for all ordinary purposes. After amputation, by frequently wetting with this lotion the piece of linen thrown over the end of the stump, and the material (whatever it may be) put to catch the discharge, all smell may be prevented. Again, by pouring a little of the said lotion into the bed-pan before it is used, the fæces may be passed and removed from the chamber with their smell completely neutralised. An objection sometimes urged against the use of chlorine is its own disagreeable odour, the remedy being to some persons as offensive as the evil it is intended to cure; but the truth is, that the smell of chlorine becomes perceptible only when there is no effluvium to destroy,—directly the chlorine comes in contact with any effluvium, it enters into chemical combination with its hydrogen and loses all smell. If, therefore, the strength of the lotion is judiciously proportioned to the intensity of the smell, the poison of course must neutralise the chlorine just as much as the chlorine does the poison. Thus the use of deodorants will not only save much disgust to the patient, but will at the same time annihilate a cause, which we know to be of itself able to induce an unhealthy condition of the body, and more or less to interfere with recovery. The Oil of Tar, to which attention has lately been drawn in this Journal (September 8 and 15) by Dr. Skinner, of Liverpool, would seem from that gentleman's testimony to be another deodorant of great efficacy, and at the same time cheap and easy of use.

The next error I would guard against is improper food. The mistake, which we are perhaps most liable to commit on this score, is to diet our patient according to some preconceived notion, and not according to the real wants of his case. We perhaps hear of some eminent man, who has unusual success after operations, and tells us that in every case he adopts the "high pressure" system of diet from the very day of the operation; then, without taking the trouble to reason, we connect his dietetic regimen and his high ratio of success as cause and effect, forgetting that many other conditions unknown to us, and possibly to him, may have contributed to his success, and that the "high pressure" system of diet, so far from being its cause, may possibly have been an accidental necessity, in spite of which success ensued.

In cases where a patient needs a large amount of food and alcoholic drink, we are, I think, rather apt to lose sight of the necessity for the purposes of the economy of a mixed diet,—to cram our patient with a quantity of animal food without a due proportion of vegetables. Here I would suggest that, for the purposes of nutrition, good broth, which has generally vegetables boiled in it, is a better article of diet than the much-lauded beef-tea, which is meat juice alone. The odd fancies which patients sometimes show in the matter of diet should not be made too light of, but should lead us to consider carefully whether they are not indications of some error or deficiency in the diet prescribed for them.

There is one more caution which, I think, should always be borne in mind; viz. for a short time before an operation, to cut off all those medicines which (like iodide of potassium for instance) are very slowly eliminated from the system. We must remember that, in the exceptional condition in which a patient is placed after a capital operation, the emunctories of the body will have enough to do in getting rid of its own effete matter, without having the extra labour of eliminating substances foreign to its economy. The less medicine we give a patient before and after an operation, the less chance will there be of our interfering with Nature's process of repair.

I believe it is rather a common practice to give a dose of opium in all cases after an operation of any magnitude. My own experience leads me to doubt in many cases the necessity, and, therefore, the propriety of such a practice. I have often observed that, when a patient has been long suffering great pain from local disease, the smarting which follows the operation for its removal is hardly felt, if not wholly absorbed, in the sense of relief consequent upon its riddance. The same objection, I think, may be urged against the indiscriminate administration of opium after cases of labour.

At the commencement of this paper I mentioned fatty liver as a disease, whose lurking existence we should closely watch for *before* operations. We must be equally on our guard against its insidious supervention *after* operations, remembering that the circumstances in which a patient is then placed, are often singularly adapted to induce such a condition of the organ. Perhaps for some weeks he has to lie almost motionless on his back, his digestion taxed to the utmost with a large amount of food and alcoholic drink, to compensate for the drain of a suppurating wound. The probable result of all this will be an undue accumulation of fat in the liver, and consequent impairment of its functions to a degree which will certainly retard convalescence, and *may* prove fatal.

CASE OF

SUCCESSFUL OPERATION FOR THE RADICAL CURE OF HERNIA.

By JOHN SWIFT WALKER, M.R.C.S., and L.M. Eng.

William G., aged 30, married nine months, boiler-maker, a pale thin man, of good constitution, never had a day's illness before eighteen months ago, when, lifting a large piece of iron, he felt a tumour come in his groin; since that time has not been able to follow his occupation with any comfort, on account of the rupture giving him pain.

June 16.—Applied to me complaining of the tumour. Upon examination, found a large inguinal hernia on the right side; the patient had repeatedly tried to wear a truss, but could not, because the gut slipped from under it and bulged at the side; he expressed, at the same time, a desire, if possible, to have an operation performed upon him to make a perfect cure. Ordered an aperient pill, with a senna draught in the morning. Waited until June 21, as he was so excited when told he could be cured by an operation that I did not consider him in a state to bear so severe a shock.

21st.—The patient having been placed, under the influence of chloroform, upon his back, with the knees drawn up, I proceeded to perform Mr. Wood's operation: first, making an incision of an inch in length over the tumour, detaching the scrotal fascia from the skin, then invaginating the fascia into the canal with the little finger; second, in passing a strong,

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well-curved needle, armed with a hemp ligature thread doubled, guided by the finger through three points in the canal,—the conjoined tendon and the triangular fascia forming the posterior wall,—then withdrawing the needle, holding an end of the ligature in right hand, then passing it again through the external pillar of the ring close to Poupart's ligament forming the anterior wall — the needle now only carrying one thread; then, placing a round boxwood plug over the canal, tightening the first ligature, with the little finger in the canal pressing up the gut; finding it compressed the canal completely, tied it very tight over the plug, then, replacing the integument, put a stitch into the skin to close the external wound, leaving one loose end of thread hanging out, which was tied over the plug lengthways, forming + over the plug with the other ligatures. He was then placed in bed, being very sick from the effects of the chloroform. Tr. opii 40 m statim sumend., with soda-water at intervals.

22nd.—Felt comfortable; progressing favourably, with the exception of a feeling of tightness at the seat of the operation.

23rd.—Great pain over the lower part of abdomen, increased on pressure; tongue furred; pulse 160. ℞ Pulv. opii. gr. j., sumat. omni 2nd horis.

24th.—Easy; had taken four pills; the pain being relieved, left them off; tongue cleaner; bowels relieved; pulse 86.

25th.—Had a severe cough, which caused great pain in abdomen, which is very tender on pressure; tongue furred; examined chest; both sides equally resonant on percussion. Auscultation; ronchus and sibilus all over right side, both behind and in front; left lung natural; pulse 96. Ordered spt. terebinth, rect. applicand thoraci. To take the following: —℞ Tr. hyoscyami, ʒvj.; pulv. rad. ipecac. gr. iij.; mist. acaciæ, ʒj.; aqua adde fiat, ʒv.; M ft. mist. capiat, ʒj., om. tertia horis.

26th.—Much improved; tongue clean; bowels relieved; cough better.

28th.—Removed plug; wound nearly healed.

From this date he recovered without a single bad symptom.

July 12.—Applied a piece of soap-plaster over the cicatrix, then the truss. Allowed him to get up; but the patient, thinking he was quite cured, left the house after my visit, and walked two miles to see his mother-in-law; has never felt the slightest inconvenience from the rupture or operation.

Your readers will see that I have slightly modified Mr. Wood's operation; but at the same time the result will show the good effects of the operation, besides drawing their attention to it, which is quite a recent discovery, showing the great advantage of this mode of procedure, which ought to be considered one of the great discoveries of this age.

Hanley, Staffordshire.

ON TURNING IN ALL CASES OF LABOUR

By E. G. FIGG, M.D.

(Continued from p. 260.)

If in the first and second (Naegele) the upper foot be seized, the lower, from transverse arrangement, is virtually acted on in traction, so that both sides of the fœtal body are equably affected by the extractive force. If the lower foot in the same two presentations be alone taken, the force tells on the fœtal body in two distinct proportions—a major immediately affecting that portion of which the foot brought down forms the proper centre of physical action; a minor affecting the distal half of the infant in a secondary way, but still to such an extent that the body revolves under a prolonged effort. When inverted we also experience a slight increase to the trouble of delivery. The cone or wedge principle of the body conducted by both feet is lost where only one is brought down; consequently, the aperture of the os is less easily dilated under the breach of the child, than it would be in the opposite case, however, though a few minutes longer in transaction, these cases result in perfect safety to both patients.

In presentations of the third (Naegele), we may, as formerly mentioned, seize the proximate foot, but the very act of securing it separates it from the other, and the traction exercised is not downward in the axes of child and uterus, but diagonally in the line indicated by the femur of the infant, opposite the anterior part of the womb, and the Practitioner's forearm at the posterior lip. Revolve, however, it does; and such cases may be satisfactorily concluded in a space of ten minutes, instead of three, after traction has commenced. Sometimes, in introducing my hand into the uterus, I have found it impossible, with the amount of force that my fingers could exercise when hooked into the popliteal of an infant in the third (Naegele), to bring the foot an inch nearer; and not daring to alarm my patient by the summary process that chloroform would have placed at my command, I have abandoned the project and beat a retreat; following, however, the example afforded by more distinguished strategists, I did my uttermost to render the enemy's fortress untenable by repeated expansion of my fingers to their greatest extent in the passage of the os and vagina, thereby dilating the parts. This considerably alleviates the labour, anticipating and superseding the perineal stage of the primipara, though it certainly produces some small amount of pain in the latter locality, the infliction of which I think I can justify with rational readers.

It will be generally conceded, that, in the natural course of events, the parts must be extended, and, therefore, pain must be endured. I will now prove that the degree that I impart is infinitesimal to that of ordinary suffering. Muscle owns no inherent property but contraction. The expansion of a muscle is effected by the antagonism of another muscle, as in the case of an extensor overpowering a flexor; or by mechanical agency, as in the case of a loaded hand held in the horizontal at arm's length being ultimately compelled to assume the perpendicular.

Muscular contraction is generally effected by nervous function. Nervous function is in its turn dependent on systemic irritation. When the nerves are tranquil, as in complete intoxication, the muscles are perfectly extensible. But when the nerves are in universal excitement, as in sthenic convulsions, immense muscular force is evolved. At the period when I advocate the expansion of the vagina and perineum, the parts are comparatively quiescent; not having been yet called into active sympathy with the agents of parturition. I literally attain my object by a *coup de main*, instantly surprising and overpowering the dormant energies that might have been thrown into operation by a gradual process. How materially different the circumstances, when the progressive descent of the head rouses the local circulation, and endows the sensory nerves with acute perceptions, while the motor effect violent contractions in accordance with the impressions on the surface. Let us rest under no mistake; perineal and vaginal action, in labour, is not a co-operation with other parts to attain their definite object. But it may be abstractedly designated a force of defence resisting the mechanical aggressive force of the descending head, and ultimately succumbing to it with excessive agony. How often have we heard the accusation of the primipara in her final pains "You are cutting me." And in how many instances have we found the perineum partially lacerated after the event; some may reason that the pain is gratuitously endured without the production of solid advantage, inasmuch as muscular contraction will be perfectly re-established by the time that the head rests on the perineum. I assure such opponents that the condition of the vagina after the act is so patent, that the introduction or withdrawal of the hand no longer gives pain,—that the contractile power is permanently lost beyond the extent ordinarily observed after first children, for I need scarcely state that all the parts and muscles of the primipara concerned in labour, perineum inclusive, undergo a process of dilatation which they ever retain; witness the evidences of muscular yielding in the lineæ semilunares; the comparatively large womb, and loose perineum of the multipara. Dr. Keiller's caoutchouc apparatus, from its soft exterior and adaptation to occupy the whole cavity when distended, is more suitable for the purpose of distension than the hand, could I persuade patients to submit to its introduction. Popular authors on obstetrics inculcate the impossibility of version, if the liquor amnii has been long discharged. Their inference has been certainly drawn from transverse presentations, where the rotatory contour of the fœtus in utero, or rather the oval formed by the convexity of the head, nates, back, and feet, had been destroyed, while the arm and shoulders, tumid with constant pressure, occupied the lowest position. The case, however, is more negotiable when the long axis of the fœtus holds a proper relation to the brim. Though the uterine

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capsule closely invest the infant's form, so as to occlude the idea of space for its revolution the rea difficulty consists simply in the absence of a fluid medium to lessen its specific gravity at the moment of inversion. An inquiry may be presented,—Is there room for the horizontal occupation of the uterus by the transverse body of the child? I emphatically state that in version the fœtus doubles on its own longitude, but never lies transverse. But still some additional space is required. Will the uterus expand under internal pressure? Ere we reply let us consult our melancholy reminiscences of flooding cases, where with a tightly constricted os uteri incarcerating a detached placenta, the organ swelled up under the extravasated blood from the size of a small bladder to half its former dimensions. It is a case requiring a firm grasp of the limbs, unctuous with the vernix caseosa to facilitate vigorous traction below the vagina, consequently I avail myself of the double-noosed chamois strap for attachment to the feet or femora of the child. I always prefer the identification of a limb before rupturing the membranes, this is occasionally impracticable, and I have perforated them in expectation of securing a foot when the object of speculation proved a hand. Such an error is easily rectified by pursuing rules formerly adverted to, but it is sometimes accompanied by the following circumstances of perplexity:—The cord loosely floating in the liquor amnii, may be carried down in the current produced by the rush of the waters outward, and thus become entangled between the fingers. The wisest step for adoption in this case is to fold it lightly over the infant's arm, for if I satisfy myself with simply detaching it from my own hand, it at once accompanies the downward flow, becoming liable to disastrous pressure between my arm and the child's head at the os. If, in the alternative, I carry it up between the fingers to the infant's feet, it is in all probability deposited between the feet, from which it ultimately finds its way to the nates, running from before backwards between the femora. If discovered in such a position before the feet are carried out to the vagina, it is advisable to release it by drawing down the loose portion and passing it over one of the feet. If the nates are drawn external to the vagina such remedy becomes inapplicable. Should the cord, however, be long enough to preclude tension of its spiral vessels rapid delivery by the ordinary mode would meet the emergency. But this in one of the four cases of my experience was not expedient. The vagina encircled the lumbar region just above the nates, the cord was pulseless and stretched to its utmost capacity, producing suspicion that further traction might detach the placenta before the birth of the infant, or otherwise sever the cord at its umbilical inosculation. What was my practice under the circumstances? A course that many will censure me for. I deliberately cut the cord four inches from its abdominal attachment, brought down the head, and resuscitated the infant five minutes subsequently. By this occurrence, which is solely attributable to criminal mismanagement, I never lost a child; but I once severely depleted a mother in the partial separation of the placenta. Parties have enquired, Which is the latest period when recourse can be had to version? I reply, As long as the os uteri can be felt in its whole circumference in examination with the index finger, the operation, however, at this late stage requires a measure to which I have not hitherto made reference. On passing the hand into the vagina, I press the head upwards and forwards, out of its pelvic bed back into the uterus, thereby removing the obstacle of impaction, and producing circuitous motion of the child's body, I bring the feet nearer to my grasp. With regard to the earliest period that the os is permeable, I am not able to give any satisfactory information.

Without chloroform, I never attempt the passage until it is dilated to a diameter of two inches. With chloroform, I have effected it before it assumed these dimensions. Perhaps the character of the os, rather than its expansion, ought to guide me. If the rim be perfectly round, soft, and thick, secreting an abundance of viscid mucus, or if so reduced in calibre that the knife-like edge is barely recognisable around the opening, I pronounce it dilatable and propitious for the project. But if, on the other hand, it bears a thick callous edge not in firm close apposition to the protruding membranes or advancing head; or if, resigning its elasticity, it assume and retain any shape that manipulation may impart to it, and there be more or less flooding with slight pains at long intervals, I would decline interference under the impression that the head, though generally that of a premature child, would with difficulty be carried out of the uterus, as the orbicular fibrous arrangement of the os being morbidly incapacitated for dilating would not yield to the effort. Excepting in absolute necessity, I religiously avoid manipulation of the infant's arms when perpendicularly elevated by the side of the head in the pelvis. I have in these circumstances broken five arms, and what is worse (in some mode that baffles my investigation), I disabled three children for several months subsequent to birth, in cases where there was no brachial fracture, and where very little force was used in bringing down the arm. These infants suffered no pain, but the seat of injury lay between the shoulder and the elbow, the portion of the arm included hanging powerless by the side. The forearm they could use freely, but the dorsum of the hand was always inclined anteriorly. I am happy to say that all recovered.

Medical men who have only tried version in cases of pelvic deformity are incredulous to the possibility of a child being delivered by version without a rigid observation of all the rules afforded in obstetric manuals respecting the consecutive disengagement of the arms, the placing the finger in the mouth, etc. I assure my Professional brethren that I have often carried the seven-pound fœtus out of the womb, through the pelvis vagina, into the world, with a single slight effort on the feet alone. I could weekly repeat the exploit, were not discretion preferable to heroism in practice. Therefore, though I seldom touch the arms, and sometimes not the head, I introduce the pauses in the process formerly mentioned. There are certain points of guidance predictive of the probability of the transit of the arms without impaction. If the head in its uterine envelopment dip low into the pelvis on the accession of labour, I at once conclude that on inversion it will advance to the correspondent point on the opposite side of the zygoma, carrying the arms free. If, as frequently occurs in a multipara, the os lies in the axis of the lumbar vertebræ rather than the brim, I pronounce the pelvic capacity doubtful; but if more in the perpendicular it occupy a position at the brim, I decide with tolerable accuracy that the arms will require artificial extraction. Whether under circumstances of anæsthesia or mental possession, I prefer a primipara for delivery by version.

One who had borne children previously, bringing the momentary pain imparted by the passage of the broadest part of the hand through the vaginal inlet to the standard of comparison afforded by former labours, might possibly suspect there was something abnormal in the procedure; while the primipara, in defect of experience, imagines that it is a legitimate incident in the natural course of parturition. In eighty per cent. of primiparæ, from tenseness of the abdominal parietes retaining the uterus more in the perpendicular, to the prevention of that partial antero version of the fundus seen in the repetition of gestation, the os and cervix, with the enclosed head, dip low into the pelvis, sometimes to a point within a couple of inches of the external opening; so that, while the carpal diameter of the hand is passing under the pubes, the fingers are engaged in the triple act of entering the womb, retroceding the head, and rotating the infant. The act of version in the literal and limited sense of the term having its initiative in such a case not in traction of the feet, but in their descent on the circuitous impulse thus imparted. Men of high professional status have anathematized my plan, on the grounds of difficulty and danger. Yet here is a case where I believe the infant could be inverted, the feet carried through the vagina, on no other influence than pressure exercised on the head in the proper axis, could we only devise some instrument for external manipulation, the extremity of which would not slip from the fœtal vertex and risk the perforation of the uterine parietes.

Primiparal laceration of the perinæum is a ruling event in natural labours. In version the exit of the head is too rapid for the production of such injury to any extent. However, I must confess the immunity is one of degree in severity rather than of numerical production of the accident. In thus delivering a primipara I once exterminated the perinæum, leaving not a vestige of its existence save a few fibres of the sphincter ani. To my inexpressible joy, union took place by first intention in eight-and-forty hours. On another occasion, having inverted and easily produced a very large first child

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through a pelvis proportionately capacious, I at once ascertained the existence of a severe perineal laceration extending to the intestine. Sponging off the vaginal secretion, and keeping the raw surface clean, I transfixed the edges with two common needles, using a figure of 8 ligature on their shafts. In four days I removed the needles from the part, perfectly restored. However, I had only become acquainted with half my calamity. The action of castor-oil administered on the following morning resulted in a discharge of fæcal matter from the vagina, and on examination I found an opening in the anterior of the rectum, into which I easily introduced my two fingers. This I could not honestly suppose a consequence of *post-partum* sloughing,—a cause to which the analogous affection of vesico-vaginal fistula is ordinarily attributed. I was convinced that I had effected it contemporaneously with the perineal laceration, of which, extending from below upwards, this was the continuation. Binding her bowels with opium, dieting her on new milk, I applied saturnine lotions, and left her perfectly convalescent in ten days,—the occlusion of the orifice being due to the muscular constriction rather than granulation, while a gutta percha pessary placed within the intestine, and the lint saturated with the lotion, kept the edges from inverting.

(To be concluded.)

REPORTS OF HOSPITAL PRACTICE

IN

MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

CLINICAL REPORT ON EPITHELIAL CANCER.

(Continued from page 335.)

From the statistical analysis of 127 cases of Epithelial Cancer of the Lip given in last week's Journal, I was able to show:—1st, That women are the subjects of this disease in the proportion only of 5 to every 100 males; 2nd, That when it does occur in women it is usually in those who have been accustomed to smoke; 3rd, That the lower lip is affected in 90 per cent. of the cases, the angle of the mouth in 6 per cent., and the upper lip in only 4 per cent.; and 4th, That the average age of patients suffering from cancer of the lip is 58 years, the extremes in the series being 28 and 82.

In all the cases cited, operations for the removal of the disease had been performed; and I shall now have to show, as far as the details given will permit, what are the usual results of these procedures.

Amount of Danger attaching to the Operation itself.—That no operation, however simple, is wholly devoid of danger is well known. In the series of Cases of Rodent Ulcer, given a few weeks ago, I was obliged to record that one patient had died of erysipelas after the excision, although the series only numbered 42 cases, and in some of them no operation had been performed. So, also, fatal results do every now and then follow the removal of fatty tumours. Excisions of small cancers of the lip are usually all but devoid of danger; but in not a few instances in which the disease has been neglected and allowed to advance, an extensive operation, involving considerable hæmorrhage, may be required. The structures of the face, however, as is well known, heal with remarkable facility, and almost the only real risk which attends operations upon them is that of erysipelas. Of the 127 cases under consideration, although many of them required extensive incisions, and in three glands were removed from under the jaw at the same time, only three ended fatally. The three alluded to are Case 19, in which a man, aged 62, died on the ninth day of erysipelas of the fauces; Case 50, in which a man, aged 54, died after an extensive operation, "of erysipelas, attended by an eruption like that of scarlet fever"; and Case 86, in which a man, aged 59, died from erysipelas on the seventh day. This rate of mortality—little more than 2 per cent.—scarcely deserves to be considered, when we call to mind the fearful nature of the disease when not interfered with. It merely points to the desirability of attending to the patient's general health, and of placing him in a healthy ward, well removed from any known risk of contagion from erysipelas.

Liability to Return of the Disease in the Wound or Cicatrix.—In 120 cases of the whole number (127) the wound healed for the time being, and was reported sound when the patient left the Hospital. Of the 7 others, 3, as above stated, ended fatally within ten days of the operation, and the remaining 4 are accounted for as follows:—In Case 2 the disease returned in its original site before the man left the Hospital; in Case 51, a man, aged 50, in whom the angle of mouth and both lips were involved, the disease returned before the wound was healed; in Case 64, the wound had just cicatrised when the scar became again affected by cancer—the patient was a man, aged 62, a portion of whose lip and cheek had been excised for the third time; in Case 54, a man, aged 60, in whom the disease had involved the oral angle and both lips, the disease returned almost as soon as the wound was healed. The subjoined table will show in how many cases return of the disease, either in the cicatrix, after it had become firm in other parts of the lip, or in the lymphatic glands, occurred. It must be clearly borne in mind that the facts before given are useful only as regards positive conclusions, and not in the least so in respect to negative ones. Very probably, if we could ascertain the final results of the whole series, it would be shown that the disease has returned, either in the lip or the glands, in a far larger proportion than the statement below would seem to indicate. Most of the reports on which our generalisations are grounded were supplied to us within a few months of the date of the operation, and consequently before a sufficiently long period had elapsed to test the permanency of the cure. Still, however, since cancer of the lip is a disease which, if it return in the part affected, generally admits of a second operation, we may safely infer something from the fact that out of the 127 cases the disease would appear to have been primary in all excepting about a dozen instances.

TABLE SHOWING THE RESULTS OF OPERATIONS FOR THE REMOVAL OF CANCER OF THE LIP IN 127 CASES.

	Reference to Case in the Table.	Totals.
Died within ten days of the operation..	Cases 19, 50, and 86 ..	3
Had return of cancer in the wound ..	Cases 2, 51, 54, and 64 ..	4
Had return of cancer in the cicatrix at different periods after the operation	Cases 9, 25 *bis*, 26, 35, 40 *bis*, 60, 62 *tris*, 64, 79 *bis*	9
Had cancerous disease of the lymphatic glands subsequently	Cases 15, 45, 79, 80 and 111	5
Had cancerous disease on the opposite part of the lip	Cases 79, 109, and 111 ..	3
No further note than that the patients "recovered" and left the Hospital with sound cicatrices	All the cases not mentioned in one or other of the preceding classes	105

In the above classes three cases have been mentioned twice on account of their results entitling them to a place in more than one of the groups indicated.

THE VICTORIA PARK HOSPITAL FOR DISEASES OF THE CHEST.

ANALYSIS OF 303 CASES OF PHTHISIS.

[Communicated by J. Ward Cousins, M.D. Lond., late Resident Physician.]

The following statements are made from cases which were under treatment in the City of London Hospital, Victoria Park, during the year 1859 and early part of 1860. The patients presented all stages of the disease, and may be arranged in the usual manner into four classes, according to the physical signs:—

Threatened Phthisis.—Marked constitutional symptoms, without any physical signs	71
First Stage.—Signs very slight, such as some deficient resonance on percussion, with feeble respiratory murmur or prolonged expiratory, and cough resonance ..	60
Second Stage.—Signs indicating consolidation	57
Third Stage.—Cavernous Signs	115
	303

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Hæmoptysis occurred in 186 cases:—in 37 of threatened phthisis; 48 in the first stage; 38 in the second stage; and 63 in the third stage.

Members of the family were stated to have died of consumption in 105 cases. This number, however, is no doubt less than it ought to be, for on this point it is often impossible to obtain accurate information.

Many of the patients left the Hospital to all appearance quite well. Those mentioned under "threatened phthisis" almost all completely regained their health. Many, too, with marked disease not only improved greatly in appearance and strength, but entirely lost their cough and expectoration. In all the favourable cases the chest symptoms were considerably relieved. The following table indicates the result of the treatment:—

Stage of the Disease.	Considerably relieved.	Not relieved, or getting worse.	Died.	Comparative Statement of the Ages of 302 (a) patients. From 10 to 20 Years.			From 20 to 30 Years.			From 30 to 40 Years.			From 40 to 50 Years.			From 50 to 60 Years.		
				Relieved.	Not relieved.	Died.	Relieved.	Not relieved.	Died.	Relieved.	Not relieved.	Died.	Relieved.	Not relieved.	Died.	Relieved.	Not relieved.	Died.
Threatened Phthisis ..	68	3	..	19	1	..	33	2	..	12	..	..	4	..	..	..	..	..
First Stage ..	36	24	..	6	2	..	16	14	..	11	6	..	3	2	..	..	..	..
Second Stage ..	33	24	..	4	6	..	14	9	..	7	5	..	6	4	..	1	..	..
Third Stage ..	40	44	31	7	9	4	18	19	15	9	11	6	6	5	6	..	..	..
Total ..	177	95	31	36	18	4	81	44	15	39	22	6	19	11	6	1	..	..

(a) The age of one patient is not known.

While under treatment, all the patients were regularly weighed, who were not confined to bed. The following tables indicate the increase or decrease in weight of 272 patients at the time of their discharge from the Hospital:—

TABLE OF 177 CASES CONSIDERABLY RELIEVED.

Stage of the Disease.	Gained from 1 lb. to 3 lbs.	Gained from 4 lbs. to 6 lbs.	Gained from 7 lbs. to 10 lbs.	Gained from 11 lbs. to 14 lbs.	Gained from 15 lbs. to 19 lbs.	Gained from 20 lbs. to 30 lbs.	Gained Weight—Total Number.	Maintained original Weight.	Lost from 1 lb. to 4 lbs.
Threatened Phthisis ..	22	6	16	8	2	1	55	12	1
First Stage ..	7	10	9	1	1	1	29	4	3
Second Stage	7	11	9	4	..	..	31	1	1
Third Stage ..	7	15	5	5	1	2	35	4	1
	..	..	..	..	..	..	150	21	6

TABLE OF 95 CASES NOT RELIEVED.

Stage of the Disease.	Lost from 1 lb. to 3 lbs.	Lost from 4 lbs. to 6 lbs.	Lost from 7 lbs. to 10 lbs.	Lost from 11 lbs. to 14 lbs.	Lost from 15 lbs. to 19 lbs.	Lost from 20 lbs. to 30 lbs.	Lost Weight—Total Number.	Maintained original Weight.	Gained from 1 lb. to 5 lbs.
Threatened Phthisis ..	1	1	1	..	..	..	3	..	..
First Stage ..	4	10	2	1	1	..	18	6	1
Second Stage	5	6	2	..	..	1	14	7	3
Third Stage ..	15	10	5	1	..	..	31	12	1
	..	..	..	..	..	..	66	24	5

Phthisis was associated with some other affection in nine cases only:—

Patients Relieved:—
1 Rheumatic fever.
1 Morbus cordis.
1 Secondary syphilis.
1 Fistula in ano.

Patients not Relieved:—
1 Morbus cordis.
1 Chronic rheumatism.
1 Disease of knee-joint.
1 Albuminous urine and other symptoms of kidney disease.
2 Passed tape-worms.

Diarrhœa occurred in 4, and laryngeal disease in 3 of the favourable cases. On the other hand, among those that died or were discharged unrelieved, diarrhœa was present in 30 cases, and laryngeal disease in 15.

Twenty-nine of the fatal cases terminated by exhaustion. In one patient death was hastened by a subacute attack of meningitis, and another sank from collapse, following rupture of a chronic tubercular ulcer of the intestine.

THE LONDON HOSPITAL.

COMPOUND COMMINUTED FRACTURE OF SKULL—TREPHINING—ERYSIPELAS—RECOVERY.

(Under the care of Mr. ADAMS.)

Thomas C., a sharp, intelligent-looking boy, aged 11½ years, with light brown hair, blue eyes, and stated by his parents to be of a very turbulent disposition, was admitted on June 13, 1860. While tending a horse he received from the animal a severe kick on the right side of his head. He was found some time afterwards by some policemen, who, by the direction of a Surgeon, conveyed him to the London Hospital. When admitted he was completely comatose; the pupils were contracted, but both acted slightly; he had a feeble, rapid pulse, and a cold skin, and well-marked stertorous breathing.

On examining the head, a lacerated wound, about an inch and a-half long, was found above the right ear, surrounded by a puffy swelling, beneath which a sharp projection of bone could be distinctly felt.

Mr. Adams was immediately sent for; and, upon his arrival, extended the incision directly upwards and forwards. A large piece of bone was now found firmly wedged beneath a sharp, projecting ledge of bone; and so firmly was this fixed that all attempts to remove it were unavailing. Mr. Adams therefore trephined in two places; and, after removing two pieces of bone, succeeded in elevating a piece, about two inches in length, by one in breadth. On further examination, the fracture was found to be much comminuted, and to extend a considerable distance in all directions, chiefly forwards. Mr. Adams found it necessary to remove another large impacted piece of bone, besides two smaller fragments. The dura mater appeared to have escaped injury, except at one particular spot, where there was a slight extravasation of blood; but the injury did not seem to have extended to the substance of the brain. The latter could be felt pulsating. The breathing was much relieved. The scalp being lightly drawn together by sutures, was dressed with wet lint, and the patient put to bed. A purgative was then given, and a grain of calomel was ordered to be taken twice a-day.

The next morning, June 14, he appeared to be going on well, but had passed a very restless night, moaning and crying out incessantly. He was obliged to be constantly watched. He would swallow liquids placed in his mouth, but rejected everything solid; he passed water, and had free movement of all his limbs, and both pupils acted freely, but he appeared quite unconscious. As his bowels had not been relieved, another purgative powder was given.

15th.—He was still very noisy; his eyelids much swollen. The wound appeared to be doing well. As the bowels were still confined, he was ordered half-a-drop of croton-oil, which was repeated in six hours.

16th.—During the night he had been very violent and noisy, but towards morning his bowels acted freely; after which he appeared better, and he seemed more conscious.

18th.—Again better. He recognised his sister, and spoke for the first time since his admission. A bread poultice was applied to the wound, which was looking well. About this time it was noticed that although the right arm was not completely paralysed, he did not use it. As his gums were touched by the calomel it was discontinued.

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22nd.—Mr. Adams remarked that there was partial paralysis of right portio dura, the face being rather drawn to the left side. He would now speak at intervals, and as he was rather low, two ounces of wine were given, which was the next day increased to four.

27th.—He was much better, and could now answer rationally questions put to him. He was quite recovered from the paralysis, and his eyes had lost their wild, staring expression. He was still very sulky and irritable. Meat diet.

He now continued to improve slowly up to July 5, when he became sick and feverish. The wound in the head looked red and inflamed. Salines were ordered.

July 6.—He had a rather severe attack of erysipelas; the face and head were much swollen, and he was very sick. The erysipelas was treated by the free application of collodion, and the sickness abated by effervescing mixture.

7th.—He was again better, and continued to improve until the 13th, when he was seized a second time with erysipelas, which was treated in the same manner as before. Decoction of cinchona was now given.

For about three weeks he suffered occasional relapses of erysipelas; but on the 26th was sufficiently recovered to be allowed middle diet. The wound had now almost healed, and the patient was perfectly composed and clear in his intellect.

August 7.—He was sufficiently advanced to be allowed to get up; and, as he wished for more to eat, was allowed full diet.

As soon as the wound was quite healed, he was permitted to walk in the Hospital grounds, and, being perfectly well in all respects, was discharged.

KING'S COLLEGE HOSPITAL.

REMOVAL OF A JELLY MOULD FROM THE VAGINA—VESICO-VAGINAL FISTULA.

(Under the care of Mr. PARTRIDGE.)

[Reported by Mr. WICKHAM, House Surgeon.]

Jane O., aged 24, unmarried, a servant, was admitted into King's College Hospital, under the care of Mr. Partridge. From the history of the case it appeared that some months ago an offensive smell was observed about her person, and a discharge of blood and matter was found on her linen. She, however, denied that anything was the matter. At last she became so personally offensive that an examination was insisted upon, which was made by the family Medical attendant, who detected the edge of some metallic foreign body amidst some calcareous deposit: she denying having any knowledge as to how it got there. She was sent to the Hospital on September 10, 1860.

September 10.—Chloroform having been administered, she was placed in the position for lithotomy, and an examination was made by Mr. Partridge. The vagina was found to be full, a calcareous matter filling the interior, and encrusting the exterior of a tin mould, the rounded extremity of which rested against the uterus, and the sharp base was directed towards the orifice of the vagina. It lay within the sphincter, and was removed with difficulty, in consequence of its size, and the quantity of calcareous matter attached to it. It was effected, however, by first diminishing its size by removing as much as possible of the outer incrustation, bending in one side of the mould, and then, with the aid of a strong pair of bone forceps, and retraction to dilate the vagina, the side was got beyond the orifice of the vagina, and the whole was got away. A quantity of calcareous matter was afterwards scooped and washed out from the vagina. The mould, which was completely filled with the deposit, was about two and a-half inches in diameter, and three inches in depth. On further examination, an orifice, between two and three inches in extent, was found on the left side of the upper wall of the vagina, communicating with the bladder. Through this aperture several calculi, about the size of hazel-nuts, were removed from the bladder by the lithotomy forceps and scoop. The bladder, as well as the vagina, was then washed out; and this has been done daily since the operation. There have been no bad symptoms, and it only remains now to close the aperture which exists between the bladder and vagina, through which the urine, which passes involuntarily, escapes.

From what the patient now says, it would appear that the mould had been in the vagina about a year; but it is probable that double that time, or perhaps even a longer period, must have elapsed since its introduction.

ST. THOMAS'S HOSPITAL.

COMPOUND FRACTURE OF THE SCAPULA—RECOVERY.

(Under the care of Mr. SOLLY.)

[Reported by Mr. WILLIAM HARLING SISSONS, House-Surgeon.]

J. G., a thin, delicate boy, aged 16, was admitted into Abraham Ward, under the care of Mr. Solly, September 15, 1860. Half-an-hour previously, he had been suddenly jerked off a cart which he was driving, the horse having taken fright. The boy states that he fell forwards, and, while stretched upon the ground with the arms extended above his head, the wheel of the cart passed over the right shoulder from below upwards. The appearance presented by the injury was peculiar. The right shoulder was very much elevated. Through a small wound posteriorly the inferior angle of the scapula protruded, a small portion of the bone being broken off. The integument above the wound was exceedingly tense, while that below was thrown into folds which partially overlapped the small protruded portion of the scapula. The reduction of the scapula was attended with difficulty, in consequence of the tightness of the soft parts above. Before it could be accomplished, the external wound had to be slightly enlarged. The bone being replaced, the wound of the soft parts was found to be situated just below the spine of the scapula, about three inches and a-quarter from the vertebral column. A figure of 8 bandage was applied, and the arm bound to the side, by which means the scapula was fixed. Wet lint was directed for the external wound. An effervescing saline was ordered.

Sept. 18.—The boy has been rather feverish, but is better to-day. He does not complain of much pain. The wound discharges a watery fluid.

19th.—There is a slight blush about the shoulder. The figure of 8 bandage is discontinued; the arm being simply confined to the side.

20th.—Healthy suppuration. General health good.

28th.—There being a tendency to the collection of pus between the external wound and the lower angle of the scapula, a pad of lint was applied to the track.

30th.—The pus still gravitates. Should it continue to do so, Mr. Solly orders the pus to be allowed to collect; an incision then to be made at the most depending part, and a firm pad applied along the course of the sinus.

October 1.—Discharge much less. The simple application of the compress appears to have obviated the tendency of the pus to collect.

4th.—The patient is now quite convalescent.

M. VELLA has made new experiments on the effects of woorara; and concludes therefrom that the woorara is capable of completely destroying the effects of a fatal dose of strychnine. Consequently, the two poisons are antagonistic; and what shows the fact very distinctly is this: that by mixing woorara and strychnine, the poisonous effects of these substances, instead of being increased, are neutralised.

IODINE IN RAIN-WATER.—M. Chatin, alluding to the experiments by which M. de Luca, Professor of Chemistry at Pisa, has endeavoured to show that the rain-water which falls there does not contain iodine, informed the Academy that he has not only found that element in the rain-water of Pisa, but also in that of Florence and Lucca, and that all he could say in mitigation was that in those parts rain-water contained much less iodine than at Paris. He further stated, in reply to the objection made to his tests, that he had found iodine both in distilled water and in potassium taken at the best laboratories, and apparently perfectly brilliant. He admitted that he was unable to obtain the iodine in its natural state from the water which contained it, but, on the other hand, he announced that he had extracted it from two aquatic plants—a fact which showed that the water in which they grew must have contained some.

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Medical Times and Gazette.

SATURDAY, OCTOBER 13.

DEVELOPMENT OF SANITARY MEDICINE.

Dr. Lankester has published his Fourth Annual Report of the Sanitary Condition of the Parish of St. James, Westminster. It is impossible to read it without great satisfaction, indicating as it does how extensive must be the good which is being effected by our Medical Officers of Health generally throughout the country. Surely Medicine here is occupied in her very highest work—preventing disease. Here certainly she exhibits beneficial powers beyond all kind of cavil. There can be no question about the good she effects, when she anticipates by vaccination the spread of small-pox, or when, by a wise provision, she dries up the sources of fevers and dysenteries, and wipes away their presence from a land where they previously ran riot. The power of these anticipating agencies no one, at least in these days, will venture to deny. We may fight about, and affirm, and deny the uses of venesection, and quinine, and antimony, and brandy, and the whole stock of pharmaceutical agencies in the cure of diseases; but as preventers of disease our powers are indubitably large.

That sanitary science may effect much by cutting off the sources of disease, we have, happily, now abundant proofs. The reports of the state of our army in China is a remarkable instance of what may be done. If the ancient state of red-tapism were now prevailing over the management of the Army, we might expect such a crop of miseries to arise, as we all remember to have occurred in the Crimea. Sanitary Science appears to have done her very best for the Army in China, and we reap the harvest in a sick list which stands at a minimum. The lesson of true economy has been learnt; but it is not yet universally practised. We have still many battles to fight with the enemies of progress—the ignorance, the sloth, and the bureaucratic spirit of men strong in worldly power, and very ignorant of scientific laws.

Why is small-pox so greatly prevalent?—a disease of which Dr. Lankester writes—

"It might be entirely arrested, and for ever banished from the earth, if people would act intelligently upon the known laws of its existence and spread."

The answer is, Neglect of vaccination. Here is a preventible disease, which in two years has carried off 2000 persons in London, and has prostrated 20,000. Wise action and economy, here as elsewhere, ever go together, and we find Dr. Lankester putting his case before the parish in a commercial spirit, as thereby best to touch the consciences through the pockets of his flock.

"The cost of this death and disease to the community is a matter of easy calculation, and is another instance of the lavish expenditure which a neglect of the laws of health inflict on the community."

Dr. Lankester will not even admit measles as a necessary evil to which flesh is heir:—

"It is undoubtedly preventible by the same precautions as the other forms of contagious disease, but so ineradicably fixed in the minds of all parents is the notion that children must have the measles, and that it is a mild and harmless disease, that nothing which can be said or done for its prevention will carry any weight with them."

In his report he further alludes to the excessive number of deaths of infants from violence. We have already especially referred to this subject. Infanticide has now become an almost daily crime in this great city, so as to leave our civilisation, in this respect, little room for boasting over Chinese savagery.

The cow-keeper is a large promoter of unsavoury nuisances, and therefore of disease. Dr. Lankester truly says that his presence, or rather the presence of his cows, in the heart of London is a most unnecessary evil; nor will he admit that milk from a confined and crowded cow-house is as good as milk from the country—although there be plenty to swear that it is:—

"I believe that it will be found of less value as an article of diet, and that it is more prone to those putrefactive changes which render milk so dangerous an article of diet during the heat of summer."

Stables are necessary nuisances. Horses or donkeys we must have—Doctors as well as Lords and Costermongers; but, then, we ought to take especial care that they be kept in a suitable and laudable manner,—*i.e.* up to the level of scientific sanitary requirement. But how seldom are they so kept! "There are," writes the Doctor, "few sources of nuisance which are more constantly complained of, than ill-kept and ill-drained stables." In his own parish he has waged great and Garibaldian (successful) warfare against these Augean quarters, and reports the abatement of 208 out of 268 stable-nuisances complained of. Happily, as it appears, the owners of horses are more readily worked up to proper sanitary sentiments in behalf of their quadrupedal occupants, than householders usually are in behalf of their biped tenants.

"The response to the notices of improvement in the stables showed that the owners were quite alive to the value of the health of the animals that lived in them—a response which it is sometimes difficult to arouse in behalf of the human occupants of houses needing sanitary amendment."

We most thoroughly agree, also, with Dr. Lankester in condemning the practice of allowing families to dwell in rooms above stables. In Hospital practice, we almost daily see the ill effects, especially on the health of women and children, which result therefrom.

In this Report the great Serpentine Mud Question is naturally stirred up; and we are glad to see that our Reporter patronises no quackery or jobbery or peddling interference in this matter. He goes—like a man of England and a Secretary of Sanitary Science—to the root of the business; and would grub the evil right up for once and all. The temporary contrivances of ingenious and accommodating architectural souls are evidently not to his taste. Cut off sewers and admit fresh water. This is his view, and the view of every man who is neither contractor, nor lawyer, nor architect. This would make the water pleasant for promenaders on its banks. But there is still work to be done. To render it fitted for the bather's purposes, the Serpentine requires further operations: it requires the removal of the Heaven-knows-how-many feet of mud at the bottom of it, and the filling up of holes, and a general levelling process—in fact, a radical reform. But Government has left all this part of the matter untouched—or, in other words, the water is tainted with its original mud. This is not like one of those unpleasant questions which men do not care to stir up, on account of the unsavoury villanies which discussion discloses. Here the mud cannot lie quiet

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beneath an unruffled appearance of clean surface, for every bather who goes in rakes up and displays its presence and odorous properties. And who could think of arresting a Briton in his plunge into Britannia's element? Bathing is akin to godliness, when it is cleanly bathing at least; and it has other virtues certified to by an Officer of Health:—

"Bathing is a most healthful exercise, and a knowledge of the art not only tends to strengthen the human frame, and gives courage and self-reliance amid the dangers to which the population of this sea-girt island are so frequently exposed, but it often enables persons to save their own lives, and those of others, when accidentally plunged in the water."

Dr. Lankester adds that it would be well if clerks, shoemakers, shopmen, etc., could be induced to take exercise in our Parks, and to keep out of alehouses; and he suggests that for this purpose portions of the Park should be railed off for cricket, or other games; and that *cafés* should be established for the sale of tea, coffee, and such non-inebriating liquids. "A walk in our Parks is a dull, monotonous affair for a working man; and no wonder that so few are found there. Our English notion of the use of a Park is too limited."

Such are the particular and general kind of topics which Officers of Health have to dwell upon. We think our Profession may, indeed, be proud of the immense good effected by their aid, both in the moral and material world. There is no need for Dr. Lankester to apologise to his parishioners for touching upon these subjects, which may *seem* wide of his mark. His Profession brings him naturally into contact with all the various phases of humanity, and he says well and truly:—

"I believe that the Medical Officer of Health may be doing as much good by drawing the attention of his fellow-parishioners to the general field of sanitary action, as by confining himself to the details of his own locality. The good that is to be done by sanitary science is more through enlightened public opinion acting upon the whole community, than by stringent laws acting in particular instances."

THE WEEK.

A LETTER has been addressed to the Jockey Club by Mr. Bond, a well-known "racing man," proposing to secure a permanent endowment for six of the London Hospitals by allotting 10 per cent. from the Derby and Oaks Stakes every year, he offering to add a large sum to form a basis of the fund. About £900 a-year would thus be deducted from sums paid over as racing stakes for the purposes of charity. We sincerely hope the Jockey Club will think well of the proposal, though we do not think Mr. Bond does well in his restriction of the proposed endowment to the following six Hospitals:—St. George's, St. Mary's, King's College, Charing Cross, the London, and the Royal Free. There are others at least equally necessitous, and equally deserving of assistance.

The following extract from the daily papers is worthy of note:—

"Dr. E. Waddington, of Wakefield, deposed that he was formerly the Medical attendant of Miss Adamson, and after her death he made a post-mortem examination of the body. He saw Dr. Nunneley take away a portion of the contents of the body for analysation.

"Cross-examined by Mr. Wheelhouse: I have my degree of M.D. from the Royal College of Physicians in Edinburgh, not from the University."

It touches upon a point which has of late much occupied the attention of our readers—Who is a Doctor? If the evidence be correctly given (and from the fact of the special point to which we allude coming out in cross-examination, we may assume that it is so), it would appear that a Licentiate of the Edinburgh College boldly asserts *coram publico* that he obtained his degree of M.D. from that College. But all the Medical world well know that that College has never granted the degree of M.D. This is a new phase of this mooted question; for the assumption of the title of Doctor by a Physician is a very different thing from his assertion that he possesses the title of M.D.—that he has obtained a degree of Doctor of Medicine. The one proceeding, right or wrong, has some show of reason and prescriptive fashion for its justification; the other is simply misrepresentation. We trust that there may have been some error in the reporting of the statement above given; but think it, under the circumstances, right to call special attention to the point.

We are very pleased to find that our brethren over the water have followed the advice which many months ago we tendered to our Liverpool friends on a somewhat similar occasion. At a meeting of the Medical Association of the Gironde, the Secretary informed his hearers that a Homœopath had demanded admission to the Society. The Council had refused to bring his request before the meeting. He therefore protests; and the Council, waiving their right throw the question before the Assembly for decision. Whereupon the Assembly unanimously decided that no vote should be taken regarding his candidateship.

It is curious to watch the opinions expressed by the *élite* of French Physicians on the effects of stimulants in diseases; their dread of using them, and yet partial belief in and astonishment at their utily. They are still frightened because they can find no explanation of the fact. "We admit," says the *Gazette Médicale*, "that this has been our difficulty; despite of ourselves, the instinctive fear of a fire (*de l'incendie*) prevented our acceptance of this treatment; and we have always acted with the greatest timidity in giving generous wines in these kinds of affections. It was in vain that we saw the tongue become clear, and the appetite increase, under their influence; prejudice and dread of some unknown evil always remained behind. Our judgment accepts the facts before we give our adhesion to them."

There are mercantile souls who actually conclude that of course Doctors do not hasten to cure their patients, because it would be contrary to their interests. This is the firm belief of many of our respectable clients, who get their own wealth on the selfish principle of philosophic mercantilism. Let us see, then, how we cut our own throats. Here is a line from a witty correspondent living in a large county town:—

"The last week's deaths here were 14. The average of ten preceding years was 36. Sad work for Doctors and undertakers! In a neighbouring town with 4700 inhabitants, there has not been a death for five weeks. It is a melancholy satisfaction to think of people being so little in need of us!"

The following is another of the many instances of verdicts hastily and improperly arrived at by coroners' inquests. We need not stop to point out the impropriety of the verdict in this case. No Medical man had seen the deceased during life, nor had examined his body after death:—

"On Monday an inquest was held at Bristol on the body of Albert Hyde, aged 52. He had eaten largely on Monday, chiefly of meat, and being subsequently taken ill, was found dead in his bed early on Tuesday morning. No Medical man had visited him, nor had he taken any medicine; and the jury, after hearing the evidence, returned a verdict that 'the deceased died suddenly after eating to excess of food improperly dressed.'"

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UNIVERSITY OF ST. ANDREWS.

MEDICAL EXAMINATION PAPERS, SEPTEMBER, 1860.

First Examination.

FIRST PART.

Translation from Latin into English.

Give the origins or primary meanings of the following words:—Astragalus, blastema, condyle, cysticercus, hemiplegia, lithotrity, peroneal, and scaphoid.

SECOND PART.

CHEMISTRY.

1. Water boils at 212° F. and freezes at 32° F. Is this statement universally true, or only true under certain conditions? What are the corresponding boiling and freezing points in the Centigrade thermometer? Explain the method of converting degrees from one of these scales to the other. Reduce 100° F. to the Centigrade scale and 256° C. to the Fahrenheit scale. In the Arctic Regions would you prefer mercurial or spirit thermometers?

2. What compounds does oxygen form with carbon, hydrogen, sulphur, and phosphorus, and what are their respective formulæ?

3. Write down the formulæ expressing the composition of nitre, borax, alum, and corrosive sublimate, and explain the method of obtaining any two of these substances in a state of purity.

THIRD PART.

MATERIA MEDICA AND THERAPEUTICS.

1. Name the principal medicines which are commonly regarded as diuretics, and describe the modes in which they respectively act. Do these substances increase the aqueous portion or the solid constituents of the urine, or both? What effect upon the solid constituents of the urine is produced by copious water-drinking?

2. Are you acquainted with any substances which have the power of checking the general metamorphosis or disintegration of the tissues? If so, describe them; and explain their mode of action, and the cases in which their administration may be of service.

3. Quinine is sometimes adulterated with one or more of the following substances—gypsum, chalk, boracic acid, sugar, starch, and salicine. How would you detect these impurities?

Supposing that any other acid had been mixed with hydrocyanic acid, how would you detect the adulteration?

How would you determine the strength of any given specimen of hydrocyanic acid?

4. What is the preparation of bismuth that is commonly used in Medicine? How is it prepared? What are its uses? Describe the symptoms which would lead you to prescribe it, and write a Latin prescription (without symbols or abbreviations) for a draught containing it.

Second Examination.

ANATOMY AND PHYSIOLOGY.

1. Describe the muscles which flex the leg upon the thigh.

2. What parts must be removed to expose the pterygoid muscles? Describe these muscles, noticing their relations to adjacent structures, the source from whence they derive their nerves, and their actions.

3. Describe the boundaries and contents of the axilla.—(N.B.—Candidates who prefer answering this question fully may neglect the two preceding questions.)

4. What are the respective numbers of the temporary and the permanent teeth? State, as nearly as you can, the period at which you would expect the different teeth to appear. Describe the structures which occur in the composition of a tooth. If you have studied comparative anatomy you may describe the peculiarities of dentition in the ruminants and in the rodents.

5. Describe the appearance and structure of the villi, and explain the part which they are supposed to take in the process of intestinal absorption.

6. What are the different refracting media of the eye through which the rays of light must pass before they reach the retina? Explain how these different media modify the direction of the rays. What are the conditions giving rise to myopia and presbyopia? Explain the way in which glasses remedy these defects.

Third Examination.

(N.B.—In answering the practical questions, the Examiners require every Candidate to specify the mode of treatment which he is in the habit of adopting, and the doses of the medicines which he prescribes.)

MEDICINE.

1. State what you know of the general doctrines of the hæmorrhagic affections, especially as to their origin, causes, nature and varieties; and name the special hæmorrhagic affections.

2. Describe the general principles applicable in the detection of valvular disease of the heart, the diseases to which the valves of that organ are liable, and the means of detecting the particular valves affected, and the nature of the affection.

3. What advantages are gained by a selection of climate for invalids, what affections are likely to be benefited by such selection, and what climate would you select, first, for incipient phthisis; second, for chronic bronchitis in this country and abroad?

4. What are the different forms of lithiasis, and what treatment would you adopt in each?

5. A robust young man was seized, four days ago, with headache and shivering. He went to bed and slept well all night, but on the following morning was seized with pain (severe and stabbing) below right nipple; his pulse then became rapid, and skin hot. At the period of observation, pulse 108; skin pungently hot; tongue covered with a thick white fur; rubbing sound, with fine crepitation below right nipple. What disease does the patient labour under? What would your prognosis be? How would you treat such a case?

6. A patient, aged 50, is losing flesh and weight rapidly; subject to headache and palpitation; appetite voracious; urine plentiful; specific gravity 1·040; sample of urine turned claret colour by liquor potassæ. What is the disease, and how would you treat it?

Fourth Examination.

SURGERY.

1. What is iritis? What are its symptoms and diagnostic marks, the results if it proceeds unchecked, and the treatment?

2. What is hydrocele? Mention its varieties. With what other tumours of the scrotum might it be confounded, and state how it may be distinguished from them?

3. Describe the various forms of dislocation of the hip-joint.

4. Describe the process of formation of an aneurism. Mention the methods of treatment.

5. A man falls from a height on the top of his head, and is taken up insensible. On examination no depression or other sign of fracture is found on the surface of the cranium. His breathing is laboured, and his eye is insensible to light. He remains unconscious, and his urine and fæces are passed involuntarily. At first blood, then watery fluid flows from the ear. Ultimately he dies comatose. What injury has been received? Explain how it has been produced; account for some of the most prominent symptoms. What appearances will probably be found on post-mortem examination?

Fifth Examination.

MIDWIFERY.

1. Mention the various circumstances which may make it proper to induce premature labour; and describe the different ways in which this may be effected, stating which you would prefer, and why so.

2. Recount the symptoms and signs of pregnancy, stating the circumstances which may in particular cases obscure the diagnosis.

3. What are the points in the history, the symptoms, and the physical signs of a case, which enable us to distinguish ovarian dropsy from ascites?

4. A woman, on the day after a very severe labour, in which turning had to be performed, had a rigor, which recurred from time to time during the next week, being always followed by perspiration, and accompanied by gradually-increasing asthenic fever. Her pulse was extremely rapid and feeble, her tongue dry and brown, her skin of a dusky yellowish colour; the lochia were fetid, and the milk sup-

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pressed. She became very restless and sleepless, and died before the end of the fortnight, the region of the uterus having been only slightly tender on pressure. What was the nature of her disease, what the morbid appearances to be expected in the dead body, and what treatment ought to have been employed?

REVIEWS.

On the Climate of Worthing, etc. By W. G. Barker, M.B. Lond., Medical Officer of the Worthing Dispensary, etc. 8vo. London: 1860.

This little book is in substance a paper read before the Medical and Chirurgical Society of London in June last. It contains a complete account of the climate of Worthing, regarded especially in its hygienic aspects—as a residence adapted for the invalid. The author has evidently entered *con amore* into his subject; and has, we fancy, left little further to be said upon it. We can strongly recommend his unpretending volume to those of our Professional brethren who may wish for information about the town and its climate. It is written in a strictly Professional tone, and bears evident marks of the writer's industry in observation. Naturally enough, he takes, perhaps, rather too enthusiastic a view of the excellence of this *locale* as a resort for pulmonary invalids. From his statistics Worthing appears to be, in respect of climate, nearly as favourably situated as the famed Torquay; he calls Worthing "one of the most beautiful localities in England," and certainly makes out a most excellent case for his highly-favoured town.

We see that ozone, whose nature has puzzled so many, has been investigated by the author. We are not sure that he has made out a case which will satisfy Schönbein and Faraday. He asserts that this nondescript mucous-membrane irritant is *chlorine*. This, however, we must leave him to settle with those who proclaim it to be an allotropic condition of oxygen. But whatever we may think of the writer's chemical theories, we can safely advise those who wish to know Worthing medically, to make themselves acquainted with this little book.

Notes on Nursing. By Florence Nightingale. New Edition. London: 1860. 8vo. Pp. 221.

We have so recently noticed the first edition of these incomparable "Notes," that we have only to make known the publication of a New Edition, with a Supplementary Chapter. The remarks on Convalescence are very valuable, and we commend the following to the notice of our readers:—

"Healthy people don't thrive very well if they sleep among sick people. Is it rational to imagine that convalescents can do so either? Would it not appear a main point in regard to all Hospitals in populous districts, for each to have its convalescent branch at a convenient distance in the open country, into which recovering cases should be drafted from the Hospital wards as speedily as possible?

"My own conviction is that, *next to removing Hospitals entirely out of towns*, there is nothing which would add so much to the efficiency of these institutions, or, at the same time be so great a blessing to the sick poor, as henceforth to look on convalescence as a state as much requiring its special conditions and management as sickness; and to provide for it accordingly."—P. 211.

Some two years ago St. George's Hospital received a hundred thousand pounds or more by Mr. Morley's will, for the express purpose of founding a Convalescent Institution. The Profession will be glad to know when the design will be carried into execution.

On Rheumatism, Rheumatic Gout, and Sciatica; their Pathology, Symptoms and Treatment. By H. W. Fuller, M.D. Third Edition. London: 1860. 8vo. Pp. 489.

We must apologise for some delay in noticing Dr. Fuller's excellent work, especially as we can now only refer our readers to a few of the matters most worthy of notice in the new edition. In the treatment of Acute Rheumatism Dr. Fuller relies more confidently than ever on alkalies, and gives them in larger doses, increased more rapidly than before—see pages 113-115. Out of 168 cases in which he has pursued this plan of treatment, he says "the heart has been implicated in 31 cases only, and in at least 26 of them the affection had commenced before I saw the patient."—P. 265. He makes a curious observation,—new to us, but which we can confirm now that it is brought to our notice,—as to the liability of children of consumptive parents to rheumatic gout. The whole of the chapter on this obstinate affection is full of practical hints well worthy of attention. With regard to sciatica, the observations on the injection of sedative solutions, and on the use of electricity, will be read with much interest. These are what we have especially noticed in the present edition; and it is hardly necessary to add that the work is well worthy of the attentive perusal of the Profession.

The British and Foreign Medico-Chirurgical Review. October, 1860.

Our notice of this number of the Medical Quarterly must be confined to the announcement that it is the last that will appear under the editorship of Dr. Sieveking, who has carried it on most ably since the retirement of Dr. Parkes, in 1855. Under Dr. Sieveking's direction the *Review* has certainly maintained the high character it obtained under his predecessors, Sir John Forbes, Dr. Carpenter, and Dr. Parkes, and we feel sure our readers will join with us both in regret at the retirement, and in congratulation on the increase of other and more profitable Professional occupation which has rendered the retirement necessary. A well-known contributor to the Review, Dr. Ogle, Assistant-Physician to St. George's Hospital, succeeds Dr. Sieveking. The staff of writers who have assisted his predecessors will, we are assured, work quite as cordially with Dr. Ogle, and we trust that with the new year, and a new editor, a new and successful era may commence for this Review.

Glycerin and Cod-Liver Oil; their History, Introduction, Therapeutic Value, and Claims upon Professional and Public Attention. To which is added, a Chapter on Physic-taking; or Counsels for the Sick. By W. Burnham Willmott, Associate of the Pharmaceutical Society. London: 1860. 12mo. Pp. 197.

This work is, as stated in the first page, "intended to supply a history and description of the manufacture and medicinal properties of two new remedies in the treatment of disease."

The chemical nature of glycerine is first treated of, and then follow considerations on its employment in diseases of different organs, and on its combinations with other substances and their uses. In this part of the work the curious compound of glycerine with nitrogen is described, called nitro-glycerine, or glonoine, which excited considerable interest some time ago in consequence of the publication of papers by Mr. Field, Dr. Fuller, and others in this Journal.

In cod-liver oil our author enters upon the consideration of a remedy far more important than glycerine in a Medical point of view. He states at length the opinion as to its *modus operandi* entertained by numerous writers, and very wisely abstains from propounding any theory of his own. In the "Chapter on Physic-taking," which concludes the work, the importance of resorting sufficiently early to Medical advice is forcibly laid down.

Operative Surgery, adapted to the Living and Dead Subject. By C. F. Maunder, F.R.C.S. Part I. London: 1860. 8vo. Pp. 144.

We can do little more than announce the appearance of this first part of Mr. Maunder's work. When completed we shall examine it at some length. In the meantime, however, we may say that it is the best of the attempts hitherto made to furnish the student with a cheap illustrated guide to the performance of surgical operations on the dead body.

Ure's Dictionary of Arts, Manufactures, and Mines. Part XII. October, 1860.

Mr. Hunt goes on steadily and most satisfactorily with this new edition of his Dictionary. This month he reaches the article Printing.

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A System of Instruction in Quantitative Chemical Analysis. By Dr. C. R. Fresenius. Third Edition. Edited by J. Lloyd Bullock, F.C.S. London: 1860. 8vo. Pp. 686.

The third English edition corresponds with the fourth German edition of this well-known standard work, which now appears "re-cast, considerably simplified, and almost re-written." The volume is increased by about one-fourth, and many of the processes, though the best known at the time, have been replaced by others "more certain, simple, and efficient." On the whole, we can thoroughly confirm the verdict of the translator, who has fulfilled his task to perfection, and recommend the book as "almost indispensable to the student of Chemistry, whatever other books on the subject he may possess."

The Honey Bee; its Natural History, Habits, Anatomy and Microscopical Beauties. By J. Samuelson, Assisted by J. B. Hicks, M.D. London: 1860. 8vo. Pp. 166.

A very interesting account of the anatomy of the eyes, antennæ, and internal organs of the honey bee is given in this well-illustrated work by Dr. Hicks; and Mr. Samuelson has added a great deal of useful information in a very easy and pleasing manner. We can recommend this work to students of Natural History.

Curiosities of Science. Second Series. By John Timbs, F.S.A. London, 1860. 8vo. Pp. 248.

This is the sixth volume of Mr. Timbs's popular series, "Things Not Generally Known Familiarly Explained." It is devoted chiefly to Alchemy, Chemistry, and general science; but it contains some curious facts about poisons, and familiar explanations of some of the laws of Physiological Chemistry.

The Old Glaciers of Switzerland and North Wales. By A. C. Ramsay, F.R.S. London: 1860. 12mo. Pp. 116.

This is a reprint from "Peaks, Passes, and Glaciers." It will prove both useful and interesting to the geologist, as well as to the mere holiday-maker or health-seeker who explores the mountains and valleys of Wales.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

FATAL CASE OF PARALYSIS OF THE VELUM AFTER DIPHTHERIA.

By M. ROCHE.

M. Roche related to the Anatomical Society of Paris the particulars of an interesting case, which occurred at the Lariboisière Hospital. A lady's-maid, aged 22, was admitted on July 1, 1859, with severe diphtheria, the dyspnœa being intense, fever high, the false membranes abundant, the submaxillary glands engorged and aphonia almost complete. By the end of a week nearly all traces of the diphtheria had disappeared, but the voice was observed to be nasal, while fluids which were drank often returned by the nose without the patient being conscious of it. Paralysis of the velum palati was evidently present, and a feather excited no sensation in the uvula, nor caused any pain when carried down to the epiglottis. In other respects she was doing excellently. This state of things persisted until August 1, when, while dining, she was seized with a suffocative paroxysm of a most alarming character—the patient referring the obstacle to her respiration to about two fingers' breadth below the sternum and a little to the left, but not being aware that she had swallowed anything the wrong way. By auscultation and percussion it was ascertained that while respiration was free in the larynx and right lung it was absent on the left side. Owing to the deep situation of the obstacle, while one lung still retained freedom of respiration, it was not judged advisable to perform tracheotomy; and, in spite of the various means employed, the patient died about eight hours after the suffocation commenced. At the autopsy considerable emphysema was found to occupy the subcutaneous and intermuscular cellular tissue of the neck and the mediastinum. The veins of the neck were gorged with blood. The lungs were distended and violaceous, sinuous lines of emphysema passing along their surface. The larynx was found perfectly healthy throughout its entire extent, and the only change in the trachea and right bronchus was a reddening of their mucous membrane. In the left bronchus, opposite the first bifurcation, a piece of meat was found completely obstructing its calibre, and so moulded upon the canal as to bifurcate and subdivide with it. The mucous membrane below the obstacle was red and injected, but the parenchyma of the lung everywhere crepitated. There was no extravasation of blood, the bronchi containing only a small quantity of slightly sanguinolent mucus.—*Bulletin de la Société Anatomique*, tome iv. pp. 253—256.

ON THE QUESTION OF QUANTITIES IN TOXICOLOGY.

By M. LOUIS ORFILA.

When by chemical analysis the expert has determined the presence of poison either in the cadaver or in the matters vomited, he is required to declare whether the quantity of poison found or the quantity swallowed is sufficient to cause death, or produce the symptoms observed. In order to establish the sense in which the expert should reply to this question, we may take a rapid survey of the data upon which he should rely.

1. The whole quantity of a poisonous substance which has been swallowed is not absorbed, save in exceptional cases. A portion, usually the most considerable, is rejected by vomiting, or, after traversing the digestive canal, passes off by stool. When death takes place promptly a portion may still be found in the canal. The remainder is absorbed, that is, it is carried into all the tissues. 2. The portion absorbed is not distributed uniformly through the various parts of the organism. Daily experience shows that, with the same weights, the liver always yields to analysis a much larger proportion of poison than all the other organs. 3. Elimination commences a short time after absorption, and the investigations which have been made up to the present time show that, as regards certain of these poisons, arsenic for example, it may be completed fifteen or twenty days after ingestion. It is therefore evident that the amount of poison remaining in the organs, where it has been carried by absorption, continues diminishing from the period of its ingestion; so that if life be sufficiently prolonged, the entire quantity of poison absorbed may have become eliminated prior to death. Thus, a month after the ingestion of an arsenical preparation, the organs will contain no trace of arsenic. Chemical search will not discover it, but yet death has been none the less the result of the disturbance which it has caused. It is obvious that the presence of the poisonous substance in the organism until the last moment is not necessary for the production of death. The blow was struck at an early period, diseased action has become developed under the influence of the poison and death is the termination of such disease. 4. When the rejected matters are not handed over to the expert, and when the alimentary canal is completely empty, chemical research can only be directed to certain organs or portions of them. It is a rule for the first experts to retain a portion of the matters handed over to them for ulterior research. It is easy to understand, then, especially with the more or less considerable losses rendered unavoidable in so difficult an analysis, that the quantity found constitutes but a very small fraction of that which has been swallowed, or even of that which has been absorbed. 5. Finally, it is highly important to note that for no poison do we know the quantity sufficient to induce the accidents of poisoning. By observations, whose rarity restrains their significance, we know in general, the limit beyond which doses should in general be regarded as poisons: but this limit is incontestably very superior to the reality. Thus, we know that fifty centigrammes of arsenic will induce poisoning in all cases, save in very rare exceptions; but no one can decide, in a given instance, whether five, ten, twelve, or fifteen centigrammes will not suffice to cause death. The action of poisons is so variable, and we are so little acquainted with the causes which give rise to their variance, that we cannot, without risking to expose ourselves to serious error, determine what is the minimum dose of a poison sufficient in a particular case to give rise to death or to the symptoms observed.

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From the above data it results: 1. When the vomited matters and the stools have not been submitted to chemical analysis it is impossible to ascertain even approximatively the quantity that has been swallowed; and consequently to declare whether the quantity ingested has been sufficient to cause death. The quantity absorbed, moreover, by reason of the unequal dissemination through the various organs, and the elimination which may have taken place, cannot be estimated by the amount found in certain organs or portions of organs. Such amount is but a minute fraction of the portion absorbed, which itself is but a fraction of the quantity swallowed. It may be insufficient to induce death, although the quantity ingested or even that absorbed may be more than sufficient. 2. If there have been neither vomiting nor stools, and if the digestive canal contain no poison, the quantity ingested has been all absorbed; and for the above reasons there is no means of judging by the quantity found of the amount which has been swallowed. 3. If the vomits and stools have been analysed, or if (in their absence) the matters contained in the canal comprised the whole of the poison swallowed, except the portion absorbed, it is possible to declare approximatively the amount ingested. In such a case it is desired to establish whether the quantity ingested is sufficient to determine death. It is only when the quantity swallowed has been much greater than that which would be really sufficient for this purpose that the expert can reply affirmatively. Under other circumstances, by reason of our ignorance concerning the conditions which modify the action of poisons, the greatest reserve is peremptory. The reasons for doubt, dependent upon the actual state of science, should be stated; and this conclusion brought out that, in general, even when the quantity ingested has been really larger than that which is necessary to induce death, we are still not in a condition to affirm that it has induced it.

It is very desirable that this question of quantity should be reduced to exacter proportions, and that it should no longer retain the exaggerated importance which is now attributed to it. The symptoms and the lesions of tissue, combined with the detection of poison in the organs, are the most valuable elements for forming a decision whether poisoning has taken place, while the question of quantity, so far from bringing out the truth, will only conceal it in the great majority of cases. When a poison exists in organs or in matters which should not contain it, its quantity, save in some exceptional cases, cannot be insisted upon as a proof of poisoning. The great bulk of crimes of this kind would escape detection if such a proof were considered necessary. In order to exhaust this subject of quantity, and of the conclusions to be arrived at by experts respecting it, we may state two particular cases in which dosage is daily referred to. 1. Has the poison which has been detected, resulted from the substance having been administered medicinally? An instant's reflection will suffice to explain that except in the case wherein the poison has been found in the matters of the alimentary canal, the vomit, or the stools in quantities much larger than the highest therapeutical doses, the consideration of quantity will in no wise elucidate the problem. The portion absorbed which, moreover, it is impossible to determine, will never be sufficiently considerable to allow of a sure deduction being made. 2. But it may be said, when we have to do with poisons which also exist in the animal economy in a normal state, is it not of service to have recourse to the consideration of quantity, in order to determine whether a poison discovered in the organs does not result rather from this normal combination than from a criminal introduction? When there exists in these organs a much larger quantity of poison than has been found in the normal condition (and thus far experience has taught us very little on this matter), we may be authorised to admit poisoning as probable, supposing that all other objections have been previously refuted. But when the amount discovered is not very considerable (and, judging from the preceding considerations, this will be the usual case, inasmuch as it can be only a portion of what has been absorbed), the embarrassment is just as great, and the question of quantity is of no significance.—*Gazette des Hôpitaux*, No. 60.

HOPITAL DU MIDI.—The vacancy in this establishment caused by the resignation of M. Ricord, has been filled up by the appointment of M. Cusco, late Surgeon of the Salpetrière.

GENERAL CORRESPONDENCE.

DIGITALIS IN DELIRIUM TREMENS.

LETTER FROM DR. BALLARD.

[To the Editor of the Medical Times and Gazette.]

SIR,—As my name has been mentioned by Mr. Jones in association with one case of delirium tremens treated by him with large doses of tincture of digitalis, I may, perhaps, be permitted to add a few words by way of corroboration of the statements in his paper. In addition to that case, the earlier stage of which I did not witness, I was enabled, by the courtesy of Mr. Jones, to see two other cases during my stay at St. Heliers—one in the Hospital, and one in private lodgings—which he treated in a similar manner. The former was a man apparently about fifty years of age, the other a young man about twenty-five or twenty-six years. Both had been drinking hard up to the period of seizure. In both, the characteristic symptoms of the disease were clearly marked, the skin cold, and the pulse very feeble; in the Hospital patient scarcely perceptible. In both cases, the earliest operation of the medicine was seen in the abatement of the nervous phenomena, in greater quietness of manner, and in the disappearance of delusion. Coincident with this the warmth returned to the surface, the pulse resumed its natural fullness, and a healthy perspiration appeared upon the skin. After this improvement had proceeded to a certain extent, both patients slept, but I could not regard the sleep as anything but an index of the favourable progress of the case. The improvement in the general condition clearly did not depend upon its production; first, because marked amendment had preceded it, and, next, because it was not prolonged beyond a very few hours. In no one of the three cases was there any unnatural increase in the quantity of urine passed. My surprise at witnessing the success of this remarkable treatment was only equalled by my admiration of the boldness and courage of the man who could introduce so startling an innovation in our practice. It certainly is not what any one would have expected: that a feebly-acting heart would be roused into normal action by a medicine like digitalis; yet this is one of its earliest effects in the doses given by Mr. Jones.

From time to time very daring doses of digitalis have been administered. Dr. Pereira, in his "Elements of Materia Medica," mentioned the practice of Mr. King, of Saxmundham, who was in the habit of giving, in acute inflammation, doses of the tincture amounting to half-an-ounce or an ounce, without the production of any dangerous symptoms. A pupil of Mr. King once informed me, however, that during this treatment the maintenance of the recumbent posture was rigidly enforced. In neither of the cases which I saw treated by Mr. Jones did any pains appear taken to secure this precaution. In truth, the action of the drug upon the circulation, when it is used in inflammatory disease and in delirium tremens, seems utterly different. The effect in the former case, according to Mr. King, is to subdue the pulse and to render it irregular, an operation confirmed by Dr. Pereira's own experience of large doses; in the latter, the pulse increases in force and fulness.

My own impression, from what I have seen and heard from Mr. Jones, is that in tincture of digitalis we have a true *counter-poison*,—an addition to that class of mutually-antidotal poisons of which opium and belladonna have been the most recent example. Alcohol is the remedy by which we counteract the depression produced by digitalis: the converse is also true,—digitalis is most remarkably an antidote for alcoholism.

At a meeting of the Medical Society of London, May 12, 1828, Dr. Thos. Williams related an instance of a drunken butcher having taken two ounces of the tincture of digitalis in two doses of an ounce each, in quick succession, without the slightest inconvenience ensuing. This is quoted by Dr. Pereira.

When first I heard of Mr. Jones's treatment, I naturally suspected the quality of his tincture; but on mentioning this, he assured me that he had employed tincture from a

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variety of sources, and among the rest from Apothecaries' Hall, and always with the same result.

7, Compton-terrace, Islington, I am, &c.
October 5. EDWARD BALLARD, M.D.

LETTER FROM DR. WEBSTER.

[To the Editor of the Medical Times and Gazette.]

SIR,—The publication of Mr. Jones's (of Jersey) interesting paper on the exhibition of large doses of digitalis in acute nervous derangements, must attract the attention of many of our Professional brethren. Without in the least degree wishing to invalidate that report, or calling in question the probable efficiency of that treatment in cases of delirium tremens, yet I confess that I, at present, should be timid of adopting the recommendation to administer a whole half-ounce of the tincture of digitalis, and repeating it after the interval of four hours.

Corroborative testimony to the innocuousness of such a dose of our usual Pharmacopœial preparation of that tincture, in our climate, to the average constitution of our patients, can from one or the other no doubt be supplied (Dr. Wynn Williams has given us one); and I would try to report a somewhat analogous case, mentioned to me by Mr. F. B. Wood, of Heene, Worthing, and until recently practising in this town, hoping that others may thereby be induced to furnish their quota of experience *pro* or *con*. Mr. Wood writes to me as follows:—

"In reference to a plan recently suggested in the *Medical Times and Gazette*, by Mr. Jones, of Jersey, of treating delirium tremens by tincture of digitalis, in compliance with your wish I send you a narrative of the case, in which (many years ago) I treated a patient labouring under furious delirium, with, as I then thought, large doses of the same drug. I should commence by stating that I had never previously attended the patient, but had learnt from reliable authority, viz. his previous Medical attendant, that the patient, in the six or seven preceding years had three or four similar violent attacks. The treatment then adopted had been—Venesection pleno rivo from both arms at once, and frequently repeated; hundreds of leeches to the forehead, by twenties, and twenty-fours at a time; large quantities of calomel, and long-continued drastic purgation. There were also several, and severe, relapses on each of these occasions; and in one instance after an interval of three weeks' from the first seizure. On the last two occasions, when convalescent, the patient was in such a low and melancholy state, that daily and nightly watching, for three or four weeks, had to be maintained, for fear of the commission of suicide. I was summoned to attend at the last attack, in October, 1844 or 1845; and the residence being several miles away from Northampton—and having been forewarned of the probable nature of the case—I went armed with two ounces of the tincture of digitalis. Upon my arrival I at once gave a tea-spoonful of the tincture, and repeated it every hour for four doses (the second dose having been given in rather less time). The patient then becoming much quieter, and circulation steadier, I reduced the dose to a half-a-drachm every two, three, and at last four hours, during the remainder of the first twenty-four hours from the seizure. The patient had only two or three slight relapses, and these within the first four days. On the third day, when there was a slight relapse, the Physician who had previously attended was summoned in consultation. He applied twelve leeches to the temples and forehead, continued the digitalis, and ordered a fair quantity of calomel and colocynth. This was all the blood withdrawn on this occasion, and I confess even that against my judgment. However, when convalescence was established, there were none of the old symptoms of debility, melancholy, etc., as in previous attacks. Altogether the patient took about fourteen drachms of the tincture of digitalis, in the first hundred hours of his illness."

As this patient has been under my supervision from time to time since Mr. Wood left this town, I can corroborate the fact of there having been no return of the complaint, even though there has too often been a sufficiently adequate amount of the accustomed provocation.

I am, &c.
JOHN HENRY WEBSTER, M.D.
October 9. Physician to the Northampton Infirmary.

DEODORISATION IN OBSTETRIC MEDICINE.

LETTER FROM DR. SKINNER.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have just perused the letter of your correspondent Mr. White, of Finchley, in your last number, and with your permission, I beg to offer the following remarks. First of all, let me observe that the powder which Mr. White thinks "will probably be found equally or more effective than any other application in the cases stated by Dr. Skinner," namely, "Condy's patent health-powder," formed one of "the different substances used" or experimented on by me, the details of which I thought unnecessary to give, because they were in every respect surpassed by the powder of calcined oyster shells and oil of tar.

The excellent powder of the Messrs. Condy is, so far as my humble powers at chemical analysis are concerned, a combination of a small quantity of permanganate of potash with a very large proportion of siliceous matter. For deodorant purposes it is safe and efficient; as an absorbent it is good; but it is next to useless as a deodorant of the lochial discharge, as it imparts to the pudendal napkin an ugly, drab-coloured, indelible stain. As I dreaded this accident I have never in reality used it, but I experimented with it upon a piece of calico, which I now enclose for the satisfaction of the Editor, who will, perhaps, say whether or not I was correct in refusing to run the risk of transferring the same to a good napkin (a). Among the lower classes this staining part of the process might not signify so much, but among the "upper ten thousand" the material composing the pudendal cloth is rather too costly for such wholesale destruction.

Mr. White seems to think that the "poorer class" of parturients is the only one that needs deodorisation of the lochial discharge. I can only say that such is not my experience, and I am inclined to think that all classes are very much alike in this respect.

Mr. White is inclined to believe that Condy's powder is preferable on the score of economy. Mr. White is surely not aware of the price of the article he is recommending. In Liverpool it is sold at prices varying from 9d. to 10½d. per lb. (in bottles containing 2 lbs). Mr. Wharrie's, at the highest, is only 9d. per lb. in glass. And the quantity required to deodorise is the same in both, namely, a tablespoonful. But to settle the point of the superiority of Wharrie's powder in an economical sense, he has lately prepared an equally good powder at half the price of the former, viz. 3d. per lb. The composition of two ounces is as follows:—Dry whiting (chalk), ʒxv.; powdered caustic lime, ʒj.; oil of tar, gr.viij. Mix. To be used the same as the other, well amalgamated with from two to four tablespoonfuls of the finest dry bran.

Mr. White says that "the oil of tar and lime will only retard the decomposition of organic matter, while the health-powder will decompose it." Oil of tar will not only retard, but stop decomposition. I have always been taught to believe that lime hastened the process. As to the "health-powder decomposing it"—does the *it* refer to the organic matter, or to the process of decomposition? If to the former, I would remark that we wish to stop, not to increase the decomposition. If to the latter, then we must suppose a sort of chemical synthesis superinduced by the powder,—a *re*composition of the organic particles: or are the decomposing particles forced to assume a new chemical and smelless form by further decomposition? Although one feels that he could theorise for ever upon the subject of deodorisation, yet I am much inclined to accept the fact of the total, and almost instantaneous, annihilation of smell as a great fact, and allow those to theorise who think they profit by it. The phenomena of deodorisation are, in my estimation, not less rapid in their action, not less wonderful in their effects, nor are they less surrounded with doubts and difficulties in their explication, than the phenomena attending the sister action of decoloration;—and whether the oil of tar, or the salts of permanganic acid, stop, retard, or decompose, the decomposition of organic matter, I am perfectly satisfied that the powder prepared with oil of tar is preferable to any deodorant hitherto known for the purpose for which it was instituted. The Messrs. Condy themselves do not profess to decompose decomposition; they state upon their bottle:—"This powder, when mixed up with decomposing organic

(a) The calico is certainly stained of a deep dirty-brown.—ED.

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matter, will deodorise it, and by retarding its decomposition, enhance immensely the value of manures."

In conclusion, I have to allude to an omission in the original paper, namely, that the powder, whether prepared from calcined oyster-shells, or from chalk and quick-lime, should be kept separate from the oil of tar until required for purposes of retail; or, if mixed, the powder should be kept in close covered bottles or canisters, and only in such a quantity at a time as may be required for more immediate use.

With every respect for your correspondent, Mr. White, and for the very excellent and enterprising firm of the Messrs. Condy, I have only to add, that if I had found that the Messrs. Condy's powder, or any other, would have suited the peculiar object I had in view, I should certainly have adopted it.

I am, &c.

Liverpool, October 1. THOMAS SKINNER, M.D.

APOPLECTIC EPILEPSY.

LETTER FROM DR. ALDIS.

[To the Editor of the Medical Times and Gazette.]

SIR,—While officiating at the Surrey Dispensary on the 4th inst., at noon, I was requested to visit a person in a fit, at the "Swan" public-house, opposite to the Institution. On entering the premises, I found rather a stout man lying on his back on the floor, perfectly insensible, foaming at the mouth, with puffing of the buccinator muscles and stertorous breathing; the pulse was 70 in a minute, and full. It appeared that feeling unwell while in the street, he took hold of the arm of a gentleman who led him into the house, where the patient asked for some vinegar and salt. Immediately after he fell in a fit without struggling, and I was requested to attend him.

I poured cold water upon his head from a jug held at some distance from it, but, finding no abatement of the symptoms, I sent for Mr. Summerhayes, the Resident Medical Officer, to open a vein in the arm, which was done. Only two drops of blood, however, oozed from the orifice. I then constantly applied cold water to the head by means of wet cloths, during half-an-hour, after which he rallied and became conscious. I gave him five grains of calomel, which were swallowed. He told me his name and residence, from which his wife was brought to take him away. He was agent to some spirit merchants, and cousin to a distiller, who, when in prosperity, used to subscribe to the Dispensary. His wife subsequently told me that he was nearly 51 years old, and that he had had about twelve fits in two years; he had sometimes bitten his tongue, and his arms were occasionally drawn up, but that he never struggled; he neglected Medical treatment, as he was told that a black draught was the only thing required; she generally applied vinegar and salt to the head, which explained why he asked for them at the public-house. The attacks in this case seem to have partaken of an epileptic and apoplectic character. I formerly recommended cold sponging "in fits," in a letter which was printed in the *Medical Gazette*, vol. xx. Old Series.

Chester-terrace, Chester-square, I am, &c.

October 8. C. J. B. ALDIS, M.D. Cantab.

ALLEGED DEATHS BY BURNS FROM PHOSPHORUS MATCHES.

LETTER FROM DR. ALTHAUS.

[To the Editor of the Medical Times and Gazette.]

SIR,—About four months ago a paragraph went the round of the German newspapers, and was repeated in some of the English journals, that a Dr. K——, of B——, Rhenish Prussia, had met with his death from the effects of having burnt his finger with a phosphorus match. It was said that, while going to visit a patient in the country, he struck a match to light his cigar, and that a portion of the burning phosphorus had flown on to his finger and burnt through the skin down to the bone. The pain was intense, and violent inflammation of the finger had set in, followed by gangrene. He then returned to town and had the finger amputated; still the inflammation and gangrene spread, and amputation of the hand, the forearm, and at last of the arm, were successively resorted to; but, in spite of all treatment, death had ensued within twelve hours. Strange though this tale may appear to Medical men, yet it was fully believed by the public, and has never been contradicted in the papers. As I was curious to hear more of the case, I made inquiries about it while staying in Germany during the last month, and heard that such a person as Dr. K——, practising at B——, existed, but that not the slightest accident of the kind mentioned had happened to him nor to any one else in the neighbourhood, and that the whole report was the stupid invention of a penny-a-liner. In fact, I have strong doubts whether a series of symptoms as that described is at all likely to follow a burn of the kind, which does not materially differ from other burns, and being, of course, very small, would not cause gangrene of the whole extremity within a few hours.

Another case, resembling the one just mentioned, was recorded some time ago, in the Paris papers. A Physician was said to have lighted a phosphorus match in the external opening of his ear, and a piece of phosphorus having burnt the skin and cartilage, inflammation ensued in the membrana tympani, which quickly spread to the meninges and caused death by purulent meningitis within a short time. On inquiry this case also turned out to be a mere invention. The very idea of lighting a phosphorus match in the external opening of the ear seems ridiculous, as the moisture contained in the meatus would certainly prevent the lighting of the match. After hearing the story I have tried to light phosphorus matches in the external opening of the ear, but without success.

I may use this opportunity to express my regret that novel writers who might have the means of procuring reliable information on diseases and medicines, only too frequently describe in their books diseases which have never existed, and remedies with absolutely fabulous properties. Alexander Dumas and M. de Balzac are especially open to this charge; and, as one of the latest similar mistakes in an English novel, I may mention that in Dickens's "Tale of Two Cities" the hero, Charles Darnay, is being stupefied with ether or chloroform, in 1793, more than fifty years before the nature of ether and chloroform had been made known. Surely incidents might be invented which do not clash with Nature or history.

I am, &c.

J. ALTHAUS, M.D., M.R.C.P.

Manchester-street, Manchester-square.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, October 4:—

Bride, John Godfrey, Saxmundham, Suffolk
Jennings, Robert, Pontypridd, South Wales
Milson, Richard Henry, London

The following gentlemen also on the same day passed their First Examination:—

Olive, Edward, Hillingby, Sussex
Bond, Charles Radcliffe, Catherine-place, Greenwich

PATHOLOGICAL SOCIETY OF LONDON.—The first meeting of the Pathological Society will be held at the Rooms, 53, Berners-street, on Tuesday evening, the 16th inst., at Eight o'clock precisely.

MR. C. F. MAUNDER, formerly Demonstrator of Anatomy at Guy's Hospital, has been appointed Assistant Surgeon to the London Hospital, after a contested election ending in a majority of 235 votes.

APPOINTMENT.

COPESTAKE.—Walter Goodall Copestake, M.R.C.S., L.S.A., was Elected House-Surgeon to the Derbyshire General Infirmary, on August 27, 1860, in place of Mr. Dolman, resigned.

DEATHS.

CAMPBELL.—Recently, David Campbell, Assistant-Surgeon, R.N.
CARTER.—Recently, William H. Carter, Assistant-Surgeon, R.N.
CONNELL.—Recently, W. Connell, Deputy Inspector-General, Army.

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DEMPSY.—October 5, at Woolwich, Charles Dempsy, M.R.C.S. Eng., Inspector-General of Hospitals and Fleets, aged 55.

EVANS.—Recently, William Evans (seniority, July 24, 1808), Surgeon R.N.

HARGOOD.—October 10, Charles Benjamin Hargood, of Highbury-place, & Islington, late of Battle, Sussex, M.R.C.S. Eng., L.S.A. Lond.

HORWOOD.—October 5, at Hoffes-street, Cavendish-square, William Horwood, M.D., of Ridware, Staffordshire, for many years a Justice of the Peace for that county.

HOWELL.—September 26, at his residence, Wandsworth, Surrey, James Howell, M.R.C.S. Eng. 1812, aged 69.

MAXWELL.—Recently, Robert Maxwell, Surgeon, R.N.

MORRIS.—October 4, at his residence, Wickham-villa, New Cross, Harvey Morris, Staff Surgeon, R.N.

ROUTLEDGE.—September 26, at Berry Edge, Durham, Edward Routledge, sen., formerly of Alston, Cumberland, where he was in practice for fifty years, aged 79.

SMITH.—September 30, at Bridgeland-street, Bideford, Devonshire, Thomas McKenzie Smith, M.R.C.S. Eng., L.S.A. Lond., aged 47.

TOWSEY.—Recently, Henry Towsey, Surgeon, R.N.

WOODS.—October 8, at Godmanchester, Charles John Woods, F.R.C.S. etc. aged 53.

QUININE SENT TO ITALY.—We understand that Lady Panmure, who has taken a lively interest in the welfare of the sick and wounded consequent upon the war in Italy, has this week given orders to a firm in London immediately to forward to Messina and Naples a large quantity of quinine, for the use of the patients in the Hospitals of those cities.

STATISTICS are at present the rage in Paris. An enthusiastic proficient in that study lately calculated that fifteen milliards of men have perished in the various wars which have been waged since the creation of the world. Carrying his calculation still further, he estimates the blood shed in these wars at 3,560,000 barrels; and, taking the weight of each man at an average of 100lb., he concludes that 1,560,000,000lb. of human flesh have been cut to pieces by hostile weapons.

MOST of the Séances of the Academy of Medicine are occupied with brilliant "passages" of language, to the delight of the amateurs of *fine speeches*; but no practical instruction comes out of all this. The Physician, who has no fancy for this kind of literature, considers *chefs d'œuvre* of eloquence simply as crystals grouped about a dead piece of wood.—*M. Champouillon.*

UNIVERSITY OF ABERDEEN.—On the 17th September, 1505, Bishop Elphinstone founded King's College, Aberdeen, and on 15th September, 1860, just 355 years after, it may claim to start again as *the* College at Aberdeen, an honoured rival, Marischal College, with many hallowed associations, ceasing to exist.

PRIZE SUBJECTS AT THE COLLEGE OF SURGEONS OF ENGLAND.—The Collegial Triennial Prize of fifty guineas: The Anatomy and Physiology of the Supra-renal Capsules. Two Jacksonian Prizes of twenty guineas for 1860: 1. The Healthy and Morbid Anatomy of the Prostate; 2. Diseases of the Knee-joint requiring Amputation or admitting of Excision, and the relative advantages of the two Operations. Two Jacksonian Prizes for 1861: 1. The Structure and Diseases of the Lachrymal Passages at the Inner Side of the Orbit; 2. The Best Method of Effecting the Radical Cure of Hernia. The Dissertations for the Collegial Prize to be sent in by Christmas-day, 1861, and those for the Jacksonian Prizes on Christmas-day of the respective years.

MEDICAL SOCIETY OF LONDON.—The first meeting of this Society was held last Monday. A very able paper was read by Dr. Thudichum on some chemical questions in connexion with diseases of the liver and their treatment. After some interesting remarks on gall-stones, he noticed that the healthy action of the liver-cells consists in the absorption of certain albuminous, fatty, starchy, and saccharine matters, and their transformation into the ingredients of bile. When this becomes impaired, the cells assume a fermentative tendency, leading to the same description of decay in the albuminous matter as that which is induced by putrefaction or by treatment with acids or alkalies. He then proceeded to point out that the general principles elucidated in his paper could be applied in the treatment of all liver-diseases. In jaundice with obstruction of the biliary ducts, we should make early use of nitric acid or nitrohydrochloric acid. He had with great benefit given a watery solution of nitrous acid. It is easily made, and may be drank as a pleasant lemonade. It is less apt to produce griping, which, during courses of nitric acid and aqua regia, is not rarely complained of. This acid not only destroys and lixiviates the deposits of cholochrome and other amido-acids, but it also tones the digestive organs, and acts antiseptically. Nevertheless, a remedy to stay the abnormal action of the liver-cells we are yet in want of. Creasote is beneficial. In all cases where the disorder of the liver proceeds from the intestinal canal particularly, creasote, charcoal, astringents like gallic acid, and preparations of iron, particularly the tincture of the sesquichloride given together with some nitric acid, are highly beneficial. In a case of desquamation of the epithelium of the kidneys consequent upon chronic jaundice, he had exhibited this latter mixture with the most decided benefit. Nitric acid was introduced into the treatment of these diseases by Annesley. Many have used it since, with variable success. Dr. Thudichum believed that it is frequently not borne because it is not sufficiently diluted. The more it is diluted, the quicker it is assimilated, and the more certain are its effects. It might appear paradoxical that a free acid should travel through the blood, and act upon certain parts through tisues. We are, nevertheless, obliged to admit the possibility of that occurrence. Thus oxalic acid and many other acids have been proved to have passed through the blood uncombined, and have been found in the urine in a free state. Even allowing that blood so mixed with nitric acid might show a precipitate, there is no reason why a molecular precipitate in the blood, which is full of molecules of its own, should not again dissolve.

A DECIDEDLY MALARIOUS COUNTRY.—Beyond the cultivation the route plunges into a jungle, where the European traveller realizes every preconceived idea of Africa's aspect, at once hideous and grotesque. The general appearance is a mingling of bush and forest, which, contracting the horizon to a few yards, is equally monotonous to the eye and palling to the imagination. The black greasy ground, veiled with thick shrubbery, supports in the more open spaces screens of tiger and spear-grass, twelve and thirteen feet high, with every blade a finger's breadth; and the towering trees are often clothed from root to twig with huge epiphytes, forming heavy columns of densest verdure, and clustering upon the tops in the semblance of enormous bird's nests. The footpaths, in places "dead"—as the natives say—with encroaching bush, are crossed by llianas, creepers, and climbers thick as coir-cables, some connecting the trees in a curved line, others stretched straight down the trunks, others winding in all directions around their supports, frequently crossing one another like network and stunting the growth of even the vivacious calabash, by coils like rope tightly encircling its neck. The earth, ever rain-drenched, emits the odour of sulphuretted hydrogen, and in some parts the traveller might fancy a corpse to be hidden behind every bush. To this sad picture of miasma the firmament is a fitting frame; a wild sky, whose heavy purple nimbi, chased by raffales and chilling gusts, dissolve in large-dropped showers; or a dull, dark grey expanse, which lies like a pall over the world. In the finer weather the atmosphere is pale and sickly; its mists and vapours seem to concentrate the rays of the oppressive "rain sun." The sensation experienced at once explains the apathy and indolence, the physical debility, and the mental prostration that are the gifts of climates which moist heat and damp cold render equally unsalubrious and uncomfortable. That no feature of miasma might be wanting to complete the picture, filthy heaps of the rudest hovels, built in holes in the jungle, sheltered their few miserable inhabitants, whose frames are lean with constant intoxication, and whose limbs, distorted by ulcerous sores, attest the hostility of Nature to mankind. Such a revolting scene is East Africa from Central K'hutu to the base of the Usagara Mountains.—*Barton's African Travels.*

A DREARY PROSPECT.—The *Revue Contemporaine* publishes a very curious article, by Baron Ernouf, entitled "*De l'Appauvrissement du Sol et des Moyens d'y Remédier.*" Is it true that, owing to the gradual increase of population, the surface of the earth is destined, in the course of ages, to refuse its aliment to the human race, and that a day will come when the sun shall shine on an unpeopled and desert globe? Such is the question asked by the author of the article—a question started by many eminent men since the commencement of the present century. It is a positive fact

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that, in consequence of the populous state of many countries which, during the middle ages, were but feebly peopled, it has become impossible to leave a large quantity of land alternately fallow for a certain time, until the soil has regained the phosphorus which, under different forms, it has yielded to the grain so necessary to the sustenance of man. It is equally true that the manure spread over the fields is insufficient to renew the supply of phosphorus; and that countries like Mesopotamia for instance, which in the olden time were remarkable for their fertility, have since been transformed into deserts. Nor can it be denied that in taking food we absorb an enormous quantity of the fertilizing element, phosphorus, in order to build up and repair our osseous system, which is almost exclusively composed of phosphate of lime. Did we, on quitting this sublunary abode, restore to the earth what we received from it, the loss to the community would be comparatively small; but this is what we do not; our dead are enclosed within stone vaults or impenetrable coffins, and thus, out of filial piety or respect for the dead in general, we are induced to withhold from our mother Earth that very nutriment which she is so much in want of to feed us, while we multiply in nearly a geometrical ratio and go on drawing upon her resources until she must be reduced in the end to a state of hopeless barrenness. And what is then to become of the human race? Will it have to live upon fish, or will anthropophagy be its last resort? To these dismal presentiments, the accomplishment of which we may comfortably view from the convenient distance of many centuries, Baron Ernouf replies by pointing out that from the moment chymists discovered that the great agent of fertilization is phosphorus under various forms, the problem may be considered in a great measure solved, since it is reduced to the simple condition of providing that great agent. Among the chief remedies against any deficiency in the natural supply, there are the importation of guano and the application of mineral phosphates to agricultural purposes; and, before these fail, other sources will undoubtedly be discovered by science. To these reflections of our author we may add that increase of population is invariably regulated by the means of existence, and that, whenever there is any danger of an excess of the former, Nature applies a corrective in the form of some pestilence or other great calamity—even when men themselves do not, following their instincts, either destroy each other in battle, or drain off the surplus by emigration. These, history itself shows, are quite as natural checks (though apparently of a political nature) as those alluded to which are independent of our will.

THE STATE OF "THE DIARRHŒAL DISTRICTS OF ENGLAND."—Diarrhœal diseases, though generally preventible, are increasing in this country, and their epidemic aggravations are sometimes of appalling severity. It has been truly said that probably since the days of the great plague, death has never so scared an English population as in the cholera epidemic of Newcastle of 1853 and in the Golden-square outbreak in 1854. Now, diarrhœal diseases prevail with extraordinary inequality in different parts of the country; and it is to be recollected that the endemic causes of diarrhœa are the causes of much other disease. It was therefore determined to begin authorized local inquiries in cases of excessive preventible mortality with an examination of the disproportionate localization of diarrhœa in particular districts. Accordingly, eight large towns were selected last year, which habitually suffer a very great excess of mortality from this cause, and Dr. Greenhow was commissioned, as a temporary inspector, to inquire into their sanitary condition. The towns are Coventry, Manchester and Salford, Nottingham, Birmingham, Dudley, Leeds, Wolverhampton, and Merthyr Tydvil. It was necessary to find a fair standard for the rate of diarrhœal disease. There are districts of England in which endemic diarrhœa is unknown, but, leaving these, it was thought reasonable to take two considerable groups of contiguous rural districts, one in the north, and the other in the south—districts by no means so faultless as to be unapproachable, but in them the annual average diarrhœal death-rate during the years 1847-1855 was only 29 in 100,000 of the population. In the eight towns just named the mortality from this cause is from three to nine times as great In all of them Dr. Greenhow found it coincident with one or other of these two circumstances—the habitual drinking of impure water or the tainting of the atmosphere with the products of organic decomposition, especially of human refuse. In other words, in the districts which suffer from high diarrhœal death-rates the population either breathe or drink a large amount of putrefying animal refuse. He traces street by street, showing how diarrhœa, visiting cleanly districts but slightly, is especially grouped round those spots where there is an accumulation of night-soil infecting the air in the midst of a dense population, or so placed that the exhalations penetrate into the houses, or can be but slowly dispersed into the general atmosphere. The comparative immunity of other districts resembling these in all respects, save the absence of this fæcal impurity, is found to be so constant, that it seems impossible not to admit the relationship as one of cause and effect; and the Medical men affirm that diarrhœal disease is not only more prevalent, but also more unmanageable, in ill-conditioned places. Without producing the unsavoury details which Dr. Greenhow has had to record, a single sentence concerning Birmingham tells the tale of all the towns:—"Not only has diarrhœa most prevailed, and proved most fatal, in streets where these causes of atmospheric impurity existed; but, as has been shown in the history of particular streets and courts, it has selected as its victims persons much exposed to these causes, to the comparative exclusion of others." It has often been shown that these causes produce diarrhœa, but their investigation has hitherto been limited to epidemic epochs, and especially visitations of cholera; it is here demonstrated that their influence is more constant; and Dr. Greenhow remarks that the occurrence of epidemic epochs may arise from peculiarities of season giving greater efficacy to these local causes, or possibly from the products of decomposition at such periods being different from those at ordinary times. How preventible this disease commonly is may be judged from the success of sanitary improvements in almost all those very districts in reducing the local prevalence of diarrhœa. But, though much has been done, the report shows that it is very far from enough; and it may surely be hoped that the authorities of these towns will take means for removing from their administration "the reproach of preventible but unprevented disease." There is a motive that should especially stir the great manufacturers, whose unparalleled wealth is acquired in these districts. A very large proportion of the deaths from diarrhœa are those of infants; above half this mortality occurs under one year old; and this is attributable, partly at all events, to the extensive factory employment of female labour. A mother has to leave her infant at three or five weeks old to the care of a little child or of a hired nurse, and hurry home heated to breakfast and to dinner, with little time in which to nurse her child and get her own food, and in her absence her child is fed on unsuitable diet, and has its cries of hunger and distress quieted by those opiates which are in such request at the centres of our manufacturing industry. Mr. Simon remarks that the evil may be averted, or at least greatly mitigated, by arrangements which, however, the labouring classes themselves have not the power of organizing.

BOOKS RECEIVED.

The Surgical Diseases of Children. By J. Cooper Forster. London: 1860.

Diseases of the Urinary and Generative Organs. By W. Acton. Third Edition. London: 1860.

Fresenius' Quantitative Chemical Analysis. Third Edition. London: 1860.

The Glaciers of the Alps. By J. D. Forbes, D.C.L. Edinburgh: 1860.

The Fallen and their Associates. By Baptist W. Noel. London: 1860.

Public Health. By H. W. Ramsey. London: 1860.

Beretning om Födselstiftelsen Christiania. Ved Dr. F. C. Faye. Christiania: 1860.

New Lights on Dark Deeds. Kingston: 1860.

The Jamaica Quarterly Journal of Medicine. Kingston: 1860.

The Winslow Case. By J. J. Pope, M.R.C.S. Liverpool: 1860.

Ure's Dictionary of Arts. Part XII. London: 1860.

On Organic Polarity. By H. F. Baxter, M.R.C.S. London: 1860.

The Uses of Animals in Relation to the Industry of Man. By H. Lonkester, M.D. London: 1860.

The Old Glaciers of Switzerland and North Wales. By A. C. Ramsay, F.R.S. London: 1860.

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The Climate of Worthing. By W. G. Barker, M.B. London: 1860.

Curiosities of Science. By J. Timbs, F.S.A. London: 1860.

Guy's Hospital Reports. Third Series. Vol. VI. London: 1860.

Du Cancer et de sa Curabilité. Par Le Dr. A. Buez. Paris: 1860.

The Compressed Air Bath. By R. B. Grindrod, M.D. London: 1860.

The Honey Bee. By J. Samuelson. London: 1860.

The Treatment of Inflammation. By L. M. Lawson, M.D. Philadelphia: 1860.

A Description of the Human Body. By John Marshall, F.R.S. London: 1860.

New Sydenham Society. Vols. 6 and 8. London: 1860.

The Elements of Natural Philosophy. By Golding Bird and Charles Brooke, F.R.S. Fifth Edition. London: 1860.

The Reparative Process in Human Tendons. By W. Adams, F.R.C.S. London: 1860.

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 6, 1860.

BIRTHS.

Births of Boys, 982; Girls, 834; Total, 1816.
Average of 10 corresponding weeks, 1850–59, 1464·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	582	493	1075
Average of the ten years 1850–59	526·6	516·2	1042·8
Average corrected to increased population..	..	..	..
Deaths of people above 90	..	2	2
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	8	5	2	4	5	9
North ..	490,396	..	3	13	2	7	4	9
Central ..	393,256	..	7	7	5	11	5	8
East	485,522	2	18	10	2	5	4	8
South ..	616,635	2	16	17	1	13	4	12
Total.. ..	2,362,236	6	52	52	12	40	22	46

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30 088 in.
Mean temperature	51·9
Highest point of thermometer	60·3
Lowest point of thermometer	44·7
Mean dew-point temperature	48·3
General direction of wind	W. NW. SW.
Whole amount of rain in the week	0·00 in.

TO CORRESPONDENTS.

Dr. Tripe's Letter shall appear next week.

Mr. S. F. may see a letter from the Vicar of Avebury published above. The note we received last week purported to be from a clergyman in an adjoining parish.

An Old Student.—All letters must contain the real name and address of the writer.

Mr. T. Underwood.—No notice of any prospectus of any Medical School or Hospital is given in our Students' Number otherwise than as an advertisement.

ERRATUM.—P. 345, Mr. Smyth's letter on The Title of Doctor, *for* Medicin Doctor *read* Medicinæ Doctor. (The word was the last in a line, and the æ was broken off.)

THE LIVERPOOL SCHOOL.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I see that in the report from which your notice of the Distribution of Prizes, etc., at the Liverpool Royal Infirmary School of Medicine was taken, there was unfortunately omitted any notice of a prize offered by the Rev. J. B. Monk, the President of the Royal Infirmary, to the Student who should have most distinguished himself both by professional attainments and good conduct. The award was made by ballot; each Lecturer and each Student having one vote and the prize (which consisted of £5 worth of books) was adjudged to Mr. Frederick William Ricketts.

With regard to the class of Anatomy and Physiology, instead of reading Anatomy and Physiology, Senior Class Lecturer, Mr. Fletcher, and Junior Class Lecturer, Dr. Waters, it should have been "Anatomy and Physiology, Lecturers, Mr. Fletcher and Dr. Waters." I am, &c.

F. D. FLETCHER, Secretary
Liverpool Royal Infirmary School of Medicine.

13, Mornington-terrace.

HOSPITAL VACCINATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Perhaps you will permit me, through the medium of your excellent Journal, to direct the attention of the Public Vaccinators to the fact, that the Metropolitan Hospitals are being converted, *inter alia*, into great vaccination depôts. The following case has just occurred to myself. A poor woman, whose child I am attending, is an out-patient of St. Bartholomew's Hospital, where she attended last week with a baby in her arms, which was to have been vaccinated by me in the course of a few days. She was asked by one of the Hospital staff whether the infant was vaccinated, and having answered in the negative, she was forthwith ushered into a room, when the child was then and there vaccinated. The mother was unwilling to have the operation thus summarily performed, and at such a distance from home. The extras in the shape of fractures and midwifery are reduced almost to *nil* by these emporiums of undiscriminating charity. Is vaccination to follow in the same track? There are already ten vaccinators appointed under the National Vaccine Board, and places established for the instruction of students. Surely this is enough without this new interference of the Hospitals with General Practitioners. I am, &c.

2, China-terrace, Lambeth. JOHN E. SMYTH, B.A., L.R.C.P. Edin.

AN OPENING.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have this morning received several letters from gentlemen in reference to a statement which appeared in the *Medical Times and Gazette*, viz. "A clergyman writes to us that a Medical man is much wanted in the parish of Avebury, near Marlborough, Wilts." As the vicar of Avebury, I shall feel obliged by your contradicting this statement, in so far at least as I am concerned. There is at present a Medical man appointed for this parish, as also another connected with the Friendly Club for the parish and neighbourhood, both of whom are resident in Marlborough. Though it is no doubt highly desirable that a Medical Practitioner should take up his residence in Avebury (as was recently the case), which is the central and principal village of this district, I have never interfered in any way in a matter over which I have no official control. I may add that there are several residences here vacant at present, one of which was recently occupied by a Medical Practitioner who has gone abroad. It is just possible that the present parish Medical man may intend to resign his appointment, in which case the proper quarter to apply to will be the Board of Guardians of the Marlborough Union, Marlborough. I am, &c.

JOHN LOCKHART ROSS, M.A. Oxon.,
Vicar of Avebury cum Winterbourne, Monkton, Wilts.

Avebury Vicarage, Calne, October 9.

COMMUNICATIONS have been received from:—

M. CLAUDE BERNARD; Dr. GOODFELLOW; Dr. THUDICHUM; Dr. GURLT; Dr. ROBERT LEE; Mr. MARSHALL; Mr. W. ADAMS; Mr. SYMONDS, Oxford; Dr. SKINNER, Liverpool; Dr. WIBLIN, Southampton; Mr. MAUNDER; Mr. HULME; Dr. WORMS, Paris; Dr. BALLARD; Dr. TRIPE; Dr. FIGG; Mr. MEADE; Dr. ALLEN; Mr. WREDEN COOKE; Mr. STEWART; Mr. NOTTINGHAM, Liverpool; Mr. STERLING, Madras; Mr. HENRY THOMPSON; Dr. BRYCE; Dr. SALTER; Mr. BRYANT; Mr. S. SMITH; Mr. BURNELL; Mr. YATES; REGISTRAR-GENERAL; Mr. KING; Mr. F. WOOD; Rev. J. L. ROSS; Mr. SHOOLBRED; Mr. ATKINSON; Mr. COPESTAKE; Mr. PALMER; and REGISTRAR-GENERAL, Scotland.

APPOINTMENTS FOR THE WEEK.

October 13. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

15. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Dr. B. W. Richardson "On the Physiological and Therapeutical Properties of Peroxide of Hydrogen."

16. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m. Council Meeting at 7½ p.m.

17. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 8 p.m.

18. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

HARVEIAN SOCIETY OF LONDON, 8 p.m. Introductory Address by the President.

19. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) at 2 o'clock:—

By Mr. Lee—For Varicocele; Varicose Veins; Fistula in Ano. By Mr. Wood—Radical Cure of Hernia.

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John William Davies (Twenty-five

Years with Mr. CHURCHILL) in commencing Business as a MEDICAL BOOKSELLER and PUBLISHER, respectfully solicits the support of the Profession.

All Works on Medicine and the Collateral Sciences promptly supplied.

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New Remedies by Savory & Moore.

Hypophosphite of Quinine; Hypophosphite of Iron; Hypophosphite of Iron and Quinine in Scales (perfectly soluble); Syrup of Hypophosphite of Iron and Quinine.

Most successfully employed in cases of Debility and Low Vitality.

Carbonate of Lithia; Hypophosphite of Lime, Soda, and Ammonia; Syrups of Phosphate of Iron, Lime, Manganese, &c. &c.

Genuine Medicated Cod-liver Oils.

Of this class of Medicines, introduced by SAVORY & MOORE, the following have the greatest reputation :—

Cod-liver Oil with Quinine.
Cod-liver Oil with Iodide of Iron,
Lactate of Iron, and Acetate of Iron.
Cod-liver Oil with Iodine and Iodide of Potassium.
Cod-liver Oil with Biniodide of Mercury.

The New EYE DOUCHE, invented by SAVORY & MOORE, has elicited the approbation of the most eminent Oculists.—*Vide* the "Lancet" of March 31st.

N.B.—Inferior Instruments, pirated from the New Design, are being offered for sale as "the same as Savory and Moore's Eye Douche."

143, New Bond-street; 29, Chapel-street, Belgrave-square; and 220, Regent-street, London.

LICHEN ISLANDICUS; or,

Iceland Moss Cocoa,

Manufactured by DUNN and HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen—or flesh-producing substance,—and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which is always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

TESTIMONIAL FROM A. H. HASSALL, ESQ., M.D.—"I have carefully examined both microscopically and chemically the preparation of Iceland Moss and Cocoa made by Messrs. DUNN and HEWETT; I find it to be carefully manufactured with ingredients of the first quality."

"The Combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses moreover tonic properties."

(Signed) A. H. HASSALL, M.D.

To Physicians, Surgeons, and

DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE, prepared from pure Cantharidine. An elegant preparation, vesicating in much less time than the Emp. Lyttæ, P.L., easily applied and removed, and will not produce strangury, or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom. In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING, an elegant, economical and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above. In Tin Cases, containing twelve square feet, 1s. 6d. each.

EXTRACTS AND EDITORIAL NOTE FROM THE "NEW YORK JOURNAL OF MEDICINE."

"March 1, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this article is a very simple and neat dressing."

"I have prescribed the Cantharidine Tissue and Dressing (as prepared by you), for the last ten years. I have much satisfaction in bearing testimony to its effectual, mild, and safe action as a vesicant on the most delicate skin, and one of the best auxiliaries in the successful treatment of congestive and inflammatory diseases; the dressing has the advantage of being cleanly, agreeable and curative in its application.

"JOHN PURSELL, M.D., F.R.C.S.E.

"Kennington Park, Surrey, February 12, 1857.

"To Mr. T. B. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury. "ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Birmingham."

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unié aux FERRUGINEUX.—These three useful preparations have already been prescribed by many eminent Physicians throughout France, who have reported that the most satisfactory results have attended their administration in such cases and conditions as the following :—

PILLS of PURE PEPSINE, exhibited for Dyspepsia, Diarrhœa, Indigestion, and sense of uneasiness after eating.

PILLS of PEPSINE united with IRON, in Female Complaints, Impoverishment of the Blood, and in most cases of convalescence, to strengthen the system generally.

PILLS of PEPSINE united with PROTO-IODIDE of IRON, in all cases where this latter medicine is indicated: Debility, Chlorosis, Rheumatism, Cutaneous Affections, Tumours, Consumption, &c. &c., and as an excellent adjunct to Cod-liver Oil.

The great hindrance to the more extensive satisfactory treatment of disease by means of this agent, has been the difficulty of obtaining Acidulated Pepsine in a pure state and administering it in an agreeable form without destroying its wonderful properties.

Mr. HOGG, Pharmacien, 2, Rue Castiglione, Paris, has not only been fortunate enough in preparing pure Pepsine in large quantities and in a convenient form, resino-Balsamic-coated Pills, but also in uniting most successfully this valuable agent with *pure Iron reduced by Hydrogen* and the *Proto-Iodide of Iron*.

In the Report of the Committee composed of Messrs. Longet, Londe, and Bouchardat, appointed by the Imperial Academy of Medicine of Paris to examine the merits of Mr. Hogg's preparations it is stated :—"That Pepsine combined with Iron or its Proto-Iodide, modifies by its digestive powers the irritating qualities which have so often prevented Physicians prescribing these medicines for delicate and nervous temperaments before the introduction of these valuable preparations of Mr. Hogg."

Mr. R. HOGG, 9, Albion-place, Hyde-park-square, is Agent for these three preparations in the United Kingdom, and sold by all Patent Medicine Vendors. In bottles, 2s. 9d. and 4s. 6d. of 50 and 100 Pills, see Pamphlets sent free by post.

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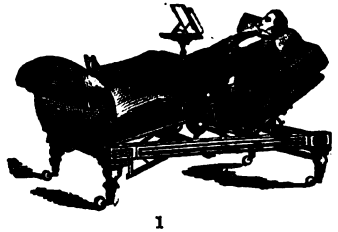
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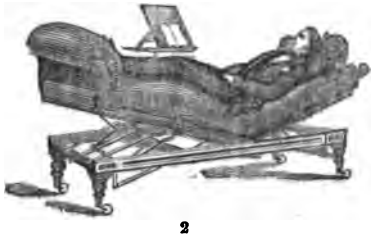
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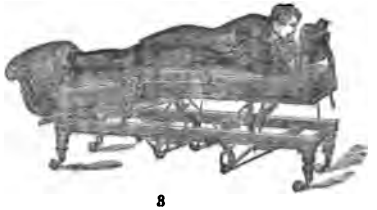
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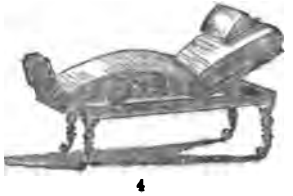
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S. V. R. 56 o.p., 21s. net Cash.— This quotation admits of neither credit nor discount, and 1s. per gallon must be added for packages, to be allowed on their return. HENRY BRETT and Co., Old Furnival's Distillery, Holborn.

Dr. Belloc's Lozenges and Powder of MEDICAL VEGETABLE CHARCOAL, approved of by the Imperial Academy of Medicine of Paris, for the cure of Indigestion and Constipation, and of all Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder. General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

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The WINTER SESSION commenced on MONDAY, October 1.

DENTAL OFFICERS AND THE DAYS AND HOURS OF HOSPITAL ATTENDANCE.

9 a.m.,	Monday	Mr. Ibbetson, F.R.C.S., F.G.S.
,,	Tuesday	Mr. Samuel Cartwright, jun., F.R.C.S.
,,	Wednesday	Mr. John Tomes, F.R.S., M.R.C.S.
,,	Thursday	Mr. Thomas Underwood.
,,	Friday	Mr. Charles Rogers.
,,	Saturday	Mr. Robert Hepburn.

Fee for the Two Years' attendance, required of Candidates for the Dental Diploma by the Royal College of Surgeons, £15 15s.

The Lectures on Mechanical Dentistry, by Mr. Hepburn, will be delivered on the evenings of Wednesday, at Seven o'clock, during the months of October, November and December.

SUMMER SESSION.

DENTAL SCHOOL.

Dental Anatomy and Physiology (Human and Comparative)—Mr. G. A. Ibbetson, F.R.C.S., F.G.S.

These Lectures will be delivered on the mornings of Thursday at Eight o'clock, during the months of May, June, and July.

This Course will be illustrated by Preparations, Diagrams, and Microscopic Examinations.

Dental Surgery and Pathology—Mr. Samuel Cartwright, jun., F.R.C.S.

These Lectures will be delivered on the mornings of Tuesday at Eight o'clock, during the months of May, June, and July.

Recent Specimens, Preparations, Models, Drawings, &c., will be used to illustrate the Lectures.

Metallurgy in its Application to Dental Purposes—Mr. G. H. Makins, M.R.C.S., F.C.S.

These Lectures will be delivered on the evenings of Wednesday at Half-past Six o'clock during the months of May, June and July.

The Metallic Preparations more particularly relating to Dental Practice will be fully treated of, both by Metallurgic and Chemical processes.

GENERAL FEE FOR THE SPECIAL LECTURES REQUIRED BY THE COLLEGE OF SURGEONS.

Two Courses on Dental Anatomy	£15 15
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,, Mechanical Dentistry	
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FEES TO SINGLE COURSES.

Dental Anatomy and Physiology, one course	£3 3
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Dental Surgery, one course	3 3
,, two courses	5 5
Dental Mechanics, one course	3 3
,, two courses	5 5
Metallurgy, one course	3 3
,, two courses	5 5

Further particulars may be obtained on application to the Dental Officer of the day, or the Assistant Secretary.

Barnwood House Institution for the INSANE, two miles from the Gloucester Station. Established under the Provisions of 8 and 9 Vict. c. 100, and 16 and 17 Vict. c. 96.

The Committee of this Institution desire it to be publicly known that it has been open for the reception of Patients since last May.

It is a Registered Hospital, under the Commissioners in Lunacy, provided by the Subscribers, not with a view to private profit, but solely to afford to Insane Patients all the advantages of which their cases admit.

The building, hitherto a private Mansion, has been converted and enlarged, so as still to retain the appearance and character of a Domestic Establishment.

The Pleasure Grounds, originally specious, have been much extended, and adapted especially to the recreation of the Inmates, and a large glazed Winter Garden for exercise and amusement in cold and wet weather is in course of erection.

The whole area of the House and Grounds occupies about Forty-eight Acres, and the present building will accommodate about Seventy Patients.

Every care has been taken in construction to insure complete ventilation and all other sanitary requisites.

The whole has been visited and thoroughly inspected by two of her Majesty's Commissioners in Lunacy, who have made a very favourable report of the Establishment, which is founded on the system recommended in the evidence given before the Committee of the House of Commons in 1858-9.

The rate of payment for Patients of the First Class will be £2 12s. 6d. weekly, and upwards, according to the accommodation they may require. Private Sitting Rooms, Special Attendants, the use of a Carriage, &c. being made the subjects of a separate charge. That of the Second Class will be £1 5s. per week, subject to modification at the discretion of the Committee.

The Rules of the Institution—a copy of which will be furnished on application to the Superintendent—have received the sanction of the Home Secretary and of the Commissioners in Lunacy.

Cases of great emergency will be received immediately, on being brought with the legal forms duly filled up. These are always indispensable.

Where the case is not very urgent, previous notice of a day or two, with particulars, would facilitate any special arrangement that might be required for the reception of the Patient.

The beneficial influence of appropriate management in the incipient stages of mental disease, as affecting the probability of cure, is now so fully recognised that it seems hardly necessary to urge the early removal of persons so afflicted to this or some similar Institution, and the Committee have the satisfaction of stating, that of the number of those admitted since the opening of this Hospital, a large proportion have already been discharged in consequence of their mental restoration.

The forms requisite for the admission of Patients will be immediately forwarded on application to the Superintendent.

By Order of the Committee,
ALFRED J. WOOD, M.D., F.R.C.S.,
Resident Medical Superintendent.

Barnwood House, Gloucester, October, 1860.

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Attendance from 11 till 4.

Royal College of Surgeons of England.—Notice is Hereby Given, That the Preliminary EXAMINATION in CLASSICS, MATHEMATICS and FRENCH of Candidates for the Fellowship of this College, will be held on Monday, Tuesday, and Wednesday, the 22nd, 23rd, and 24th instant, at 10 o'clock a.m. each day.

October 10, 1860. EDMUND BELFOUR, Secretary.

National Hospital for the Paralysed and EPILEPTIC.—Dr. BROWN-SEQUARD will deliver CLINICAL LECTURES at this Hospital, 24, Queen-square, Bloomsbury, every MONDAY, at Four o'clock p.m., commencing on Monday next 15th inst. Medical Men and Students admitted on showing their card.

By Order, GEORGE REID, Secretary.

University of London, &c.—A First-class B.A. and M.D., prepares Gentlemen for the MATRICULATION and MEDICAL EXAMINATIONS, the Preliminary at the Hall and College, the Membership, the Fellowship Examinations, &c. Full MS. and printed Notes on all the subjects forwarded. Resident Pupils received. Address A. Z., Ferriman's, Stationer, 49, Albany-street, Regent's-park, N.W.

Anatomy, Physiology, Surgery, and PATHOLOGY.—Mr. TUSON, Surgeon for many years to the Middlesex Hospital, continues his PRIVATE INSTRUCTION and EXAMINATIONS in ANATOMY, PHYSIOLOGY, SURGERY, and PATHOLOGY daily at Ten o'clock a.m., at his residence, 6, Devonshire street, Portland-place. These Examinations and Demonstrations are upon recent Dissections, Anatomical Preparations and Models of the Viscera and Nervous System. Terms Five Guineas. 6, Devonshire-street, Portland-place.

Surgeons' Hall, Edinburgh.—Winter SESSION, 1860-61. The INTRODUCTORY ADDRESS will be delivered by Dr. SANDERS, on MONDAY, November 6, at One p.m. The prospectus may be obtained on application to Mr. John Struthers, Secretary to the Medical and Surgical School.

West of London Hospital, HAMMERSMITH, W.—A VACANCY having occurred in the office of SURGEON to the above Institution, Gentlemen desirous of the appointment can be admitted Candidates on producing their Diplomas during the sitting of the Medical Committee, on THURSDAY, November 1st, at Three o'clock punctually. They must be Fellows or Members of one of the Royal Colleges[of Surgeons, and not practising Midwifery or Pharmacy. W. F. AINSWORTH, Hon. Sec.

Board Room, October 9, 1860.

St. Marylebone General Dispensary, 77, WELBECK-STREET, CAVENDISH-SQUARE.

Notice is Hereby Given, That a VACANCY having occured in the office of PHYSICIAN to this Charity, by the resignation of Dr. Armitage, the Directors will meet at the Dispensary, on WEDNESDAY, the 17th of October instant, at Eleven o'clock in the Forenoon precisely, to receive applications for filling the vacant office. Every Candidate shall be a Fellow or Member of the Royal College of Physicians, London, and not engaged in the Practice of Midwifery or Pharmacy, and must personally attend the Board on the above-named day, with a written application and produce his qualification and testimonials. By Order,

October 3, 1860. PETER MATTHEWS, Secretary.

To be Disposed of, a bona fide Practice with APPOINTMENTS.—A very moderate Premium, required and an Introduction given. Most satisfactory reasons given for the retirement of the present Practitioner. Address, H. S., prepaid, at Mr. Hillyer's, bookseller, Kilburn, N.W.

A Gentleman having Three Qualifications, and who has taken high Honours at his Hospital, is desirous of acting as ASSISTANT to a PRACTITIONER in good Practice in the East or South of London. Salary less an object than the opportunity of seeing well Private Practice. Address T. C. M., 23, Bloomsbury-street, Bedford-square, W.C.

Medical Practice. — An opportunity offers of succeeding to a very old-established PRACTICE and first-class connexion in an Eastern suburb of London, in consequence of the present proprietor retiring. No agent need apply. Receipts for years past between £800 and 900 a-year. Commodious house, garden, and premises held on an unexpired lease.—Address to X. Y., Messrs. Westwood and Hopkins, Wholesale Druggists, 16, Newgate-street, London, E.C.

Medical Transfer and Partnership.

30, Bucklersbury, Cheapside.

Mr. Orridge, Medical Transfer Agent Referee, and Valuer of Medical Property, may be consulted, at the above Address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE Practice.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

He has been concerned professionally for a considerable proportion of the most influential Practitioners (including Partners in many of the leading Medical Firms), to whom he has the satisfaction of being permitted to refer—a privilege that he trusts will be regarded as a proof of the sincerity of his endeavours to conduct these transactions in an honourable and straightforward manner.

Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

Office Hours, from Eleven to Four.

A Fellow of the College of Surgeons, Middle-aged, Married, and of good private means, wishes to enter into PARTNERSHIP with a GENERAL PRACTITIONER in or near Town. The locality must be good, and the Practice first-class. References will be given and required. Address, A. B., Messrs. Harnar and Co., Furnival's Inn, London.

For Transfer.—An Old-Established and Highly-Respectable MEDICAL PRACTICE of £500 per annum, in a very pleasant and picturesque part in the North of England. The Residence is good and Suitable for a Family: one of the best public schools in close proximity. The Practice is capable of considerable extension, and offers unusual advantages in many other respects. Satisfactory reasons given for the disposal. For terms, &c., apply to Henry Wilson, Esq., 26, Charles-street, St. James's-square, S.W.

To Druggists, Surgeons, &c.—To be Sold for £700, a FREEHOLD HOUSE and SHOP, including Stock, Fixtures, &c. of a DRUG BUSINESS, taking upwards of £700 per annum situated in a seaport town in the North of England. The House contains six rooms. The Shop is large and neatly fitted; plate glass front, patent shutters, commodious yard with warehouse, loft, coach-house, &c. The premises are subject to an annual ground-rent of £14 10s. The proprietor is retiring from business after having carried it on for upwards of forty years. A Surgeon would find this a good opening as there is a fair Prescribing trade done. Address, M. S., Post-office, Padiham, Lancashire.

Ladies Mentally Afflicted receive EXPERIENCED CARE and TREATMENT, at HENDON HOUSE, HENDON, near Hampstead. A spacious Mansion surrounded by 20 acres of Lawns, and Park-land. Miss Deerce Proprietor and Resident Superintendent. Regular Medical attendance supplied. References of the highest character.

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The plan of the School includes Latin, Greek, Euclid, Algebra, German, French by a native, and a thorough course of English.

The Principal of the School, the Rev. JOHN HATTERSLEY, invites the attention of Physicians and others to this advertisement, believing that the opportunity of regular instruction for children will be considered an important addition to the many advantages of Pau.

Further information may be obtained from the Rev. John Hattersley, 32, Haute Plante, Pau, Basses Pyrénées, or from Messrs. Williams and Norgate, Booksellers and Publishers, Henrietta-street, Covent-garden, W.C.

Leeches.—J. Teasdale and Son, the ORIGINAL PONDERS of LEECHES, ESTABLISHED 1815. Best Hambro' Speckled, Large, 15s. ℔ 100; Large Middle, 13s. ℔ 100; Hungarian or Green, Large, 8s. ℔ 100; Large, Middle, 6s. ℔ 100; Smaller, 5s. ℔ 100. All of the very best quality, and free from mixture with French or other inferior sorts. Importers of Leeches. Manufacturers of every variety of Court and Isinglass Plaisters. Medical Plaisters of all kinds, on every description of fabric. William-street (continuation of Thames-street), and 5 and 6, Water-street, Blackfriars, E.C. Goods free to all parts of London, and all trains daily.

Varicose Veins and Supporting Bands. —SURGICAL ELASTIC STOCKINGS AND KNEE CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working-Classes. ABDOMINAL SUPPORTING BANDS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors, POPE and PLANTE, 4, Waterloo-place, Pall-mall, London, S.W.

The Profession, Trade, and Hospitals, supplied.

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MEDICAL TIMES & GAZETTE

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ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

LECTURE XXX.

OPERATIVE PHYSIOLOGY—ON BILE.

Summary: On the Connexions between the Biliary Apparatus and the Pancreatic Ducts—Anatomical Disposition of Parts in various Animals—Various Modes of obtaining Bile—The Fluid usually drawn from the Gall-bladder—Objections to the Use of Anæsthetics—The Fluid is secreted during the Intervals of Digestion—Experiments on Snails which prove this—Biliary Fistulæ—Created in general with a View to prevent this Secretion from passing into the Duodenum—Importance of this Fluid into the Digestive Process—Haller's Opinions—Experiments of Schwann, Blondlot, Tiedemann, and Gmelin—M. Blondlot believes Bile to be an Excrementitious Discharge—M. Bernard's own Experiments on this Subject—The operative Proceeding adopted allows the Flow of Bile into the Intestine to be alternatively suspended and renewed—Difficulty of arriving at a positive Conclusion through similar Experiments.

GENTLEMEN,—The experimental history of the pancreatic secretion having been concluded in our preceding Lecture, an equally interesting fluid now calls for our attention: we allude to the biliary secretion: the intimate connexions which exist between the excretory apparatus of the liver and that of the pancreas, the numerous inosculations which unite these ducts, and allow the liquids therein contained to mix freely with each other, and lastly the nature of the functions which they separately perform, render this study an indispensable complement of that which we have just brought to a close: such is the motive which leads us to devote the last Lecture of the present course to this important subject.

Bile is poured into the intestinal tube by a single orifice, the situation of which is constantly the same: it is placed just below the pyloric aperture of the stomach. In no animal whatever is this fluid poured out upon different points, as in the case of the pancreatic juice: the anatomical disposition remaining the same throughout the scale of being.

We place under your eyes the stomach and duodenum of a rabbit, and you may judge from this preparation, how considerable is the distance which separates in this animal the biliary aperture from that of the pancreatic ducts. Such, however, is not always the case: for the ductus choledocus is in many other species, united to the pancreatic apparatus by numerous anastomoses; and in animals deprived of a pancreatic gland (the carp, for example,) Weber supposes that the two organs coalesce into a single apparatus; many other fishes exhibit a similar disposition.

It is easier by far to obtain bile in large quantities, than any other of the intestinal secretions: the liver being one of those glands which Nature has provided with a reservoir, the most convenient method of obtaining this fluid consists in opening the gall-bladder immediately after death; its chemical and physical properties may thus be readily ascertained: in certain animals, however, the gall-bladder does not exist; the horse is deprived of this organ, while the ox enjoys a prodigiously large one. The reasons of this difference are not known to us: but animals which do not possess this apparatus exhibit considerable laxity of the ducts, which enables the bile to distend them, and accumulate in their cavity. In living animals, the use of anæsthetics would appear convenient; but the liquid thus obtained does not enjoy its normal properties. All secretions, as you are aware, take place under the influence of certain physiological excitations; saliva is poured forth during mastication, and pancreatic juice during the digestive process. The causes which act upon the biliary secretion are hitherto unknown: it takes place during the intervals of digestion: in animals provided with a gall-bladder, the liquid accumulates in this pouch while the animal is fasting and is poured forth as soon as food arrives into the stomach: in other species it merely distends the biliary ducts. When, therefore, it is intended to collect large quantities of this fluid, the animal must not have been fed for some time previously.

As soon as digestion commences the bile flows from its reservoir into the duodenum, but no more is formed within the liver, which begins to exert a different kind of activity, and is occupied in producing grape sugar. In the lower animals it is easy to ascertain this: I have discovered in snails the existence of these two different secretions, which alternately take place: during the digestive process sugar is formed: during abstinence bile is produced, and flows into the stomach: when food is again collected in the stomach, it meets with the bile previously accumulated there, and digestion proceeds, but the secretion of bile is suspended, so that the animal in a fasting state prepares, as it were, a store of its fluid for its next meal.

The operations performed for the purpose of obtaining this liquid in living subjects were intended in most cases to prevent it from following its natural course, for when its peculiar properties are the object in view, it is found in general more convenient to secure the gall-bladder of animals recently slain. Physiologists, therefore, have endeavoured to stop the passage of bile into the duodenum, in order to ascertain the part which it plays in the digestive process: several authors, in fact, believe it to be an excrementitious substance, having no connexion with the assimilation of food. M. Blondlot, in particular, has rendered himself conspicuous among the supporters of this opinion by publishing a series of papers entitled "On the Inutility of Bile in Digestion" (a).

Haller was led by the anatomical dispositions we have just described to believe that the bile really played an important part in this function: he thinks it impossible that an excrementitious fluid should be poured into the upper portions of the intestinal tube. But similar arguments are of no real value in Physiology, and vivisections must in every case of doubt be had recourse to. Schwann and Blondlot have simultaneously made some interesting experiments upon this subject. Schwann operates upon the gall-bladder itself; but you are aware that the common duct is independent of that which arises from the biliary reservoir: it is anastomosed with the latter in such a manner as to permit the passage of the fluid which it conveys into the gall-bladder, or to allow the bile therein contained to pass at a given moment into the duodenum; but it still continues to pour the biliary secretion into the intestine, as derived from the liver itself, when the reservoir of this gland has been perforated.

Tiedemann and Gmelin tied the ductus communis just above its outer orifice, in order to oppose the passage of the bile into the duodenum; but a morbid state is the result of this operation: the biliary ducts are distended, the secretion accumulates in the channels which convey it, and the animal becomes jaundiced at first; but after a certain space of time, the rupture of the ductus communis is the consequence of its inordinate distension, and the animal rapidly dies of peritonitis resulting from this accident. In a few cases, however, the ligature falls, the duct is reproduced, and the functions resume their usual course.

In order to avoid this inconvenience an opening must be allowed for the secretion to make its escape when its natural course is suspended. M. Blondlot has adopted for this purpose a different proceeding. He ties the ductus choledocus on two separate points; the bile being thus prevented from passing into the duodenum, accumulates in the gall-bladder. An adherence is then established between this point and the abdominal parietes, in the same manner as when hydatid cysts of the liver are opened by Récamier's method (which consists in successive applications of caustic potash to the spot). An opening is then made into the gall-bladder, and rendered permanent by the introduction of a tube. The desiderata of the experiment are in this manner successfully realised; and under such conditions life may be protracted for a very considerable length of time. In this

(a) "De l'Inutilité de la Bile dans la Digestion."

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respect, however, the results obtained by various observers do not agree.

The first effect of the operation is an entire atrophy of the gall-bladder, which is reduced to the proportions of a mere excretory canal, from which the bile flows continually; but shortly after this, an excessive voracity arises in these animals, according to Schwann; they lose flesh, are seized with a profuse diarrhœa, and die sooner or later. In young animals the fatal termination takes place within a shorter space of time than in adults. In a few cases the subjects recovered entirely their previous state of health; but Schwann invariably ascertained that this result was due to the reproduction of the obliterated ducts, and the passage of bile into the duodenum.

The results of M. Blondlot's experiments are entirely opposed to those I have just mentioned. He states that in a vast number of cases the dogs on which this operation was performed continued to enjoy perfect health, although no reproduction of the ducts had taken place; and he attributes the death of the animals operated upon by Schwann, to their licking the wound, and swallowing the bile which flowed from the opening—a habit rapidly productive of fatal effects. This danger he avoids by muzzling the animal, which prevents it effectually from licking the wound.

Other observers (and I myself am one of these) have obtained results which agree with Schwann's experiments; but it is certain, at any rate, that death is not an immediate consequence of biliary fistulæ, and only takes place after a considerable length of time. The operation has been performed upon the dog now placed before yon; the wound being now healed (the opening of course remaining fistulous), its health does not appear to have suffered from the experiment.

The method adopted by Schwann and Blondlot offers one very serious inconvenience: we allude to the definitive interruption of the passage of bile into the intestine, without any possibility of re-establishing the natural order of things. In my own experiments, I have found it more convenient to introduce a canula into the ductus choledocus itself. An adherence having been produced in the usual manner, an incision is made in the duct, and a large tube, open at both ends, and provided also with a lateral aperture, is inserted in the wound. When it is intended to let the bile pass, as usual, into the duodenum, the outer orifice is stopped with a plug, and the bile flows through the lateral aperture into the intestinal tube; when, on the contrary, it is required to arrest its progress, a smaller tube is introduced into the first, which it fills so exactly as to close the lateral opening: the bile then flows entirely out of the body, and not a single drop of this fluid reaches the digestive apparatus. This method offers, however, a serious inconvenience: the tube frequently escapes from the duct, when the animal happens to be restless and agitated after the operation. We have therefore adopted the following system: the tube is plunged into the gall-bladder itself, the ductus communis having been previously tied; an opening is then made into the duodenum; a canula is placed in it, and the two fistulous apertures are allowed to communicate by means of an india-rubber tube.

These experiments, on the whole, cannot enable us to decide whether bile really is an excretion or a secretion: the effects are not of sufficient importance to enable us to form a judgment on this point, as in the case of other glands. But one of the principal differences between secretions and excretions is the formation of peculiar substances in the liquid which the gland produces, which did not previously exist in the blood: this property of creating new chemical compounds exclusively belongs to the organs of secretion. Now, in this respect, bile evidently belongs to the class of secretions; the numerous substances which it contains do not exist within the torrent of circulation.

The influence exerted by the nervous system on the biliary secretion is hitherto little known; but the appearance of jaundice after violent moral emotions seems to afford an incontrovertible proof of the power exerted by the nerves upon the liver, as well as upon other glands.

The plan of this course, gentlemen, does not comprehend the complete study of the physiological properties of the digestive fluids. Our purpose has been to show you the various operative proceedings which enable the physiologist to collect them. We have now brought to a close the history of these various substances, as far as the experimental part of our studies is concerned; for the secretion of the intestinal glandulæ cannot easily be obtained, and gives rise to few operations on the living subject. In the approaching Session we shall continue this course, and perform, as usual, all our experiments before you; and the digestive apparatus having now been thoroughly studied, we shall devote our attention to the principal properties of the Spinal Cord.

LECTURES
ON THOSE DISEASES OF THE KIDNEY
GENERALLY KNOWN AS
BRIGHT'S DISEASE.

DELIVERED AT

The Middlesex Hospital.

By S. J. GOODFELLOW, M.D.

Physician to, and Lecturer on Medicine at, the Hospital.

LECTURE VI.—*concluded.*

But we have seen that albumen may be present in the urine from many causes, independently of any disease of the kidneys. For example, from direct irritation of the floor of the fourth ventricle, or of the nerves of the kidney, or of the organ itself; from the ingestion of any unusual quantity of albumen; from pathological conditions of the nervous system; and lastly, from the introduction of water into the blood. Now all this seems easy of explanation upon the view which I am disposed to take of the process of the urinary secretion. You will find that it is somewhat opposed to the theory which Mr. Bowman promulgated, from a careful study of the anatomy of the kidney, as revealed by his extensive, patient, and admirably-conducted investigations, and which was almost universally accepted as true by physiologists, and has ever since been taught in the Schools. Many of those, however, who even teach this theory in their lectures, are not exactly satisfied with it, and yet are not prepared to state definitely in what they dissent from it. I must confess that I have not been able to give my faith to it for some time past. There are so many difficulties in explaining so many conditions under this theory, that I have been led to conclude that, ingenious as it is, and true, undoubtedly, in many respects, yet that it does not comprise the whole truth. According to this theory, then, it would appear that the retardation of the circulation, and consequent increase of pressure, which the peculiar arrangement of the Malphigian vessels is so eminently calculated to produce, lead to the separation, by a process of filtration, "of the fluid portion of the urine, while the solid matter, composed of various organic constituents, and inorganic salts, is separated by the aid of the glandular epithelium, which lines the convoluted portion of the tubes (a). The water is supposed to come from the blood in the Malphigian vessels by a process of filtration, and the organic constituents and the inorganic salts from the blood in the capillary network surrounding the convoluted tubes, by a true secretion, by means of the epithelium lining the tube. Now in examining closely this theory, we must conclude that the blood in passing through the Malphigian capillaries, where the circulation is most retarded, and where the greatest lateral pressure must necessarily be exerted upon their walls, only parts with the water, while the network of capillaries which receives the blood from the small efferent vessel, where the lateral pressure must be very much less, permits the transudation through their walls of ordinary blood plasma, together with the "organic constituents," and the "inorganic salts" of the "secretion," in order that the "true secreting elements" should separate the latter. In order to accept this as true, the capillaries into which the afferent vessel breaks up (the Malphigian capillaries) must have much thicker walls than the capillaries which surround the tubes, and which are formed by the efferent vessel. This difference (if there be any) I have certainly never been able to discover.

But is it probable that a contrivance so admirably adapted as the Malphigian tuft is for delaying the blood currents, should have for its sole office that of a filter, and that it

(a) "Physiological Anatomy and Physiology of Man." By R. B. Todd, M.D., and Wm. Bowman.

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should separate in part merely the menstruum which holds the more important substances in solution? I do not undervalue this function, even if it be the only function of this elaborate arrangement. There is no doubt that the mere separation of water, or rather that a contrivance suitable for the separation of large quantities of water, under certain states, is indispensable to the economy. It is essentially necessary, in order that the blood may, within certain ranges, be preserved at an uniform density, even under circumstances calculated suddenly to increase the amount of water in it from ingestion or other causes.

Next, to supply the blood plasma for so much solid, highly animalised, and saline matters as pass off by the kidneys daily, there must be some arrangement eminently calculated to retard circulation and to favour transudation. What do we find in the anatomical arrangement as described by Mr. Bowman? A small vessel suddenly breaking up into a rounded bunch of capillaries, having "a far greater aggregate capacity than itself, and from which there is but one narrow exit" (b), the efferent vessel, which also breaks up into a network of capillaries which surrounds the convoluted channels or tubules. It is impossible to conceive a more admirable contrivance for retarding the blood current, and the efferent vessel being so small, and the capillaries into which it breaks being of smaller diameter than those of the malphigian bodies, "it follows from the law of hydraulics, that there must be a greater pressure against the walls of the latter" (c). And yet, according to current notions, the capillaries of the small efferent vessel, with this small amount of pressure, are the only vessels from which the transudation of the *liquor sanguinis* takes place, not only for the nutrition and repair of the tissues, but also for the separation daily of upwards of one thousand grains of solid constituents of the urine. Moreover, is it probable that the same blood plasma should at the same time, and in the same part, be the fluid containing the urinary excrements for elimination, and the nutrient matters for nutrition. Two processes, then, quite incompatible with each other, and opposite in their action, are going on with the same fluid, in the same parts of the kidney, and at the same moment.

Again, the water descending the convoluted tubules or channels, and in contact with and bathing the free surface of the epithelial cells, is calculated to produce an osmotic current in those cells, the very opposite of that necessary for secretion. The current must necessarily be continuous from the free surface towards the attached surface, and therefore towards the blood plasma in the tissues instead of in the opposite direction. If secretion, therefore, is due in any way to the laws of osmosis, it must be brought to a standstill. So also if there be a considerable escape of blood plasma from the Malphigian capillaries, the density and chemical composition of that within the tubes, and that in the tissues being the same, endosmotic action must cease.

But to this it may be said, and very properly, that the nervous force (supposing it to act as the galvanic current is known to do) may make the endosmotic action go on with considerable activity, even under these circumstances. Believing, as I do, in the influence of the nervous force, I am quite willing to give the weight which belongs to this hypothetical answer to my objection.

But the next objection which occurs to me is a much more serious one. Professor Graham and C. Schmidt have proved that urea possesses great diffusive power in water. It is equal to that of common salt. In solutions containing 20 parts in 100 of water, the quantity of the saline solution diffused was 58·68; that of urea was the same; while the solution of albumen was only 3·08.

You are aware that it has been discovered by Professor Graham, that the law of diffusion of gases is also applicable to different neutral salts and other substances dissolved in water. That law is—"that the tendency to diffusion diminishes with the increase of density, being inversely proportional to the square root of the density." It has also been made evident by Schmidt, that generally when different substances are added to water, the volume of the two combined is smaller than that of the two separately;—that, in fact, a certain amount of condensation takes place. Now there seems to be a law also of condensation. It is—that in proportion to the diffusive tendency of any substance, so is the co-efficient of its condensation.

(b) "Philosophical Transactions," 1842.
(c) Ludwig: "Handwörterb. d. Physiol.," as quoted in Lehmann.

Now, urea is a remarkable exception to this; for while its diffusive power is 58·68, its co-efficient of condensation is only 0·160, and that of common salt is 1·505. Its co-efficient of condensation, as found by Schmidt, is the lowest of any other substance that has been submitted to experiment.

It is highly improbable, therefore,—it is almost impossible—that (to say the least) two substances having such diffusibility through water, should be separated from it by mere filtration, especially such a substance as urea, that admits of no, or but little, condensation with any fluid with which it is mixed. The tendency of such a substance would always be to escape through the pervious walls of a vessel. This I regard as the most serious objection to Mr. Bowman's theory, although I think that the others also are entitled to considerable weight. Now, albumen is the very opposite to urea in respect to diffusibility and condensation. Its diffusibility is remarkably low, being only 3·08 in a solution containing 20 parts to 100 of water (d), while that of urea is 58·68; and its co-efficient of condensation is 0·420 (e), while that of urea, as I have before said, is only 0·160. Albumen, then, from this condition alone, and independently of other agencies, has a strong tendency to remain within the vessels, and but little tendency to pass through their coats with the water, urea, and salts.

My own idea is (and I mention it with great diffidence, for my subject is not physiology), that, under the combined influence of pressure, quality of blood, and the nervous force, the urinary constituents are separated directly from the Malphigian capillaries, and that whatever constituents of the serum or of the blood that are normally transuded through their walls, are *absorbed* by the epithelial cells of the tubules or by some other agents before the convoluted tubes become continuous with the straight or simply excreting ducts; and that the blood, purged and depurated, which leaves by the efferent vessel, while passing through the network of capillaries in the tissues of the kidney, parts with the normal plasma for the usual nutrient processes, as in other organs (f).

It is the common practice to speak of these tubules or channels as mere excretory conduits. This leads to very erroneous notions of their true office. It is probable that the separation of the urinary constituents from those of the serum that may be transuded with them, actually takes place in these tubules, and that it occupies some length of time before the urinary constituents, transuded from the Malphigian capillaries, find their way into the straight ducts. These channels are of extreme length, and highly convoluted. I am disposed to regard them more like the blind tubules of the stomach and other mucous membranes, than as excretory passages, with this difference, that instead of terminating in blind extremities, they communicate with the straight, purely excretory tubes by an open orifice. Not only is a separation of the constituents of the urine probably effected in them, but those matters which are required for the system, and which cannot be lost without detriment, are re-absorbed, just in the same manner that the constituents of the gastric juice after they have performed their office are re-absorbed in the lower portions of the intestinal canal for future use; for none of these constituents are normally found in the fæces. We have an analogy for this manner of secretion in one, at least, of the secretions.

In those secretions which we have been enabled to *see*, the process resembles the one which I have suggested. Take the case of the gastric secretion. According to Dr. Beaumont's, M. Cl. Bernard's, and others' descriptions, from actual sight of the secreting process by means of fistulæ, when there is no food in the stomach, and the animal has been fasting some hours, no trace of acidity or indication of the presence of gastric juice, can be detected. The mucous membrane is pale and exsanguine, and covered with a layer of greyish mucus, which presents an alkaline reaction. Even when the gastric juice is present during digestion, no trace of acidity can be discovered in the gastric glands, or even below the surface. But, at the moment when the food descends into the stomach, movements are observed to take place, the superficial capillaries become turgid, and the mucous mem-

(d) Golding Bird's "Natural Philosophy," by Brooke.
(e) Lehmann's "Physiological Chemistry," translated by Dr. Day for the Cavendish Society.
(f) Ludwig, some years ago propounded a somewhat similar notion—hypothesis—on one ground alone, namely, what may be called the hydraulic theory, or that of pressure. This was evidently insufficient. I shall endeavour to support it partly by this, but as you might be prepared to expect from my last Lecture, principally upon other grounds

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brane assumes a bright pink colour, and there oozes out from all parts a kind of acid sweat, which raises the thin layer of greyish mucus, and the highly vascular mucous membrane is seen below. Such, in substance, is the description given by all observers of the actual secretion of gastric juice. Previous to digestion there is no trace of any constituent of this fluid on the surface, in the mucous crypts, in the tubules, in the epithelial cells, or in the underlying tissues. But, at the moment the digestive process commences, the juice exudes from all parts of the surface, apparently from the close network of large capillary vessels—with such rapidity, that, within the hour after food has been taken, the quantity may amount to from two pounds (Lehmann) to seven or eight pounds (Bidder and Schmidt). If all this is "secreted" through the agency of the epithelial cells, they are more potential bodies than even the most firm believer in cell-powerfulness could have conceived. It is much more probable that the secretion comes at once from the vessels under the agency of a nervous current, or some polar force, excited in a reflex manner by the presence of the meal,—something in the same way that the galvanic current acts in producing rapid osmotic currents through animal membranes, apparently in opposition to the laws of endosmose. The character of the secretion is more probably due to the form of network and the size of the capillaries, as influencing the current of the blood, the anatomical and even chemical composition of their walls, and the peculiar character of the nervous currents, than to the protective and perhaps slowly-absorbing cells that lie upon the mucous surface. It is much more probable that the nervous current has far more influence than the epithelial cells in determining the decompositions and recompositions which make the secretions. If we could by any possibility discover the properties of the currents of all the nerves distributed to the several secreting organs, we might find that each has its own special character and property. The same description might apply to the salivary, the biliary, the pancreatic secretion, and even the secretion of milk, which, I grant, is one that offers some appearance of its taking place through the agency of epithelium. The only reason for this is the presence of milky fluid in the cells, and it is reasonable to believe that this fluid is quite as liable to be imbibed by their free as by their attached surface.

ORIGINAL COMMUNICATIONS.

REPORTS OF

INTERESTING SURGICAL CASES.

By R. H. MEADE, F.R.C.S.

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ON INFLAMMATION AND ABSCESS OF THE PROSTATE GLAND.

Case 1.—Towards the end of the year 1854, I was consulted by Mr. H., a man about thirty years of age, on account of a troublesome stricture which had existed for several years, and was then causing considerable disorder of the general health. Upon examination I found a tight constriction in the membranous portion of the urethra, through which a small bougie passed with difficulty. I also noticed a cicatrix in the perineum, and learned that some time previously, he had had a fistulous opening in that situation, through which urine had escaped, but which had gradually healed up. At a short distance from the scar, the patient said he often felt a lump, which disappeared on pressure; and I here found a deep-seated, hard substance, about the size of the hazel-nut, which was evidently a small cavity, communicating with the urethra by a blind fistula. He said that when he made water tolerably freely he felt nothing of this; but when the symptoms of stricture were aggravated, the swelling became full, tense, and painful.

By the careful introduction of bougies during a period of many weeks, I succeeded in curing the stricture, so far that a metallic instrument of No. 10 or 11 size would pass freely into the bladder; and I taught the patient to pass one for himself, directing him to do so regularly once or twice in a fortnight, to prevent the return of the contraction of the canal.

Though he now made water freely, he still complained of very uneasy sensations about the neck of the bladder, in the perineum, and also in the rectum, where he described symptoms similar to those produced by stricture of the gut. The little swelling in the perineum also remained, and he occasionally noticed a purulent discharge along with the urine. To remove this blind fistula, which I hoped might have closed as the stricture was cured, I thought it best to cut into the tumour in the perineum, and form an external opening; on doing so I found, as I expected, a fistulous passage, along which I could pass a probe for some distance. After this little operation, urine escaped from the opening for a week or two, but the introduction of a probe coated with nitrate of silver, and passed deeply into the sinus, quickly caused its permanent closure.

Upon examination of the rectum with the finger, I found the passage of the bowel impeded by a strong membranous band stretched partly across its anterior surface, at a point opposite to the situation of the prostate gland; which organ appeared much thinned, so that a bougie when passed into the bladder could be felt more distinctly than usual in the rectum. Upon questioning the patient, I found that some time previously to his consulting me, and at the same time that the first fistulous opening formed in the perineum, he had suffered from symptoms of inflammation and suppuration of the prostate; and matter had evidently formed and insinuated itself in various directions, finding one outlet in the perineum, and another into the rectum, after burrowing between the coats of the bowel, and producing inflammation and the formation of the membranous band which I have mentioned. Great portion of the glandular substance of the prostate seemed to have been destroyed, and from the uneasy feeling which still remained about the neck of the bladder, accompanied with occasional discharges of pus, and also from a boggy feeling which existed in the centre of the gland, it seemed very probable that some chronic fistulous passages still remained in the prostate and its neighbourhood.

Before adopting any further operative proceedings for his relief, I wished my patient to consult Mr. Teale, of Leeds; and he suggested that the prostatic portion of the urethra should be laid open into the rectum, an operation which had been recommended and adopted in somewhat similar cases by Mr. W. Colles, of Dublin, some years ago, and which had also been tried by Mr. Teale himself in several instances with success. My patient being anxious to undergo any operation that we could suggest for his relief, I at once recommended him to have this procedure carried out. I introduced a good-sized grooved staff of the ordinary curved shape into the bladder, the groove of which could be felt very plainly in the rectum. The patient lying on his side, and the staff being held firmly by my assistant, I then passed a slightly-curved sharp-pointed bistoury (the lower part of which was guarded by some lint) into the bowel upon my fore finger, and thrust the point of it through the centre of the prostate into the groove of the staff, above the membranous band which I have described. I then drew the knife downwards in the groove, divided this band, and laid open the prostatic portion of the urethra into the bowel for about half or three-quarters of an inch. There was very little bleeding from the wound, and no urine appeared to escape from it. The patient was convalescent in a few days, and the operation was completely successful, removing both the obstruction of the bowels and the irritation about the neck of the bladder.

I have seen Mr. H. several times during the last three years, and he continues well, with the exception of being obliged to pass a bougie occasionally. On examination of the rectum with the finger, the gut is quite free from obstruction.

Case 2.—John A., aged 41, was admitted into the Bradford Infirmary on November 15, 1859, with stricture of the urethra complicated with fistula in perineo and recto-vesical, or rather recto-urethral, fistula. His health was very much broken down, and for several months he had been in a very uncomfortable state; as, whenever he attempted to empty the bladder, the greater portion of the urine escaped by the rectum and through the opening in the perineum. By inquiry into the history of the case, it seemed that about a year before the patient's admission into the Infirmary, he had suffered from symptoms of abscess in or around the prostate, which were relieved by the matter finding its way into the rectum, and were succeeded by the escape of urine from the bowel. About three months subsequently to this, a gathering

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formed in the perineum, which was opened by a country Surgeon, and was followed by a fistulous opening, through which urine also escaped. On the introduction of a bougie, a stricture was found in the membranous portion of the urethra, but not a very tight one, as it admitted a No. 7 or 8-sized instrument without much difficulty. On passing the finger into the rectum the prostate could be felt rather enlarged, but no softening nor bogginess of it could be found. The opening of communication between the bowel and the urethra could be easily felt: it was situated just below the apex of the prostate. The external aperture of the perineal fistula was within half-an-inch of the front margin of the anus, and a probe could be passed from it deeply up by the side of the gut.

After keeping the man in the Hospital for a few weeks, for the purpose of improving his general health, and of dilating the stricture by the passage of bougies, I performed the following operation on the 31st of December, 1859:—I introduced a curved and grooved staff into the bladder, and passing a slightly curved sharp-pointed bistoury on the left index finger into the rectum, I thrust the point of it through the lower part of the prostate into the groove of the staff, and cutting downwards laid open the prostatic and part of the membranous portions of the urethra, into the rectum, so as to make a free communication between them. I also divided the sphincter ani, passing a bistoury from the fistulous opening in the perineum through the mucous membrane into the gut, just above the sphincter, and then cutting out. Very little hæmorrhage followed the operation. The urine principally escaped by the bowel for the first fortnight, after which it was passed in gradually increasing quantities by the urethra, while the fistulous passage and the wound into the rectum slowly closed. The progress of the case was retarded by the state of the stricture, which seemed to be aggravated by the operation; and it required the frequent use of bougies for several weeks before the contraction and irritability of the urethra could be overcome. By the expiration of three months, however, from the time of the operation, he was completely cured.

Case 3.—In May, 1855, Mr. B., a gentleman, about 35 years of age, of delicate constitution, who had been under my care several weeks for an attack of gonorrhœa, from which he had almost recovered, was seized, without any apparent cause, with symptoms of inflammation of the prostate gland. He first complained of pain and irritation at the neck of the bladder; but after a couple of days he referred his sufferings chiefly to the rectum; and on examination considerable enlargement and tenderness of the prostate could be felt by the finger in the bowel.

Complete rest, warm hip-baths, leeches, both to the perineum and round the anus, were tried, but without producing much benefit; and shivering and other symptoms of suppuration made their appearance. The patient continued to refer most of his uneasy sensations to the rectum, and there was little or no impediment to the passage of the urine, though a frequent inclination to make water. I could feel no hardness nor deep-seated fluctuation in the perineum, but one part of the prostate appearing boggy to the touch when the finger was introduced into the bowel, I determined to make an incision into it at once from the rectum, and thus try to prevent the matter from insinuating itself into the tissues of the perineum, or in other directions. For this purpose I introduced a tubular speculum into the rectum, with a good-sized lateral aperture, which I placed opposite to the middle of the prostate gland. The mucous membrane could be seen projecting into the tube, and distinct fluctuation could now be felt by the point of the finger. I therefore made an incision with the sharpened edge of a gum-lancet that had a rounded blade, and after cutting to some depth, about half-an-ounce of thick pus escaped into the speculum. Considerable hæmorrhage followed, but it was soon stopped by retaining the speculum (which had a closed extremity) in the bowel, and plugging it with lint. After thus opening the abscess all the symptoms rapidly subsided, and the patient was soon well. There never seemed to be any discharge of urine from the wound.

Case 4.—In September, 1859, I was called in to see a gentleman, 34 years of age, who had just returned home ill from Scotland. He had recently been married, and had been seized during his wedding trip, while in the Highlands of Scotland, with severe pain in the rectum, accompanied with some obstruction of the bowels and difficulty in making water. He obtained slight relief from taking some castor-oil, and made his way as soon as possible to Glasgow, where he consulted a Surgeon, who ordered some leeches to the anus, warm baths, opiate suppositaries, etc., and recommended him to travel home as quickly as possible. I found him suffering from a dull pain in the rectum, increased by the sitting posture, from difficulty (but not pain) in emptying the bladder, and also from considerable sympathetic fever. On introducing my finger into the bowel I found a good deal of enlargement, and great tenderness of the prostate gland. He told me that previous to his marriage he had laboured for some time under stricture of the urethra, from which, however, he had quite recovered; so I have no doubt that there had been subacute inflammatory enlargement of the prostate, such as is so frequently consequent upon long-standing stricture, and this had become aggravated by the excitement of the urinary organs consequent upon marriage, together with neglect of the bowels. I prescribed perfect rest in the recumbent posture, warm hip-baths frequently repeated, salines with hyoscyamus, etc. These measures relieved the pain and general symptoms, but after two days considerable hardness and tenderness appeared on one side of the anus, and the inside of the rectum was very sensitive to the pressure of the finger, a little below the situation of the prostate, showing that the inflammation had spread from the gland to the cellular tissue surrounding the intestine. The prostate itself had somewhat subsided in size, and I could detect no feeling of fluctuation. I now began to fear that matter had formed, and was insinuating itself in various directions; but on the following day my patient told me that during the night something had burst into the bowel, which had given him great relief, and on feeling an inclination to have an evacuation, he had parted with a small quantity of transparent sticky fluid, something like white of egg, but of a yellow colour, some of which he saved to show me. With the finger I could now feel a depression and small opening in the mucous membrane of the bowel in the same situation (rather below the prostate) where I found a tender spot the day before. Small quantities of a similar fluid continued to escape for a day or two, and at the same time all the symptoms, both local and general, disappeared. The enlargement of the prostate also greatly subsided.

On looking over these cases, do they suggest any points of special interest to which I would call the reader's attention? In the first place, I may remark that Surgical authors generally seem to have had a great dread of the formation of either a natural or artificial communication between the urethra and rectum. In cases of abscess in the prostate, deep incision is recommended in the perineum, to prevent the matter from finding its way either into the urethra or rectum. I am anxious to show that this fear as regards the latter canal is in a great measure chimerical, and that it is often even advantageous to make a free opening into the prostate from the bowel, in case of suppuration in that organ, should fluctuation be perceptible, as the matter will be so much nearer the surface in that situation than in any other. The diffusion of matter into the surrounding tissues is thus likely to be prevented.

The idea of treating chronic suppuration in the substance of the prostate gland by puncture from the rectum is due to Mr. W. Colles, but he restricted the operation to a particular class of cases. In the *Dublin Journal* for 1845 he says:—"There is a description of enlarged prostate in which surgery can render essential benefit to the sufferer, and that by a very simple operation. When we find a patient in advanced life complaining of unusual frequency of micturition, with more than ordinary straining, his urine depositing a good deal of muco-purulent sediment, and possibly a muco-purulent discharge from the urethra, we should make a very careful examination of the state of the prostate. If, under these circumstances, we introduce the finger into the rectum, and find the gland enlarged in either lobe, and, upon pressing on one particular spot, we feel the point of the finger sink, as if into a cavity; and particularly if we find this pressure causes the discharge, per urethram, of a quantity of this purulent fluid, to the amount varying from a few drops to a teaspoonful; here we may hope to render an essential service. The operation to which I allude is simply that of striking a lancet into this hollow soft spot, which will generally be found to contain some matter."

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Besides those referred to by Mr. Colles, there are many other cases of neglected abscess in or around the prostate in which fistulous passages have formed in various directions, where a free opening between the prostatic urethra and rectum will be especially useful. In both the cases of this kind which I have related, the inflammation and suppuration of the prostate, which laid the foundation for the complicated mischief that existed when I first saw the patients, arose from stricture of the urethra, and occurred in youngish men; and I wish to direct attention to the fact that enlargement, the result of chronic inflammation, very frequently occurs in the prostate in cases of old-standing stricture, and, when not complicated with abscess, is generally easily removed by the internal administration of iodide of potassium, a circumstance pointed out by Sir B. Brodie in his most valuable work upon the Diseases of the Urinary Organs.

Bradford.

ARMY MEDICAL REPORTS.

No. XXXVI.

HEPATITIS, ENDING IN ABSCESS OF LIVER—BURSTING INTO THE CAVITY OF ABDOMEN—PERITONITIS—DEATH.

By Assistant-Surgeon R. CHAPPLE,
Royal Artillery.

Sergeant J. C., aged 28 years, twenty months in India, a free liver, tall, and of strong frame, but reduced in flesh from sickness, was admitted into Hospital on July 2, with the following symptoms:—severe pain in right side, shooting to shoulder of same side, and occasionally to lower angle of right scapula, constant vomiting, the ejected matter green and intensely bitter; tongue brown and furred in centre, florid at tip and edges, face pale and bathed in cold perspiration, pulse quick, 126 weak; bowels open. He had been in Hospital four times previously, labouring under hepatitic affection. On June 21 he was placed on the convalescent list, and since then has done no duty. The urgent symptoms having been relieved, I made an examination, and found dulness on percussion from the upper margin of fourth rib to the false ribs on right side. The intercostal spaces filled in, and extremely tender on pressure. The left lobe of liver felt hard, and extended far into the left side. It would serve no purpose and would be too tedious to enter into daily details; it will be sufficient to state that he was treated with nitro-muriatic acid baths, tonics at bedtime, hydrargyrum cum cretâ and Dover's powder, to check diarrhœa when it occurred, and mustard sinapisms to allay irritability of the stomach. Jelly, beef-tea, and a little wine, chiefly formed his diet.

On the 15th violent pain came on, referable to the left lobe of the liver, which was much enlarged, and could be distinctly traced by the eye. An anodyne was given, and anodyne fomentations applied externally. After the elapse of half-an-hour the pain suddenly ceased, collapse set in, pulseless, cold extremities, profuse cold sweat over face and chest. Stimulants were administered every half-hour, constant friction to extremities, and mustard sinapisms to chest and abdomen. After twenty-four hours' perseverance in the above treatment, the pulse returned to the wrist and warmth to the extremities, the patient seemed easy. The swelling, before noticeable to the eye in the left side, had disappeared, and the parts which before this attack felt hard were now soft, and could be examined without causing any pain. Towards the evening of the 16th the effort to make water caused intense pain in the pubic region, the abdomen became hot, swollen, tense, and tender to the touch; the patient gathered up his knees; pulse 140, soft. Half-a-grain of morphia was given every second hour; light warm poultices to be kept constantly on the abdomen. I did not expect any more satisfactory results than mitigation of pain. Under the constant administration of morphia and nourishment, jelly, beef-tea, etc., life was prolonged till August 2, seventeen days after the appearance of peritonitis.

Post-mortem Appearances.—Head not examined. Thorax: lungs collapsed, healthy. Heart small, pale, and soft; cavities empty; no trace of disease. On opening the cavity of abdomen the omentum was found firmly adherent to the walls; having dissected it off and laid open the cavity, the following appearances were noted:—On the left side a channel was formed by the wall of abdomen, externally, and the intestines internally; the space was filled with pus; on removing the pus (it measured over three quarts) the intestines were so matted together and glued to the right side that a space of about six inches wide remained between them and the left wall of abdomen. The intestines bore large patches of ulceration, were gangrenous, and so firmly adherent to each other, and the viscera with which there was contact, that close examination was impossible. The liver was firmly adherent to the diaphragm; stomach and intestines pushed into the chest as far as the upper margin of fourth rib, the left lobe lay over the stomach and along its whole length presented the base of a large abscess, the walls of the abscess having been carried away when it first burst, and mixed up with its contents. When endeavouring to remove the liver for further examination, a large abscess burst close to the lobulus quadratus, and about two quarts of pus was poured out. The cavity in which the matter was contained was almost as large as an infant's head. The substance of the liver was friable and easily broken under the fingers. Kidneys pale, no distinctive mark between cortical and tubular portion. The left was atrophied, and not more than half its usual size.

Remarks.—That the patient weakened and exhausted by long sickness did not sink under the sudden shock to the system from the bursting of so large an abscess is surprising, but not more so than that he should have survived for seventeen days after peritonitis had attacked him. There is no doubt but that the abscess burst on the 15th. The sudden cessation of pain, followed immediately by collapse and disappearance of the swelling noticed on the left side, and appearance of peritonitis in twenty-four hours afterwards, would warrant such a conclusion. That the peritonitis did not run a rapid fatal course I attribute to the low state of the patient, which did not allow high inflammatory action, and to the prompt and continued use of full doses of opium, which counteracted the usual irritating effects of the disease. The atrophied state of left kidney was, I should say, caused by the long-continued pressure of the effused pus upon it.

Camp, Poona.

CASE OF

PUERPERAL CONVULSIONS IN A PRIMIPARA — SUBSEQUENT PERITONITIS—RECOVERY.

By JOHN ALLEN, M.D., M.R.C.S.E., L.M., &c.

On Sunday, July 10, 1859, at four p.m., I was requested to visit Mrs. R., residing in Anchor-road, Longton, in labour of her first child, at the full term of pregnancy.

My patient was a stout, plethoric young woman, aged 23, of low stature, with large head, thick neck, and coarse make; and there was slight œdema of the face and hands. She had complained for some days before the attack of drowsiness, confusion of ideas, headache, and stertorous breathing. She had suffered from epileptic attacks at the age of fourteen years, when the catamenia first appeared, since which time she has been free from a recurrence of them. I ascertained by an examination per vaginam that the os uteri was situated high up in the pelvis, just commencing to dilate, and as the labour pains were feeble and came on very irregularly at intervals of fifteen or twenty minutes, I ordered the patient to take ol. ricini ʒss, and to have six leeches applied to each temporal region, and then took my leave, requesting to be sent for when the pains became stronger.

At two o'clock a.m. the following morning I was sent for in great haste, and on my arrival was told the patient had just had "a fit." She was then in a semi-conscious state, looked bewildered, and complained of pain in the head; the pupils were dilated widely, acting sluggishly to the stimulus of light; the tongue was lacerated and bleeding; the pulse slow and laboured, about 66, and the pains came on regularly and strongly every five minutes.

I immediately bled her to about twenty ounces, which

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greatly relieved the cerebral symptoms; the hair was cut off, linen cloths in single layers, were applied to the head, and kept constantly wet with evaporating lotion, and a turpentine enema was administered which brought away a quantity of fœtid matter. The os uteri was still very high, so that I had some difficulty in reaching it with my finger. It was dilated to the size of a shilling, and the membranes were felt tensely protruding with each pain. I ruptured the membranes before I withdrew my hand, and gave exit to a large quantity of liquor amnii. I felt the presentation of the child to be natural.

At three a.m. she had a second attack of far greater severity, and of longer duration than the previous one, resembling apoplexy in every respect, except the convulsions. Her face was swollen, livid, and terribly convulsed; her tongue was swollen, lacerated, and protruded towards the right side; bloody froth issued from the mouth; the eyes were bloodshot and fixed, the pupils dilated; the respiration partly stertorous and partly sibilant; and the pulse slow, full, and laboured, so that cerebral effusion was greatly feared. During the paroxysm the labour pains came on as regularly and strongly as during the intervals.

Mustard poultices were applied to the calf of each leg and the nape of the neck, and the patient was gently brought over the edge of the bed, and the cold-water douche suddenly applied from a distance of two feet, which had the desired effect of shortening the attack, which lasted four or five minutes, leaving the patient in a state of apoplectic stupor, from which it was impossible to rouse her. She was bled a second time to twelve ounces, and a drop of croton-oil suspended in a teaspoonful of gruel was put on the back of the tongue, and the feet were placed in warm water. The fits continued to recur every half-hour, but with less severity, each attack being succeeded by drowsiness and stupor, as before. I tested the urine and found it albuminous.

On examination per vaginum, the os uteri was found fully dilated, but the head of the child too high up at the brim for the application of the short forceps to be of any service; and, as it was desirable to terminate the labour as speedily as possible, the long forceps were applied, and very powerful extracting efforts were required, during which time the fits were almost contiuual. After some time, and with the assistance of a strong pain, the head was delivered, and the shoulders and breech were expelled during the next pain. The child (a male) was still-born, and appeared to have been dead some days. Soon afterwards the patient fell into a quiet sleep for about half-an-hour, when she had another strong paroxysm, induced, doubtless, by the presence of the placenta in the uterus acting as a foreign body. I at once introduced my hand into the uterus, and found the placenta very adherent; and when I had detached and removed it, the pulse became soft and natural, the stertor ceased, and she appeared as if in a calm sleep.

She had no more attacks while I remained in the house; but, before leaving, I gave directions for the cold applications to the head to be continued; the room to be darkened; perfect quietness to be observed; and ordered hydrarg. chloridi gr. ij. 4tis horis.

On the following day, I found the croton-oil had acted very powerfully upon the bowels, and that she had passed a comfortable night free from convulsion; and, although still complaining of her head, experienced great relief from the cold applications. The lochial discharge was moderately free, and she was progressing favourably in every respect. It is remarkable that she had no recollection whatever of anything that occurred for four days before the attack—viz. from Thursday, July 7 to Monday, July 11.

All went on well until Wednesday, the third day after delivery, when she complained of acute lancinating pain, spreading over the abdomen, so that she could scarcely bear the pressure of the bed-clothes. She lay on her back with the knees drawn up; her face was pale and anxious; her breathing hurried and thoracic; her pulse small and hard, 106; nausea and constipation of the bowels were present; and there was diminution of the lochia.

Leeches were applied to the abdomen and hot fomentations. Calomel and opium and salines were administered, and she made a gradual, but very favourable recovery.

Remarks.—I am of opinion that an attack of puerperal convulsions is merely a modification of cerebral apoplexy, and I consider this patient's life was saved by the prompt and decisive bleeding. But I should not have detailed this case were it not for an extraordinary feature that it displayed, viz. the entire loss of memory in regard to the occurrences of some days antecedent to the seizure, while the patient appeared in health, and engaged in her ordinary domestic duties.

This period of "*Obliviscence,*" as it is called by Dr. Ramsbotham, which lasted for four days, seemed to be a blank in the patient's existence, so that she could recollect nothing that occurred during this period, although she had welcomed the arrival of a female relative on the Saturday preceding the attack, who had come to be with her during her expected confinement.

Longton, Staffordshire.

ON TURNING IN ALL CASES OF LABOUR.

By E. G. FIGG, M.D.

(Concluded from p. 355.)

In cases of version without chloroform, I met one instance where flooding occurred, with chloroform, some seven or eight. In no case, however, in a primipara. In that class of patients there is a tone in the uterus ensuring its contraction in defiance of the relaxing influence exercised by chloroform over ordinary muscular tissue. In the event of the uterus of a multipara being nearly imperceptible under the hand applied abdominally a few minutes after delivery, and ere the narcotic influence has passed away, I deem it advisable to rouse her by pinching, when, almost co-temporaneously with the deep inspiration of the waking moment, a manifest contraction of the uterus takes place. I then give an infusion of ergot, previously prepared, in preference to spirits. Whether the former acts in its emmenagogue principle, or, as frequently happens in anæsthesia, emetically, we realize the further contraction of the uterus, in the latter case by reflex action. My experience leads me to a conviction that alcohol suspends uterine contraction, though I confess that it is an excitant of the pulse. Thus the vessels from which the blood flows still continuing open, the evil is increased with the increased rapidity of the circulation. In throwing the uterus into contraction we not only occlude the torn vessels by closing the womb, but we effect the object of the stimulant re-enforcing the circulation of the system with the surplus blood of the uterus, thrown back into the general current. Let me state, however, that in the darkest cases that I have witnessed I considered the danger as more apparent than real. If the pulse was below the average tone of vigorous life, it was perfectly adequate to the maintenance of a passive vitality in a horizontal position; and if the expenditure of blood was occurring at the placental site, I knew that it was in accordance with the character of the pulse. That it was slowly flowing out and not violently driven out by high cardiac action. Should such a case present again,—not having seen one for a long time,—I would no more anticipate a fatal issue than I would if a girl were nauseated under the abstraction of a few ounces of venous blood in my own consulting-room. I may candidly state that uterine hæmorrhage may be possibly produced under another combination of influences in delivery by version. Though, as all physiologists know, the impartation of alimentary principles, and the process of fœtal depuration in the placenta takes place, not by direct communication with the maternal circulation, but by endosmose and exosmose. I may remind the reader that the membranous cell-walls of the maternal system are not continuous with the lining membrane of the uterus itself, so as to expand over the surface from which the placenta is removed. But, on the contrary, that the terminal cells of the parent project into the parenchyma of the placenta, so that on the *post-partum* contraction of the uterus they are severed, while the placenta is detached.

If the uterus contract equably beneath the placental mass, it is rapidly peeled off, while the same act of contraction constricts the arterial cells. But if any accident separate a segment of the placenta, the torn cells immediately beneath would close under contraction of the locality, but a terrific effusion might occur in the angle formed by the uterus and reflected portion of the placenta, gushing from the semi-divided cells across that diameter where the reflection ceased

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and the attachment commenced. In the event of a short or entangled cord, a portion of the placenta may be separated, exposing us to the evil detailed, which, however, has one extenuation. If easily produced it is easily remediable,—remove the whole mass and it ceases. It cannot be denied that independently of uterine depletion there is a circulatory depression in a majority of patients in versional delivery under chloroform, which though transitory and not seriously important, may, under certain measures, be anticipated; or when manifest, at once counteracted. If the conclusions drawn from several scores of anæsthetic deliveries can afford reasonable data, I would say that we should calculate the probability of the event,—not in the pallid aspect or diminutive *physique* of the patient; not in the debilitative and sedentary system of existence to which she may have been habituated; but in an approximation to the *blonde* model of feminine organisation. A complexion where the pure rose alternates with the fair skin—where with light hair we have blue eyes, and a symmetrical rotundity of limb: the very perfection of whose development renders her less able to cope with the slightest shock to which necessity may subject her. With such a patient I content myself with producing sleep without the deep stertorous inspiration realised in women of coarser form and dark skin.

A novice might suppose from the auspicious way in which I have spoken of version in head presentations, that artificial delivery in breech cases could be effected without the shadow of an obstacle. Up to a certain stage, however, they are the least manageable, and worst adapted for manual interference. If the nates present with the legs and feet continuously extended towards the shoulders, the case progresses with greater rapidity than when, as in the majority of instances, the tibiæ femora and trunk form three lines nearly parallel, because the conical form is more apparent in the former.

When the head presents, the cranial power of resistance refracts, and, in one sense, reduplicates the expressive force of the uterus; but the soft nates yield under the peripheral agency of expulsion, their own dimensions being increased by congestion in greater ratio than the diameter of the os dilatation. From the fact of an infant's limbs being last developed, they are proportionately shorter than the trunk; hence, the nates being lower in position, are in advance of the feet in entering the pelvis. Any attempt to repress the nates, in the hope that the feet might be left on the lower level, would prove delusive, as the uterine paries in close contact with the flexed femora would carry up the feet by the same effort that raised the nates; but if the attempt at delivery were varied by a seizure of the feet, and an exercise of traction to carry them into the vagina, the project must ultimately be abandoned, from the impossibility of causing the femora to revolve the eighth part of a circle over the weakest portion of the uterus, of which circle the child's acetabula are the centres, and the knees the radial distance. Even when, by natural progression, the nates enter the pelvis, manual assistance is long precluded, from the circumstance of one pelvic femoral articulation being alone accessible, the nates obeying the law of the head, entering the pelvis laterally, and always retaining what in nautical phraseology is termed a "windward" and a "leeward" side.

When, however, a stage is attained where the hands can be hooked into the pelvic femoral articulations, the extractive force is brought to bear equally on the fœtus, so as to insure its exit without the risk of femoral fracture, which, I am sorry to say, has occurred to me in impotent attempts to deliver by acting on one side alone. If my memory of Professor Simpson's Lectures fail me not, he recognises only two presentations of the breech. With all respect for the opinion of a man who, in obstetrics, constitutes the soul and centre of my Professional faith, I think I have identified four, analogous to Naegele's four cranial; the infant's nates in the third and fourth making the ordinary sacro-iliac turn on the floor of the pelvis. In the practice of version in general labour I have met with four cases of twin births. In three both heads presented; in the fourth, the nates of the leading infant and the head of the second. In the cases where both heads presented, I found that the convex surfaces of the infants were in apposition with the concavity of the uterus—in other words, that the presentations were in each instance first and third, or perhaps second and fourth. My notes afford me no intelligence as to whether the pubic or sacro-iliac presentation was in advance in these cases, nor do I imagine, in the reduced size of each child in twin births, that it would signify. I did not experience difficulty with them, the heads not occupying the same grade,—that of the upper being opposite the umbilicus of the lower. I ruptured the membranes of the leading one and delivered, acting similarly in the second.

In my early attempts at secret version, I resolved to exercise traction only on the occurrence of a pain, suppressing the effort when the contraction ceased. Though I still observe the pauses formerly mentioned, I deem it perilous to wait for pains that in all probability will not take place for hours after the rupture of the membranes and the alteration of fœtal position. In one instance, having brought the feet into the vagina while the head and neck remained flexed on the longitude of the body, I waited for nine hours for a repetition of contractions, and then, despairing of uterine co-operation, delivered. Having in another case advanced the infant to a similar point, I waited two hours and a-half and then delivered. Both infants and the former mother escaped with impunity; the latter was long an invalid.

It will at once be seen, that if an infant present in a first or second, version must transform it to a third or fourth. Now, knowing that in the mechanism of parturition, every fourth becomes a first, and every third a second, I used, in imitation of Nature, always to turn the head, the quarter circle, into these positions. However necessary in a case of impaction, such an act is decidedly one of supererogation in the majority of cases, as the face, on traction of the body, always makes the posterior turn spontaneously.

In addition to these rules of guidance, I would briefly suggest the propriety of not removing the coat. The unbuttoned wrist and loose sleeve can be retained under the bedclothes to a sufficient extent for introduction. Retain an imperturbable possession of faculty, or rather a kind of mental duality, permitting you by a superficial effort to unite in the frivolous conversation current in the circle around the bed, while the more substantial resources of your intellect are engaged in the contemplated feat of *legerdemain* with which you hope to conclude the case. Never suffer the discovery of an obstacle in the performance to depress your countenance, nor yet exult manifestly in an unimpeded success. The face of a Medical man is subjected to incessant scrutiny by the female detectives present for omens of evil or evidences of the adoption of abnormal measures in the delivery.

I am, of course, expected to advert to the condition of patients after version. In the generality of cases there is no perceptible difference between them and others in circumstances of recent delivery. I have heard four or five complain of a slight pain in the left hypogastric region; but on closer inquiry have discovered it to be the exaggeration of an uneasiness existent in the locality for months *ante partum*. I generally desire my patients to rise on the fifth day. Occasionally they do not consult me, and pronounce themselves convalescent on the third. Of course they participate in the pathological peculiaries of the state. Version neither predisposes to, or prevents the short ephemeral fever provincially termed "Weed," and which may have affected twenty per cent. of my cases.

In reference to the children, some cry instantly. The majority do not cry till about sixty seconds have elapsed. Some require bathing and persevering effort to resuscitate. In the delivery of children of this class, however, many Practitioners would have used long forceps, and in all probability extracted lifeless infants. One in fifty of the children may have moaned for an hour; in two I have seen a slight convulsive movement of the feet. In ninety per cent. of presentations of the third, the foot by which the extraction was conducted was slightly discoloured at the malleolus; in three days it spontaneously disappeared. I have only lost one infant during the past year. To form a statistical estimate of the preponderance of advantage or evil in the measure, it is necessary that I give a numerical account of the cases,—how many constituted the aggregate; how many might be distinctively designated impeded; how many natural. On the leading query I may state that I have a memorandum of 317 cases, extending over a period of twelve years. This, however, falls within the number, as I occasionally assisted students in difficult labours, not registering the instances in which it was then adopted. Respecting the second we know,—notwithstanding the admirable rules laid down by authors to guide us to a definite judgment as to what is, and what is

not an obstructed labour,—that every man assumes an arbitrary prerogative in the formation of his own idea on the subject. We also know from the annals of the Profession, that wherever there is an inclination for any particular measure, there is also a propensity to interpret the features of a case to justify its adoption. I am not prepared to exculpate myself from the charge of having acted under this influence. On the revival of the operation by Dr. Simpson, I rigidly collated and compared the various evidences of abnormal difficulty in the instances in which I had recourse to it. Encouraged by success, the following year relaxed the minuteness of my diagnosis, and included a wider circle. This in turn became too limited for the operation; and thus I progressed until forced to confess that I had crossed the line of demarcation between morbid and natural cases. This transgression of professional rule does not necessarily imply transgression of reason's law. I have only to couch the argument in logical form to ensure a verdict in its favour. That remedy which is equal to the major difficulty is greater than the minor. If version be adequate to safety of mother and child where abnormal complications darken the prognosis, imparting difficulty to the execution, will not the prospective advantage to the patients be materially increased where the obstructions are only normal? In my illustration of the subject, I have in the foregoing pages produced a scientific theory justifying the practice; and subsequently exhibited a practice ratifying the theory, reciprocal agents of truth in favour of my cause. I do not consider myself entitled to credit in the matter. It was not I who restored the operation, nearly obsolete from the Middle Ages, to popularity in the nineteenth century; but neither do I deserve uncourteous aspersion for the honest exhibition of my experience.

Bo'ness.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 438.—A Literary Curiosity.

Among the curiosities of literature, is "Ouranoscopia; or, a Survey of the Heavens. To which is added, the Gout-Raptures, augmented and improved. In English, Latin, and Greek Lyrick Verse. By Robert Wittie, Dr. in Physick in both Universities, and Fellow of the Colledge of Physicians in London, 1681." The second title of the "Gout-Raptures" is "Astromachia; or, an Historical Fiction of a War among the Stars," which opens thus:—

"I sing of horrid tumults,
As the Gout permits to do it;
I stretch my throat in a triple note,
That all the world may know it.
To poetry I pretend not,
And pain disturbs invention;
Yet the matter's high, transcends the skie,
And calls for strict attention."

The principal Medical allusions in the poem are the following:—

"Venus went forth like Juno,
And the like armour beared;
Both nights and morns was seen with horns,
And daringly appeared.
For beauty and for luster,
Mortals were wont t' adore her;
Her very touch yet now was such,
That thousands fell before her.
Her fresh wounds I observed
Were easie to be cured;
But through neglect, or some defect,
Prov'd hard to be endured.
Though Mercury 's no soldier,
Jove found him serviceable,
Who nimble, quick, to do some trick,
Or stratagem was able.
I constantly observ'd it,
With Mercury who contended,
The nimble youth flew to his mouth,
His tongue and chaps were rended.
Some say wounds got by Venus,
With Mercury were mended;
But when that fail'd, and naught prevail'd,
I oft those cures have ended."

Two verses of Jupiter's Speech in Council furnish a good specimen of the Latin and Greek:—

"Audivimus Saturnum,
Martemq. combinâsse,
Ac millia mancipia
In malum congregâsse.
Ut Terram vexant morbis,
Provincias et bellis;
Sic atmosphe-ram turbine,
Oceanum procellis."

Ἠκούσαμεν (φῆ) Κρόνου
Ἄρεος τ' ἐναντίωσιν,
ὡς ὄττοβον, καὶ κόναβον,
καὶ θόρυβον τολμῶσιν.
Νόσοις γῆν διοχλοῦσι,
βασιλείας ἔκλαις,
αἴθρην σείουσι βέμβισι,
καὶ θάλασσαν θύελλαις. D.

No. 439.—The Compressed Air-Bath.

Sir,—Can you, or any of your correspondents, give your readers any information respecting the success of the Compressed Air-Bath in the treatment of phthisis, chronic bronchitis, and asthma? I am, &c.

A Subscriber.

No. 440.—Guy Patin's Gossip.

"I forgot to tell you that during the great plagues of 1582 and 1583, a very learned Physician of this city (Paris), M. Malmedy, who was a famous drinker, (*un illustre buveur,*) voluntarily took charge of the Pest Hospital, without any salary; he, however, gained much there, and died twenty years later. The Physician Semelles, who is in the Bastile on account of the horoscope of the King, has been condemned to perpetuity and his goods forfeited to the King. He promised that the King would die in September. The pharmacy I employ is the simplest in the world, to save the Apothecaries trouble; they do not, however, thank me; but little do I care for them or what they can say of me. I will not engage my honour or my patient's purse for their sake; and the people too are sick of their barbarous tyranny, and only too glad to escape from their hands."

No. 441.—The Collins Family.

There were three contemporary Physicians named Samuel Collins. (1.) Samuel Collins, eldest son of the Vicar of Braintree, was admitted of Corpus Christi College, Cambridge, in 1635. He probably took his M.D. at Padua. In a brass plate in the chancel of Braintree church, it is mentioned that he was thereunder buried. He served about nine years as Principal Physician to the Grand Czar, Emperor of Russia, and after his return thence, died at Paris in 1670, in his fifty-first year. He was, therefore, doubtlessly the author of "The History of the Present State of Russia," written by an eminent person residing at the Czar's Court for the space of nine years, 1671. (2.) Samuel Collins, son of the Vice-Provost of Eton, admitted M.D. King's College in 1648, Registrar of the College of Physicians 1682, died 1685. (3.) Samuel Collins, of Trinity College, Cambridge, probably M.D. at Padua, incorporated at Oxford in 1652, incorporated M.D. from Oxford at Cambridge in 1673; author of "A System of Anatomy;" Censor of the College of Physicians 1700, mentioned in Garth's "Dispensatory;" died in 1710, aged 92. Granger makes the author of "The System of Anatomy," identical with the Author of "The Present State of Russia."

At the settlement of Honduras yellow fever has prevailed. Among the victims is Dr. Bagot, of the 2nd West India Regiment. Dr. Sunter, Staff-Surgeon, who had been committed on a charge of manslaughter on the death of Lieutenant Lewis, of the 2nd West India Regiment, has been honourably acquitted.

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REPORTS OF HOSPITAL PRACTICE

IN

MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

A CLINICAL REPORT ON EPITHELIAL CANCER.

(Continued from page 355.)

Continuing the consideration of Epithelial Cancer as it affects the lip, I shall now notice the practical question as to the propriety of excising the submaxillary glands when diseased.

On the Removal of Diseased Glands.—Operations for the removal of diseased glands consequent on epithelial cancer of the lip have been very rarely performed. Whether this has arisen from an exaggerated estimate of the danger of a dissection in the submaxillary space or not, it is yet a remarkable fact, since the removal of glands from the axilla in cases of cancer of the breast is a common practice, although far less hopeful. In almost all cases epithelial cancer limits itself to the original part, and to the lymphatics, a fact in its pathology which might have been thought to encourage strongly the practice of excising the latter when diseased. In only five instances out of the whole series before us, was this measure resorted to, and two of these occurred in my own practice. The danger and difficulty attending such an operation depend entirely upon the degree of enlargement which the gland has attained. If the glands are as yet small, and not fixed, it is easy, and does not risk any material hæmorrhage. The glands which enlarge from cancer of the lip, are a cluster of from three to five, situated under cover of the ramus of the jaw, just anterior to the edge of the masseter. They are separated from the bone only by a little loose cellular tissue, and when diseased soon become adherent to it, sometimes leading to the erroneous conjecture that the disease has returned in the bone. It is easy in the excision to protect the facial artery with the finger, and its submental branch is then the only one endangered.

When epithelial cancer has once fairly established itself in the lymphatic glands its course is usually rapid, and the patient dies a most painful death within a year or eighteen months. It is attended commonly by much more of inflammatory action, and runs a far more rapid course than does

TABULAR STATEMENT OF TWENTY-TWO CASES OF CANCER OF THE TONGUE.

No.	Hospital, Surgeon, etc.	Age and Sex.	Position and Duration.	State of Glands.	Treatment.	Additional Particulars.
1	St. Thomas's; Mr. South; 1852	M; 60; good	Beneath tongue on right side; four months	Glands enlarged and hard	Palliative only	It was considered beyond the reach of operation. It had been treated as syphilitic before his admission.
2	University College; Mr. Erichsen; 1852	F; 69; thin and pallid	Tip and left side; began two years ago as a hard pimple	None enlarged	Removed by ligature on July 21, 1852	Discharged well. Remained under observation two months.
3	University College; Mr. Erichsen; 1852	F; 49	Left side, and subsequently extending to base of mouth and gum of the same side, also to the lymphatic glands	Large mass of glands	Excised first time five months after appearance; second excision a year later, and it never quite healed	She died two years and a month from the date of the commencement of the disease.
4	St. Bartholomew's; Mr. Paget; January, 1852	F; 78; emaciated	Right side dorsum; only one month	Enlarged	Palliative only	She died five months after the commencement of the disease. At the autopsy a large mass was found in the tongue and glands.
5	St. Bartholomew's; Mr. Stanley; January, 1854	..	Side of tongue	No note	Excision	The wound healed well.
6	Middlesex; Mr. De Morgan	M	Side of tongue in its middle part	No note	Ligature applied from beneath the jaw	Recovered; but the cicatrix took on very shortly a suspicious degree of induration.
7	St. Bartholomew's; Mr. Stanley	M; 40	Side of tongue	No note	Excision	The cancer returned before the wound had quite healed.
8	St. Mary's; Mr. Lane	M; 42	"Cancerous ulcer on tongue"; six months	None	Excised with much hæmorrhage	Death from pyæmia six weeks afterwards
9	Westminster; Mr. Guthrie	M; 70	Tip and side of tongue; three months	None	Excision	Recovered.
10	Guy's; Mr. Cock	F; 36	The tongue had been irritated by a broken tooth; one year	None	Excision	Recovery. The ulcer involved the tip and left side.
11	Middlesex; Mr. De Morgan	M; 70	Tip of tongue; of eighteen months' duration	No note	Removed by the écraseur	Recovered.
12	St. Thomas's; Mr. Simon	M; 50	Anterior two-thirds of the tongue	No note	Excision	Profuse hæmorrhage at the time, and also secondary on the third day. Recovery.
13	West Norfolk; Mr. Kendall	M; 46	Large growth on left side of tongue; eight months	No note	Removed by the écraseur	Operation, July 4; the disease had on October 14 returned in the base of tongue and glands of the neck.
14	York; Mr. Husband	F; 47	....	No note	Removed by the ligature	Recovered.
15	Bradford; Mr. Parkinson	M; 32	One side of tongue	No note	Removed by the ligature	Recovered. Was well six weeks afterwards.
16	Brighton; Mr. Blaker	M; 48	Side and base of tongue	Enlarged	Removed by the écraseur	The operation was done at the man's urgent request. Death from pyæmia seven weeks afterwards.
17	Norwich; Mr. Cadge	F; 64	A tumour of doubtful nature on the tongue	No note	Removed by the ligature	The growth had been accustomed to bleed freely. The sore healed well after the removal.
18	Sheffield; Mr. Favell	M; 64	Anterior half of tongue	No note	The front half of tongue removed by the écraseur	The man died of exhaustion about a month after the operation.
19	King's College; Mr. Fergusson	M; 48	Anterior half of the right side; it began in July, 1859	Not enlarged	Excision, Nov. 20; and again Jan. 12, 1860	The man recovered well from both operations.
20	Sussex County; Mr. Blaker	M; 48	Side and base	Enlarged glands at the time of the operation	Removed by the écraseur	The patient died of pyæmia in seven weeks. The operation was only performed at the man's urgent request.
21	The Norwich; Mr. Cadge	F; 64	Disease of doubtful nature; it was accustomed to bleed freely at times	No note	Removed by ligature	Recovered well.
22	The Sheffield; Mr. Favell	M; 64	Anterior part	No note	The anterior half was removed by the écraseur March, 31	He sank from exhaustion on April 26

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TABULAR STATEMENT OF SEVENTEEN CASES OF EPITHELIAL CANCER OF THE CHEEKS.

No.	Hospital, Surgeon, etc.	Age and Sex.	Part affected.	Operation and Treatment.	Result and Further Particulars.
1	St. Thomas's; Mr. Solly; 1852	M; 61	A large part of left cheek. Began as a pimple on the skin two years and a-half ago. Mucous membrane involved	Excision, August 14, 1852; recovered with an aperture in the cheek	He was much failing in health and cachectic
2	Dundee; Mr. Nimmo	M; 57	"A large cancerous growth in the cheek."	Excision. The lines of incision extended into the mouth	Recovered. A plastic operation subsequently required to close the opening.
3	Guy's; Mr. Cock	M; 49	Inside of cheek to angle of mouth; of ten months' duration	Excision	Recovery.
4	King's College; Mr. Fergusson	M; 70	On the cheek; of large size; two years' duration	Excision	Recovery.
5	Metropolitan Free; Mr. Hutchinson	M; 43	On the cheek; of small size	Excision	Recovery.
6	Guy's; Mr. Hilton	F; 45	Left cheek; six months	Excision	Recovery after erysipelas.
7	St. Bartholomew's; Mr. Coote	F; 45	The cheek	Excision	The parts healed well, but the disease soon returned.
8	Guy's; Mr. Cock	M; 37	The cheek and side of nose. In good health	Excision	Recovery.
9	Guy's; Mr. Hilton	F; 45	Inside of cheek and angle of mouth; of six months' duration	Excision	Recovery.
10	King's College; Mr. Fergusson	No note	The side of face	Excision	Recovery.
11	Guy's; Mr. Cock	M; 56	The whole nose was destroyed by ulcerated epithelial cancer	Excision	Under treatment at date of note (autumn of 1856). The edges of the sore took on cancerous action soon after the operation, and parts were again excised.
12	Brighton; Mr. Blaker	M; 83	Outside of cheek; ten weeks	Excision	The man was very feeble, and died of exhaustion on the tenth day.
13	Cheltenham; Dr. Wright	F; 40	Epithelial cancer on bridge of nose, extending rapidly towards both eyes	Excised freely on April 1	It returned within a month. Nitric acid was now used, and a good cicatrix resulted.
14	The Norwich; Mr. Mr. Nicholls	M; 70	"Malignant tumour on one cheek;" two years	Excised	Recovery.
15	The Sussex; Mr. Blaker	M; 56	"Cancer of the cheek"	Excised	Recovery.
16	The Cambridge; Dr. Humphry	F; 67	A cancerous ulcer just below the margin of orbit	Excision and transplantation of skin to close the wound	Recovery.
17	The Leeds; Mr. Hey	M; 60	A growth on the cheek	Excision	Five months before a well-marked epithelial cancer had been excised from the angle of the mouth. The recurred growth, both to the unassisted eye and to the microscope, looked like encephaloid.

TABULAR STATEMENT OF FOURTEEN CASES OF EPITHELIAL CANCER OF THE FEMALE GENITALS.

No.	Hospital, Surgeon, etc.	Age.	Part affected.	Operation.	Result and Further Particulars.
1	(Provincial Statistics)	Not stated	One labium	Excision	Recovered.
2	Guy's; Mr. Cock	66	One labium; growth of the size of a walnut	Removed by ligature. It was elevated, but not pedunculated	Recovered.
3	Leeds; Mr. Smith	46	Clitoris and nympha	Excision	Recovered. The disease returned quickly (a few months), and was again excised, but recurred a third time before the wound healed.
4	Bradford	71	Right labium; six months	Excision	Returned in three months in the opposite labium, and the glands becoming enlarged, and her health failing, no further operation was proposed.
5	St. Thomas's; Mr. Simon	56	Labium	Excision of the whole labium	Recovered.
6	Guy's; Mr. Cock	46	Whole of the left labium; one year	Excision of the whole left labium	Recovered.
7	Brighton; Mr. Blaker	54	Right labium	Excision	Recovered.
8	Guy's; Mr. Birkett	31	Left labium; three months	Excision	Recovered.
9	Metropolitan Free; Mr. Hutchinson	50	Both labia and the clitoris. Of one year's duration. There was a large mass in the left groin	Excision	Whole dissected away. The glandular mass in the groin was excised, as also one lower in the thigh the size of a walnut. She recovered well, but the disease returned in the cicatrix within two months of the operation. Of this she died about six months later.
10	Guy's; Mr. Hilton	72	Right labium; five years	Excision	Recovered.
11	Guy's; Mr. Birkett	31	Labium	Excision	Recovered.
12	St. Bartholomew's; Mr. Lloyd	29	Both labia, pubes, and vagina; eight months	It was too extensive for any operation	The disease had extended very rapidly. The glands were not enlarged.
13	The Norfolk and Norwich; Mr. Nicholls	70	Clitoris. Of small size	Snipped off with scissors	The growth was believed to be malignant. Recovered.
14	The Leeds; Mr. Teale	41	The right labium	Excision	Recovered.

scirrhus cancer in the like structures. In the substance of glands affected with epithelial cancer abscesses are not at all infrequent, and may mislead as to the true nature of the complication. Considering the fearful nature of the disease when allowed to run its course, there is certainly no good reason why epithelial cancers of the submaxillary glands should not be excised, even after they have attacked the bone, and when the operation might involve the removal of a considerable portion of that structure.

Usual Duration of the Disease prior to the Operation.—The date at which the disease commenced is mentioned only in about 28 of the cases before us, and in one or two of these (Cases 42 and 56, for instance,) the duration appears to have been recorded because it was of unusual length. Notwithstanding the latter fact, the average duration of those in which it is given is only about two years and ten months.

I have now passed under review most of the circumstances which suggest themselves for notice in reference to the 127

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Cases of Cancer of the Lip, recorded at page 355. The nature of the facts does not, as already explained, permit of our making any deductions from the series as to the permanency of cures after operations for this disease. In very few of the cases do we possess any record of the patient's state at a date later than a month or two after the operation. As far as the report goes, however, it certainly tends to support strongly two practical and very important axioms :—1st. That cancer of the lower lip is, if neglected, *i. e.* if allowed to infect the glands, a very malignant and rapidly fatal affection, and 2nd. That if cancers of the lip be excised early and freely, the patient often remains well for a very long period, or even to the end of life. I am acquainted with the particulars of three cases in which patients from whom cancers of the lower lip have been excised are still living and in good health at the periods respectively of twelve, fifteen, and nineteen years after the operation. Such instances have, no doubt, come under the notice of most Surgeons.

At another part of the present Journal the reader will find the details of a case in which cancer of the lip ran a very rapid course. It is recorded as a good example of its class, and as an illustration of the real pathological tendencies of this form of cancer, were they not so often prevented from development by Surgical measures. A second case is also given at the same place, which differs only in that the part affected was not the lip, but the female genitals. In the latter part epithelial cancer often runs a very rapid course, probably on account of the activity and efficiency of the lymphatics of that region.

We shall now proceed to examine Epithelial Cancer as it occurs in other parts, proceeding on the same plan as previously adopted of citing in a tabular form all the cases hitherto recorded in our Statistical Reports, and then submitting them to analysis and comment. In the accompanying tabular statements will be found twenty-two cases of epithelial cancer of the tongue, seventeen in which the cheeks were the part affected, and fourteen in which the female genitals were the site.

THE LONDON HOSPITAL.

SYMMETRICAL CANCER OF THE BREASTS IN A YOUNG WOMAN.

(Under the care of Mr. ADAMS.)

Instances of Symmetrical Cancer are rare. When they occur the fact of symmetry must be held to prove that the disease is in that instance of blood origin, and not dependent on any local cause. In the majority of such cases, a history of hereditary tendency to malignant disease will probably be attainable. In the following case two circumstances, viz. the symmetry and the unusually early age of the patient combined to make it probable that some hereditary taint must exist; and, as will be seen, the patient's history bore out the expectation.

Harriet L., aged 29, was admitted about a month ago, under the care of Mr. Adams, and is at present an inmate of Sophia Ward. She is a short woman, of flabby, coarse skin, and sanguineo-lymphatic temperament. Her aspect is moderately florid, and not in the least like that of cancerous cachexia. Both her breasts are converted into masses of stony hardness, which adhere both to the integument and to the muscular fascia. The nipples of both are retracted, and the skin, everywhere adherent, presents that peculiar corrugated and seamed appearance, on which the older writers laid so much stress as diagnostic of cancer. There are no nodular lumps in either breast, the carcinomatous deposit being in each infiltrated throughout the whole gland. There are clusters of enlarged lymphatics, some of them as large as a small walnut, and very hard, in both axillæ. There can be no doubt whatever as to the nature of the disease. The woman states that her paternal grandmother died at an advanced age of an open cancer of the breast. Her mother died of fever, and her father (aged 65), in consequence of an accident. Her father had a brother and two sisters who are still living, and have shown no tendency to cancer.

In the right breast the disease commenced four years ago: she being then only 25. She is not aware that she ever received any injury to the part. The swelling of the glands in the right axillæ commenced two years after she first noticed the lump in the right breast. The left breast began to indurate during the present year; and the enlargement of the left axillary lymphatics commenced almost immediately afterwards. About four years ago, she had a "bad fever," was very ill indeed, and kept her bed for seven weeks. After this she had not nearly regained her usual health when the lump in the right breast made its appearance. Before the fever she had been stout and had excellent health. Her health, since the appearance of the malignant disease, has, she considers, somewhat failed, though not very greatly. She has lost colour, and is thinner than she was, though still moderately stout and rather florid. There has been severe darting pain in both breasts, but chiefly in the right. She has never been married, and her menstruation has always been quite regular.

Of course in such a case as this, no idea of local treatment can for a moment be entertained. It will be a matter of much interest to watch the future progress of the disease, which, judging from the present aspect of the case, may be expected to be rapid.

CANCER OF THE LIP—EXCISION—DEATH FROM CANCER OF THE GLANDS WITHIN THREE YEARS.

(Under the care of Mr. ADAMS.)

James F., an Irish drover, aged 50, the subject of the following case, has recently died of an enormous open cancer under his jaw. The appended woodcut will convey but an imperfect idea of the aspect presented by the sore during the last week of life, when it had laid bare the various deep structures of the neck.

The case is interesting as an instance of the rapid progress which epithelial cancer usually runs when once the lymphatic glands have become affected. The man, who had been a smoker, had a small epithelial cancer in the centre of his lower lip excised about Midsummer, 1859. At that time no glands were materially enlarged. The wound in the lip quickly healed and the cicatrix remained sound. On December 13, about six months after the operation, he was re-admitted with an open cancer under his jaw, which had commenced in the submaxillary lymphatics of the left side. The bone was now involved, and the glandular mass was so diffused that it could not have been safely removed. The poor fellow lived on for nine months in extreme suffering, and at length died, about a fortnight ago. At one period he had had profuse hæmorrhages, one of which had very nearly proved fatal. Before death the ramus of the jaw had been extensively exposed, and the trachea and sheath of the vessels, etc., were only concealed from view by fungous granulations. During the last month or two he took opium very largely, and notwithstanding its use lay in a condition of suffering which it would

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be impossible to exaggerate. He was emaciated to the last degree, extremely exsanguine, and his lower extremities œdematous. Unfortunately no autopsy was permitted. There had, however, been no indications of internal disease during life, and considering the nature of his cancer, it is of course improbable that any such existed.

EPITHELIAL CANCER OF THE LABIUM—EXCISION—EARLY RETURN OF THE DISEASE IN THE GLANDS.

(Under the care of Mr. WARD.)

Mrs. P., a very stout, florid, and healthy-looking woman, aged 42, was under Mr. Ward's care in July last on account of a small ulcerated epithelial cancer of the left labium. The sore was situated near the junction of the greater with the lesser labium, and was surrounded by a warty induration presenting a very characteristic appearance. The woman stated that it had existed about six months and had caused a good deal of shooting pain. She knew of no history of cancer having ever occurred among her relatives. She did not consider that she had at all lost health since the appearance of the sore. She was married, had borne two children, and her menstruation still continued quite regular. On July 11, Mr. Ward excised the diseased part. There were at the time no glands noticeably enlarged in either groin. The wound healed well, and she left the Hospital in about a month. She was re-admitted on September 11, on account of enlarged glands in both groins. In the left groin there was a good deal of inflammation and swelling, threatening abscess, and the exact state of the glands could not be ascertained, but in the right there were several isolated and hardened glands of considerable size. The scar in the vulva was perfectly sound. On being questioned the woman said that she thought she had felt a pricking pain in the groin within a fortnight of the operation. She had not thought it worth mentioning. She has still the appearance of good health, but has slightly lost flesh during the last month.

This case is of much practical importance as illustrating the rapidity with which the glands sometimes become involved in cases of epithelial cancer. As we have seen, the primary disease was excised within six months of its first appearance, and yet within three months of the operation we have the lymphatic glands in both groins so extensively implicated as to put the case beyond the hope of further interference. It must be remembered that the patient is very fat, and that it is consequently possible that glands in a slight state of enlargement may have existed at the time of the operation, which could not have escaped observation had the patient been thinner.

ST. BARTHOLOMEW'S HOSPITAL.

LITHOTRITY — COMPLETE CURE IN FIVE SITTINGS.

(Under the care of Mr. SKEY.)
[Reported by Mr. FARRINGTON.]

In March last, John B., aged 35, was admitted into Abernethy Ward, when the following history was obtained:—Up to twelve months ago he had good health, having suffered no pain or inconvenience whatever in his urinary organs. From that time he dates his present symptoms, which have been gradually increasing. He now suffers from extremely painful and frequent micturition, followed by much straining. His urine, after standing, became thick and ropy. He had pain in the glans penis, and, in fact, all the symptoms of calculus, with chronic inflammation of the bladder. A sound being introduced, a calculus was readily detected, and was supposed to be about the size of an ordinary walnut.

March 31.—Without the aid of chloroform, Mr. Skey introduced the lithotrite and crushed the calculus twice. After the operation the man passed several small pieces, and the next day the vesical irritation had become much less.

On April 7 Mr. Skey repeated the operation, crushing the stone several times Afterwards, the patient voided a large quantity of fragments.

The operation was again performed on the 14th, 17th, and 21st of April, being followed each time by the passage of many fragments and relief to the irritable state of the bladder.

On April 28 the patient expressed himself as quite well and able to hold and pass his water naturally. Urine quite clear. The sound detects not the smallest piece of calculus.

October 6.—It is now just five months ago, and no fresh symptoms have appeared. There were five crushings within the month. The calculus consisted of lithic acid.

THE HULL INFIRMARY.

EXCISION OF A LARGE CANCER OF THE LIP—EARLY RETURN OF THE DISEASE IN THE GLANDS.

(Under the care of Dr. KING.)

We recorded, at page 116 of this Journal for February 4, 1860, the particulars of a case of epithelial cancer involving the whole lower lip, in which excision of the growth, and restoration of the lip by a plastic operation had been performed. The patient was a man, aged 55, and the cancer had existed five years. After the operation the parts healed well, and at the last date of our report the result was stated to have been quite satisfactory. Mr. Evans, the House-Surgeon to the Hull Infirmary, has more recently furnished us with later particulars as to the case; and they are of interest in reference to the question as to the rapidity with which gland disease supervenes in these cases. Mr. Evans writes:—"The man presented himself as an out-patient in January of the present year, a gland having enlarged beneath the angle of the jaw on the left side. (There was no enlarged gland at the time of the operation.) It has gradually been increasing until the present date, and extends now towards the cheek on the surface of the jaw. It is very hard and fixed, and the seat of more or less pain,—at times severe. The man has continued his employment ever since the operation in October of last year."

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Medical Times and Gazette.

SATURDAY, OCTOBER 20.

UNION OF MEDICAL SOCIETIES.

On Tuesday evening, at the first meeting for this Session of the Pathological Society, the President, Mr. Fergusson, made the first public official statement with reference to the proposed union of the Pathological, the Obstetrical, and the Epidemiological, with the Royal Medical and Chirurgical Society. The details of the project for amalgamating these Societies, have been for some weeks before our readers; and if the practical application of them prove as simple and concise as the theoretical arrangement lately issued by the Committee, "the unity of Medical science" will soon be generally accepted. A scheme of this kind, however, cannot be completed by the mere issue of eight regulations; it is therefore to be hoped that those who desire its success are prepared, by keeping up the process of fusion in all its bearings, to bring about a real, and not a mere nominal union. The title of the Society which now offers to unite itself to the different Medical Associations undoubtedly conveys the

impression that no such junction is required, since in theory it should embrace within its own members, and its own Transactions, every branch of Professional inquiry. It may have originally been intended that this should be so, and the intention may have been more or less carried out, but it is quite clear that Medical discussion has proved too much for the limits of one Society. Hence the several Associations, under the head of Pathological, Obstetrical, and other titles, may be said to be the natural, as distinct from the legitimate, offsprings of the Medico-Chirurgical Society. It is now proposed to give them the benefit of the parental roof, and own them as members of one family.

In considering the merits of the proposal, there is but one test which can be applied without fallacy to assure those interested that they are doing right. This test is the improvement of the united arts of Medicine and Surgery. However great the anomaly may seem of having a number of Associations, crossing each others orbits at all times and seasons, each had much better continue its distinct career, if Medical Science is most advanced by the separation. It is only upon the conviction that Medicine will be benefited that we have been induced to recommend the adoption of this scheme. Under existing circumstances, a theoretical anomaly seems to be combined with a power of deriving the least possible good from Medical Societies, while the new proposal would not only correct this, but would confer on the Profession all the strength which is proverbially attainable from united action. As soon as the student is sufficiently matured to think seriously about his future career, he has to determine what branch of the Profession he will take up, or, in other words, what departments he will separate himself from; and this law of isolation is alike illustrated and confirmed by the existence of distinct Examining Bodies to attest his efficiency. It will be an unquestionable advantage, then, to give to the Profession socially that union which it is denied officially, and to show to our European colleagues that we recognise the claims of combined action by uniting to form a National Academy of Medicine. There may be some who fail to see the necessity of the proposed change, arguing that scientific discussion is promoted with sufficient activity under the present arrangement; and there may be others such complete specialists as to have lost all sight of Medical generalities. But, should they continue in opposition to the majority, complete freedom of action is left them, and they might even have the gratification of destroying the proposed unity, at least for a time, by maintaining some sort of resemblance to the old system.

The existence of several Societies is intended to secure the advantage of complete discussion for a variety of subjects; and it is obvious that the present fashion is only one of two methods for gaining this end. Members of the Pathological (or any other) Society can have no desire to remain a distinct body, except in so far as is necessary to discuss Pathology without let or hindrance. If the truth were known, many a man must regret, in the course of the session, that his subscription condemns him to listen to dreary papers on Morbid Anatomy alone, or in his Obstetric capacity, to watch the varied use which his fellow-subscribers can make of that admirable instrument "the crotchet." And if, as many men are, he is a member of three or four Societies, he must especially wish for the blessings of union. Had the Medico-Chirurgical Society kept abreast in practice with the theory on which its charter was granted, the crop of small Societies would never have sprung into existence; while those who would make the latter so many sectional divisions, are only fulfilling the intentions of its founders, as well as the wishes of the majority of its present members. Not that it was easy to foresee the gradual formation of a number of small corporations, meeting to debate upon as many branches of one large subject. But since things have turned out as they have, and in the face of a proposal to bring them to a more natural conformation, the burden of proof in reality lies with those who would perpetuate an anomalous and inconvenient system, less than with us who would get rid of it.

A fair allowance seems to have been made in the eight regulations, already published, for the vested interests of each side. It is to be presumed that all present Fellows of the Medico-Chirurgical Society are to avail themselves of the privilege alluded to in the third regulation, and will have a right to attend the meetings of all the Sections; and that a present Fellow becomes necessarily a Fellow of the United Society. It is not thus stated in so many words; nor is any mention made of the extent to which the Transactions of each Section would be available for the Fellows at large. In the Medical literary world precedence has hitherto been given (by courtesy?) to the Transactions of the Chartered Society; and several of our correspondents have asked how far the proposed amalgamation will affect the contents, and consequently the value, of the annual volume. It is proposed in Rule II. that each Section shall publish its own Transactions. The question then arises, If the Medico-Chirurgical Society be transformed into an aggregate of Sections, what becomes of its own Transactions, when each Section is to have a separate publication? We believe the proposal to be, that Fellows of any branch are entitled to the Transactions of that branch only; while Fellows of the Parent Society would be entitled not only to their own Transactions, but to those of all the branches. If the subscriptions of the Fellows of any branch are not sufficient to defray the expenses of their own Transactions—almost their only expense after amalgamation—then the common fund would be laid under contribution. We have no doubt that some such satisfactory reply can be given to these inquiries, and to others which present themselves on the threshold of the undertaking; and if none but difficulties of detail present themselves, there is every hope of success for a very promising scheme.

THE WEEK.

At the Medical Society of London, on Monday evening, Dr. Richardson brought before the Fellows the subject of the physiological and remedial properties of the *Peroxide of Hydrogen*. This remarkable substance was discovered in 1818 by Thénard, and although it has always attracted great attention in the Chemical world, has been introduced into nearly every discussion on "ozone," and was many years ago put forward by the Society of Sciences of Haarlem as the subject of a Medical prize, it has been left to our countryman to lead the way to the study of the subject in its physiological and therapeutical aspects. Dr. Richardson has been employed in this research for twelve months, and his observations in relation to the nature of the body in question, its formation for therapeutical uses, and its effects on animals, are singularly interesting. For instance, he showed by experiment that the oxidizing power of the solution of peroxide is suspended by the presence of all narcotics; thus establishing the great law advanced by Snow, that narcotism is suspended oxidation, and that every substance, which on being introduced into animals produces narcotization, has the property, either by a negative influence, or by catalysis, of preventing the union of oxygen with other substances with which it is in contact, and for which it has an affinity. Again, it was shown that some animal structures, to say nothing of certain inorganic bodies, on being brought into contact with the peroxide in solution, liberate the oxygen. Fibrine has this property, and carbonic acid. A fish placed in the solution evolved the oxygen with considerable action. Physiologically, the peroxide, on addition

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to venous blood, gives to the blood the arterial character; it stimulates the left side of the heart to contraction, but seems to stop the action of the right side. Injected into the arteries, it restores, for a time, a condition of muscle during which contraction occurs on the application of an excitant. It also suspends cadaveric rigidity, and further, it prevents the spasms of muscle caused by such bodies as ammonia and hydrocyanic acid. Therapeutically, peroxide of hydrogen offers itself in all cases marked by deficient oxidation. In low fevers; as an antidote to various poisons; in tetanus; in diabetes, and in cancer. It is given compatibly with all the mineral acids; and the doses of a solution charged with ten volumes of the peroxide is from one increasing to four fluid drachms, in distilled water: externally, it forms a deodorising lotion. Dr. Richardson took pains in his paper to explain the exact mode of making the solution; but we feel that the process as yet is too complicated for general introduction into the Dispensary. To bring the substance into general use, some practical Pharmaceutical Chemist must take it in hand. We are informed, indeed, that Bullock and Reynolds are already preparing the peroxide solution, and as several Practitioners are only waiting for the proposed remedy to test its effects, we may expect soon to see its virtues fully brought out in the treatment of disease. It is just to say that the introducer of the remedy specially guarded himself from offering any extreme views: he claimed simply that a substance possessing such singular properties, physiologically, should be used rationally as a medicine in extreme cases for which we now have, virtually, no means at command. This is a fair mode of putting the matter, and if the peroxide prove essential in the cure of but one disease, the Physiologists may at last rebut the charge that their science does nothing for treatment, and that in the midst of their learning they are obliged to leave remedies to the empiric and the wheel of fortune. We shall watch the result with anxiety.

The following abstract of the finances of the Royal College of Surgeons, Midsummer 1859 to 1860, has just been published by the authorities:—The *Receipts* amounted to £22,307, and were made up from the following sources: Diplomas of Members, £14,355; Dental Certificates, £929; Midwifery Licences, £198; Fellowship Diplomas, £840; Dividends on Investments, £1207; and Sale of Stock, £4756. The *Disbursements* amounted to £21,906, and are thus distributed:—1. *College Department*, including Council, Court of Examiners, Dental Board, Midwifery Board, Auditors, Diploma Stamps, Lists of Members, Salaries, Wages, Coals, Law Expenses, etc., £9215. 2. *Museum Department*, including Catalogues, Specimens, Spirit, Bottles, Salaries, Wages, etc., £2613. 3. *Library Department*, including purchase and binding of Books, Salaries, etc., £634. 4. *Miscellaneous*, including Taxes, Insurance, Furniture, Pensions, etc., £747. 5. *Repairs*, £648. 6. *Under Deeds of Trust*, including Oration, Lectures, Prizes, etc., £175. 7. Balance of Purchase of House, 43, Lincoln's-inn Fields, £7761. The Incidental Income is £21,099, and the Permanent, £1207. The Incidental Expenditure is £18,173, and the Permanent Expenditure, £3733.

With a far less proportion of accidents on their lines, the Medical Services of the Continental Railways are far more completely organised than our own. That of the Eastern Bavarian line has just been so provided, in imitation of the Austrian, Belgian, and French lines. It has been separated into 10 Medical Divisions, each comprising from 10 to 12 hours' railway length. In every division, a salaried Surgeon is chosen from among the qualified Practitioners of the locality; and the following are his duties:—1. To be at the disposal of the administration in all Medical and Sanitary matters. 2. To treat, surgically, those who may meet with accidents on the line. 3. To attend, medically and gratuitously, all the railway officials, servants, and workmen. The Railway Surgeon stationed at Munich has the supervision of the whole line; and must, at least once a-year, inspect and report upon every Medical Division of the line. Every Surgeon must, immediately on any accident occurring in his division, repair to the spot with instruments and the necessary appliances; and, at every station where a Railway Surgeon resides, there must be kept a small collection of instruments, bandages, etc., together with the most necessary drugs. If the officials or servants reside at more than a quarter of an hour's distance from the line they cannot be gratuitously treated at home, nor can they when their illness arises from quarrels or immoral causes, as venereal infection or drunkenness. It will be seen that one of the duties of the Railway Surgeon is not, as it unfortunately sometimes is with us, the bargaining with persons who have been injured for a minimum of compensation. On some of the large Continental lines Scientific and Benefit Societies have been formed by the Practitioners employed.

The Director of Public Assistance has announced that, seeing the administration does not possess sufficiently complete and well-arranged materials for the preparation of the Medical Statistics of the Hospitals of Paris, it has been determined that, commencing with the ensuing year, steps shall be taken to supply this deficiency. In that way the efficacy of the means for ministering to the wants of the patients of the Hospital will be better exhibited, while laborious inquirers will be supplied with the means of study and comparison. In order, however, that the end proposed should be most effectually attained, it has been determined, with the aid of some of the eminent Practitioners attached to Hospitals, to lay down certain solid bases which will enable the administration to render the undertaking sure and durable. Fourteen leading Hospital Physicians and Surgeons have, therefore, been nominated, who are required to meet forthwith and determine upon a Report, which will serve as the basis for the projected organisation.

Two years ago we called attention to the brutalities practised at the Veterinary Schools in France, and gave a specimen of the kind of torture there inflicted on animals. We are very glad to see that the public are now occupied with the subject, and we are sure that the Profession at large will fully agree with us in condemning experiments which are made simply to demonstrate physiological or other facts which have been received as settled points, and are beyond controversy. We consider the question involved is one of extreme interest to the Profession; and we shall gladly throw open our columns to any of our brethren who wish to assist in framing some code by which we may decide under what circumstances experiments on living animals may be made with propriety.

We have received the first number of the *Jamaica Quarterly Journal of Medicine, Science, and Arts*. We learn from it that that Island (and we suppose, therefore, the entire group of the West Indian Islands also) is entirely destitute of a Medical Journal:—

"It is now many years," writes the Editor, "since the *Jamaica Physical Journal* became one of the things of the past, and died a natural death from lack of contributions. There are few countries where Medical men have an equally extensive field for observation; and yet nearly a quarter of a century has been permitted to elapse, without any local

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record having been kept of the progressive improvements in Medical and Surgical Practice."

It is, therefore, reasonable to imagine that a Journal is required to satisfy the local wants of our West Indian Medical brethren in communicating their ideas. We sadly fear, however, that the life of the Journal before us will be short. In these commercial days, people will look at the cost of the article they invest their money in; and we must say that, considering the price of Medical literature generally, the price set upon this Journal is above the mark. Five shillings for seventy-one pages, even of the most superior matter, would try the pockets and consciences of many of us. Then, again, the Island is in such close communication with the old country, that its supply of Journals from home must already be considerable.

The following extracts from the new edition of Miss Nightingale's "Notes on Nursing," are well worthy the attention even of members of our Profession. Practical attention to the plain common-sense therein given would, we verily believe, do much to diminish the mortality in the Hospitals of London and other large cities:—

"Change, a change of air, is of the very first importance as soon as the disease has 'taken a turn.' Everybody must have remarked how a person recovering remains sometimes for weeks without making any progress, yet with apparently nothing the matter with him. The change from a ground-floor to an up-stairs ward will sometimes hasten a patient's recovery. The mere move to what he considers the 'convalescent' ward will give him a fillip. Change is essential. He must go to another place, or even only to another room. Then he immediately begins to 'pick up.' This is every-day experience. But with the poor 'change of air' is next to impossible. And people without large experience, and who have never had a severe illness themselves to enlighten them, have little idea how large a class there is (and for how long a time) who require an intermediate place between Hospital and a Convalescent Institution where there is no nursing. A place with the most careful nursing and every Hospital comfort, together with country air, would save many lives from being spent in the Union Workhouse, many from requiring Poor-law relief at all, many from giving birth to unhealthy families, and many premature deaths."

A spontaneous acknowledgment by Poor-Law Guardians of the services of a Medical Officer is something so remarkable that we give the widest possible circulation to the following encouraging paragraph:—

"At a special meeting (unsolicited by the Medical officer) of the Board of Guardians of Celbridge Union, it was moved by John Bingham, Esq., and seconded by Henry Barker, Esq., that Dr. Mouritz' salary be increased from £50 to £70 per annum, in consideration of arduous services skilfully and sedulously performed. The above was adopted almost unanimously—8 to 3."

Arduous services are "skilfully and sedulously performed" day after day all over the country by our Poor-Law Medical officers. We only trust that the example set by the Celbridge Guardians will be followed. A well-organized, well-paid Medical staff would be one certain means of diminishing poor-rates.

Many young men who have recently commenced their studies have been anxious to know what is meant by the phrase, "commencement of Professional study." Some of the Examining Boards have interpreted this to mean the commencement of apprenticeship, or study with some recognised Practitioner. The view of the Medical Council is probably expressed in the following letter from Dr. Hawkins, which is therefore worthy of the attention of students; though the really essential point *now* is for each one to make the inquiry of the Secretary of the Body whose Diploma or Licence he wishes to obtain:—

"Sir,—I cannot answer your inquiries more definitely than by saying that professional study is considered to commence with the first entrance and attendance at a recognised Hospital or Medical School. Apprenticeship or pupilage is not of itself professional study. All students, therefore, who do not enter and attend at a Medical School or Hospital during the ensuing Session 1860-61, will be obliged to conform to all the regulations of the Medical Council, which will come into operation before the commencement of the following Medical Session 1861-62—*i. e.* they must pass an examination in general education, must then be registered by one or more of the bodies named in Schedule (A) of the Medical Act, and afterwards pursue professional studies during at least four years.

"I am, &c.

"Francis Hawkins."

REVIEWS.

Beretning om Födselsstiftelsen i Christiania, i Aarene 1855, 1856 *og* 1857. Ved Dr. F. C. Faye, Professor i Accouchement ved Norges Universitet, Overlæge ved Födselsstiftelsen og Börnehospitalet i Christiania.

(*Report of the Lying-in Institution in Christiania, for the years* 1855, 1856 *and* 1857. By Dr. F. C. Faye, Professor of Midwifery in the University of Norway, and Senior Physician to the Lying-in Institution and the Children's Hospital in Christiania. 8vo. Pp. 98.)

Much of Dr. Faye's report is devoted to the subject of syphilis, with special reference to the treatment by syphilisation, which has received so much attention from our Scandinavian brethren. The author remarks that syphilis, as a congenital dyscrasia, is of frequent occurrence in the large towns in Norway, and that it is certain that not a few children, even before birth, pay the penalty of their lives for their parents' unsoundness. On the other hand it is cheering to observe that syphilis is on the wane throughout the kingdom at large, which may be predicated particularly of the country districts, especially of those which do not adjoin large towns. From the report for 1857 it would appear that of 596 cases treated in the Hospitals, against 731 in 1856, the primary were to the constitutional as 1 : 3·7

"What share," observes the author, "any decided difference of treatment may have in the above result, it is difficult to say; but that mercury has been mainly employed in most Hospitals in the country is certain, while more frequent visitations have, in many places, been employed in a prophylactic point of view, where they are now no longer considered necessary. Another remarkable fact connected herewith is, that the allied, or perhaps analogous, radesyge, has everywhere diminished in so striking a degree, that this disease may now be said to be comparatively rare. In it, too, mercurial treatment has for years been most frequently used in combination with so-called alterative decoctions."

Professor Faye refers to several instances where children, born of mothers who had undergone the treatment by syphilisation, were either still-born or were in infancy attacked with syphilis. "The first and only child," he adds, "belonging to one of these syphilitic mothers, treated without mercury, which was born free from disease and continued healthy and thriving for several (three) months, came into the world in the beginning of this year. But in this instance the mother had not been syphilised, but was treated by simple derivation (tartar emetic plaster). The child was suckled by its mother. Whether it will continue healthy, remains to be proved."

The mothers of the children alluded to were in general free from external signs of syphilis, but showed a great tendency to be attacked with inflammations of the areolar tissue (pelvo-cellulitis, mastitis). The author observes, that there is no stronger proof that the poison of syphilis lurks in the inner parts of the system, and has also affected the ovaries, than the fact that apparently healthy women give birth to syphilitic children. Much as mercury has been misused, and great as is the necessity for further experiment before it exact application in therapeutics shall be ascertained, its power of so completely neutralizing the syphilitic poison, that women who have repeatedly given birth to syphilitic

children have, after its use before or during pregnancy, brought forth a permanently healthy offspring, is well known; while syphilised women, on the contrary, produce syphilitic children.

From the foregoing it will be evident that Professor Faye is no friend to the newly-invented treatment by syphilisation. The evidence he brings forward proves, in our opinion, that the method is as useless as it is disgusting and opposed to morality. The author's observations on the use of mercury are most judicious. We have referred to but a small portion of his valuable report. The parts of it to which we have not alluded contain much important information, practical and statistical, connected with obstetric science.

Why the Shoe Pinches. A Contribution to Applied Anatomy. By H. Meyer, M.D. Translated by J. S. Craig, L.R.C.P.E. Edinburgh: 1860. 12mo. Pp. 55.

We hardly think any of our readers could spend sixpence better than in the purchase of this admirable little treatise. The follies of fashion, and the ignorance or obstinacy of shoemakers combined, make it almost impossible to obtain a boot or shoe which fits comfortably; while we all know how often pain and great deformity are the result of the present system of shoemaking. Probably not one adult in a thousand in this country could be found with a perfectly normal foot. And why? Let those who wish to know, who wish to obtain comfortable shoes for themselves or their patients, who wish to bring shoemakers to follow the dictates of common sense, read this most useful work of the Zurich Professor, which has been wonderfully well translated by Dr. Craig. The perusal may dispel a "cheerful infinitude of ignorance," and correct the "mistaken ideal of an erring generation."

Treatise on Microscopical Diagnosis; with Seventy-one Engravings. Translated, with Additions, by Professor Louis Bauer, M.D., etc. Philadelphia: 1860. Pp. 82. 8vo.

This treatise is a translation into English of the translation by Dr. Tutschek into German of the Swedish original by Gustaf von Dueben. It is no doubt a very useful and handy little book. We fancy, however, that it is not likely to meet with any great attention in this country, on account of the many works we now possess which illustrate morbid products and tissues. We need only refer to the works of Dr. Beale, the translation of Wedl, Dr. Bennett's works, and numerous others. This treatise contains in a small space a large number of engravings of microscopical morbid objects, each being accompanied with a description.

At the time of the appearance of the German translation we called the attention of our readers to this work. Our opinion of it may be found at p. 227 of the second volume of this Journal for the year 1858.

On Organic Polarity, etc. By H. F. Baxter, Esq., M.R.C.S.E. Pp. 187. Duodecimo. London: 1860.

The contents of this Essay have already appeared, the author tells us, in different Philosophical Transactions and journals. The matter treated of is manifestly one of the most abstruse character; and, we must confess, beyond the reach of our criticism. It would seem that Mr. Baxter has objectors to his conclusions among those who figure as authorities in the matter of magnetic forces; and that in this field of scientific research, as in most others unfortunately, there are parties—those who belong to Faraday, and those who swear by Grove. We suppose, however, that the truth will come out of their contentions; and therein lies the virtue of discussion.

The great object of the work is to demonstrate experimentally, that "some, if not all, of the organic actions, which take place in the living body, are accompanied with the manifestation of electrical action." For the development of his position we must refer the reader to Mr. Baxter's work itself.

Syrian Sufferers.—"At Beyrout the Hospital is crowded, and is attended by Dr. Von Dyck, assisted by three other Physicians—Dr. Kalozdy, Dr. Barclay, and Dr. J. Wortabet. The soup-kitchen is in constant operation, and does good service."

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

STATISTICS OF INSANITY IN THE UNITED STATES.

By Dr. RICHARD DUNGLISON.

The census of 1850, and the Reports of Institutions for the Insane, furnish the materials for Dr. Dunglison's essay. The first of these, from its imperfect character, affords but little useful information. However, by it it appears that in every 100,000 of the population there are 67 insane, 68 idiots, 42 blind and 42 deaf mutes. While deaf-mutism prevails more among the native than among the foreign population, insanity is far more prevalent among the foreign-born than among the native-born population. In the New England States, however, the proportion is nearly the same for both. Insanity is far more prevalent among the white and free coloured population than among the slaves, a difference to which the comparative absence of intemperance among the latter probably much contributes. As to the question of the increase of insanity in the United States, the author declares that, although it is stated to be considerable, it cannot positively be affirmed to be so, owing to the discrepancies in the censuses of 1840 and 1850.

The information derivable from the Institutions for the Insane seems to be more reliable; and the author has obtained returns from 51 of these establishments. The following are some of the results of their examination:—

1. *Sex of the Insane.*—Of 48,995 patients—25,593 were of the male, and 23,402 of the female sex—Dr. Jarvis, in 1850, concluded, from the examination of the statistics of 21 American asylums, furnishing 24,573 cases, that the proportion of insane males to females was 121 to 100; but, according to the author's researches, founded upon nearly 50,000 cases, there are found 100 females to 109 males in asylums.

2. *Age at which Insanity first appears.*—This point is omitted to be stated in so many of the reports, that the author is obliged to draw his deductions from 12,472 cases only; and from these it appears that more than 75 per cent. became insane between 20 and 50 years of age, while it seems highly probable that a greater number became so between 20 and 25 than during any other quinquennial period. But comparing the figures with the numbers of the population at given ages, it is found that the ages between 30 and 40 are those which are most liable to insanity. Comparing the two sexes with each other, it is found that men are more liable under 20, females from 20 to 30, both sexes alike between 30 and 40, females decidedly more liable between 40 and 50, and 50 and 60, while males assume a decided preponderance after 60.

3. *Marriage.*—From the records of 20 institutions this particular is thus specified in 25,721 cases: single, 12,462; married, 11,150; widowed, 2092, and divorced, 17. A larger proportion of insane married females to the whole number of insane females exists, than is the case with males; the single males exist in a far larger proportion than the single females, and the widows are far more numerous than the widowers. Thus of every 1000 males, 555 were single, 393 married, and 51 widowed; and of every 1000 females, 429 were single, 436 married, and 135 widowed.

4. *Occupations.*—Examining 7329 cases in which the occupation prior to the attack is stated, it is found that professional pursuits—especially the learned professions—are more liable to insanity than those not characterised by great mental tension; while the quiet life of the agriculturist is far less productive of the disease than is the harassed condition of the commercial world. The professional classes, compared with each other, observe the following order: artists, druggists, students, teachers, lawyers, physicians, dentists, clergymen, musicians, and engineers.

It must be remarked, however, that the total number of occupations returned, is too small to furnish any trustworthy criterion of the comparative liability of these respective occupations.

5. *Hereditariness.*—Upon this interesting topic there is scarcely any information supplied by the Reports.

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6. *Exciting Causes.*—The author states that he has taken much trouble in classifying the moral and physical causes of insanity in 11,259 cases. Among *moral* causes are domestic difficulties, religious anxiety, political excitement, intense mental application; and among the *physical* causes are intemperance, ill-health, epilepsy, sensuality, etc. "It will be seen by the following table that the physical causes predominate over the moral,—a fact which is denied as probable when applied to many of the European institutions, but yet which has been previously recognised as true in regard to our own insane Hospitals." The author places 4649 of his 11,259 cases under the column of moral causes, and 6610 under that of physical causes. "We cannot point out here the great defects of any such system of classification, but refer now merely to the fact that the moral causes constitute only two-fifths, and the physical causes three-fifths of the whole number of causes above given. A glance at the table shows the order in which causes, taken as a whole, and not as divided into moral and physical, are arranged as exciting to insanity, and exhibits that ill-health and intemperance rank first, domestic troubles and griefs next in order, next the conditions peculiar to women, etc." Of the 11,259 cases, the insanity is attributed to disappointment in love, ambition, etc., in 576; the loss of friends, in 585; to vicious habits and indulgences, in 514; to wounds and blows, in 250; to excessive study or application to business, in 165; to fear, in 126; to excessive use of opium, tobacco, etc., in 129; to exposure and loss of sleep, in 123; and to spiritualism, in 94. *Sex* exerts an important influence in the distribution of moral and physical causes. Thus, of 3118 moral causes in which the sex is stated, 1585, or 51 per cent. were females, and 1533, or 49 per cent. for males. "If we omit from the list of causes of insanity, financial difficulties, politics, and application to business, which are almost exclusively sources of insanity to males, we shall find, in the more delicate emotions and passions, that woman becomes insane from moral causes in 57 cases per cent., while man only suffers in 43 cases. The reverse is true of physical causes, and *à fortiori*, if we exclude from consideration diseases peculiar to females. Including all the causes of this class in both sexes, the males are to the females as 53 to 47, and, excluding the diseases of women, a proportion exists of 64 males to 34 females."

7. *Forms of Insanity.*—In 7322 cases the following proportion of the various forms existed:—Mania, 3789, or 51·7 per cent; melancholia, 1366, or 18·7; dementia, 1265, or 17·3; monomania, 902, or 12·3. Examining the figures according to *sex*, it is found that, while each sex is attacked with mania in an equal proportion, men are more often the subjects of dementia than women, and the latter suffer more from melancholia.

8. *Influence of Season upon Admissions.*—Of 21,072 cases there were 20·6 per cent. admitted during the winter months, 26·6 during the spring, 29·2 during the summer, and 23·4 during the autumn months. May and June are the months which take the precedence of all the others.

9. *Duration Prior to Admission.*—The details of 10,304 cases furnish the fact, that 60 per cent. of the cases admitted had been insane only for a few months, the majority being less than 6, and a few ranging from 6 to 12 months; while more than a quarter of the cases (about 2600) have been insane from 1 to 5 years.

10. *Recoveries.*—After commenting upon the impossibility of obtaining accurate returns in respect to the completeness of recovery and the proportionate mortality, the author states that, in 15,235 cases *discharged* from American asylums, the recoveries were returned at 6549, or 42·9 per cent.; while, in 58,667 cases *admitted* into 33 Asylums, the number of recoveries was 24,937, or 42·5 per cent. Of 10,679 cases admitted, the proportion of females restored was 44·8 per cent. to 43·0 per cent. of the males; and of 17,833 discharged, the recoveries were 45·7 females, 44·5 males. "Recovery is, therefore, more probable among females than among males. This depends upon the form of the attack, etc., and sometimes on revolutions in the female system, which produces happy changes when the resources of Medical art have been ineffectual. Women suffer more from melancholia than men, while the latter are more subject to dementia. The latter being in the majority of cases incurable, some reason seems to exist in this fact why the female sex should recover more often from insanity than the male." The influence of the *form* of insanity on the recovery is seen in 6306 cases, among which the examples of mania cured amounted to 73·2 per cent.; of monomania, to 59·2; of melancholia, to 55·8; and of dementia, to 16·6 per cent. *Duration*, too, has much to do with the prospect of recovery. Thus in one institution, while the chronic cases only furnished 21 per cent. of recoveries, the recent cases furnished 61 per cent.

11. *Mortality.*—"In 33 of the United States institutions, the number of deaths based upon 56,405 *admissions* was 8638, or 15·3 per cent.; while in 15,235 cases *discharged* from 21 Asylums, 3256, or 21·3 per cent., died. One reason of this disparity between the admissions and the discharges is obvious—a large number of those cases which have undergone no improvement remain in an Asylum, and do not therefore swell the list of discharges. Compared with the recoveries, we have the following favourable or fatal results in a corresponding number of cases. Of those admitted, 42·5 per cent. recovered, 15·3 died; and of those discharged, 42·9 recovered, and 21·3 died." The *sex* is given in 3557 deaths as occurring in 18,594 admissions, as follows:—20 per cent. in the male, and 18·1 in the female admissions; and in 2631 deaths, occurring in 11,857 discharges, 22·5 per cent. were male, and 21·7 per cent. female. In either mode of viewing the mortality, that of males was the larger. As to the *causes of death* in nearly 2100 cases, in 677, or nearly five-sixteenths, there were affections of the nervous system; more than two-eighths (613) were diseases of the digestive organs (this category being increased in some localities by the prevalence of the cholera); about the same proportion (604) consisted in morbid conditions of the respiratory apparatus, while fevers, accidents, suicides, etc. made up the rest.

12. *Recurrence of Insanity.*—The author has been in a great measure baffled in his attempts at ascertaining what proportion of the cases admitted were not first attacks, but mere recurrences; while the statement, even when it is made, that the attack under observation is a first one, is not always to be relied upon. Of 5370 admissions at three institutions, 3790 (70·5 per cent.) are said to have been first attacks; while 1580 (or 29·4 per cent.) were other than first attacks. About 28 per cent. of the males were second and subsequent attacks, while the per-centage of females was 31. These returns cannot, however, be fully relied upon, so that deductions can only be very doubtfully made.—*North American Medico-Chirurgical Review*, July, pp. 656—692.

A CASE OF PERIODICAL HYDRURIA.

By Professor SCANZONI.

A Russian lady, 30 years of age, and of strong bodily frame, who had always menstruated regularly, and had borne six living children, was seized four weeks after her last confinement, in 1856, with a sudden and profuse discharge of limpid, uncoloured, scentless fluid, which at the end of three days spontaneously disappeared. Four weeks later a very slight menstrual discharge appeared, which only continued for a few hours, and was followed by another rush of watery discharge, which as before lasted for three days. From this time the menstruation became very irregular, ceasing sometimes for two or three months, and only lasting when it did come on usually for half-a-day, the small quantity of discharge being also remarkably pale and fluid. But immediately after the cessation of menstruation, the watery discharge began to appear with regularity, so that during two years it manifested itself nearly every four weeks. No pain or other symptoms either preceded or accompanied the discharge. The quantity of this clear fluid was always very considerable and was estimated by the patient at from six to eight quarts (*maass*). Its discharge was almost uninterrupted, but sometimes it passed out with temporary increase. After many attempts at treatment in Moscow, she repaired to Paris, and consulted many Practitioners, and among others Jobert, who, as well as his predecessors, regarding the affection as a hydrometra, besides giving various internal medicines, applied the actual cautery three times to the vaginal portion of the cervix uteri! As after a six months' treatment she found herself nowise improved, the patient consulted another Practitioner at Kreuznach, and thence she came to Scanzoni at Würzburg. With the exception of an inconsiderable enlargement of the uterus, and a slight degree of anæmia, he could discover nothing abnormal in her appearance. After a while he had an opportunity of seeing her during one of the discharges; and, examining her again, he convinced himself that there was no material

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enlargement of the cavity of the uterus. He now became very doubtful whether the fluid was really secreted from the uterine mucous membrane, as all whom she had hitherto consulted had believed it to be, and an analysis of some of the fluid by Scherer proved it to be nothing but *very aqueous urine*, since the analysis furnished unmistakeable urea and uric acid. After nearly four days' duration, the discharge ceased of itself; the patient, much astonished at the conclusion he had come to, remaining six weeks longer under Scanzoni's treatment. During the whole of this time he ordered her to drink the Wildungen chalybeate water, and at the very next expected period the watery secretion did not reappear. Before her departure he recommended a long-continued use of iron. He saw her first in the summer of 1858, and in March, 1859, she wrote him word that for the last five months she had had none of the discharge, while menstruation had become more abundant, and more prolonged.

In seeking for an explanation of this extraordinary case, Professor Scanzoni believes that he is correct in regarding it as a hypercrinia of the kidneys, depending upon a hyperæmia of the urinary system, induced by the condition of the menstruation. The history of the case exhibits the causal connexion between the excretion of urine and the menstruation; and it is not to venture too much in ascribing the spare and brief menstrual discharge to a diminished congestion of the genital organs, a hyperæmia of the kidneys, due to no ascertainable cause, taking place simultaneously. That this disturbance of the relations of the circulation may have been accompanied by some anomaly of innervation on the part of the urinary system, is rendered probable by the involuntary and uninterrupted flow of urine which took place, and which could only be explained by a paralysis of the neck of the bladder, however temporary this might have been. Lastly, we have to remember the anæmic condition of the patient; for although it existed in a slight degree only, it is highly probable that it influenced the circulatory disturbances of the organs in question, and, in part, the watery condition of the urine. The case, at all events, is deserving of our notice, contributing as it does to our knowledge of the influence which the menstrual process may exercise on the most various functions, and teaching us care in our diagnosis, the absence of which, in respect to this patient, must be considered as very blameable.—*Würzburger Medicin. Zeitschrift*, Band i. p. 95.

EXCERPTA MINORA.

Treatment of Ozæna.—Professor Borlée, of Liège, states his belief that ozæna is essentially a scrofulous affection, and may, just as ophthalmia, constitute the only manifestation of the diathesis. The persons he has had to treat for this annoying infirmity have all manifested the lymphatic temperament in a high degree, exhibiting also indubitable signs of early scrofula, or being descended from parents who have been themselves scrofulous. As the disease frequently occupies the mucous membrane in the deep-seated parts of the nasal cavities, injections form the best means of reaching its actual seat. The concreted mucosities must first be expelled by sniffing up or irrigating with water, this being repeated several times a-day in the intervals of injecting the medicinal substances. Of these latter the author recommends especially nitrate of silver in the proportion of 8 or 10 grains to 8 oz. of water, tincture of iodine 1 oz. to 8 oz. of water, with 2 or 3 drachms of iodide of potassium.—*Presse Belge*, No. 23.

Colour of the Cerebral Substance in Relation to the External Pigment.—Meckel and Lecat long since noticed that the colour of the cerebral substance was deeper in the negro than in the white man. The fact has been since verified, and if it has been denied by some, this has probably arisen from the means of comparison not having been at hand. M. Broca recently placed before the Anthropological Society the brain of a negro, and although this had laid in spirits more than two months, the colouring matter was distinctly cognisable, the white substance having a smoky tint. It was, however, the grey substance which was especially remarkable for its brown colour. The pia mater, especially at the base, also contained patches of slate-coloured pigment. M. Gubler, having had occasion to observe the above appearances in the brain of a negro, was induced also to examine whether analogous modifications might not be observed in dark-coloured persons among the white race; and frequent comparison has convinced him that there is a true connexion between the more or less deep colour of the nervous centres, and that of the cutaneous pigment. Ehrmann has also noticed pigmentary cells in the cerebral membranes of the Malays; and Virchow has observed that such coloration of the pia mater may be often observed in whites, though he does not seem to have connected it with the condition of the external pigment, as M. Gubler has done. —*Moniteur des Sciences Méd.*, No. 14.

GENERAL CORRESPONDENCE.

HOSPITAL REGISTRATION.

LETTER FROM DR. FARR.

[To the Editor of the Medical Times and Gazette.]

SIR,—The writer in your pages has very properly avowed himself the author of the nosological article, which will now carry with it all the weight—great or small—which attaches to the name of Dr. Stone.

I have no authority whatever, from Miss Nightingale, for saying why she adopted the classification of the Registrar-General; but I venture to believe that it was not because that classification was perfect, or because it was the best possible, but because she held it desirable that all the nosological statistics of a country should be on the same plan, and fancied that for sanitary purposes it at present is the best in the field. When Dr. Stone declares the classification is "cumbrous," he means, I suppose, that the list of diseases is long, which I admit and regret. Registrars, like Dr. Stone, as well as philanthropists, still groan over the "thousand ills that flesh is heir to," and no doubt heartily wish them less than a hundred; but while all these forms of suffering exist —and are recognised as so many "Pathological units"—we shall gain nothing by ignoring their existence in our tables. With regard to the practical working of the sheets, there can be no doubt; as millions of cases of fatal disease at the General Register Office, and millions of occupations at the Census, have been analysed on the same plan.

Judgment and care are required; but with a little practice the cases of an Hospital of ordinary size can be easily abstracted by a Medical officer and a clerk. When the sheets have been in use, the forms may be readily re-adjusted, without affecting the principle on which the classification is founded.

I trust, ere long, to be able to convince Dr. Stark, that the slight changes which I have made in the original classification, which he criticises so severely, and to which he attaches so much importance, are improvements. In point of facility of working, the new classification, I know by experience, is equal to that of which Dr. Stark speaks in the following terms:—

"I hold that for all practical purposes, whether statistical or scientific, the old English classification of diseases, [by the humble nosologist whom Dr. Stone denounces,] now used in England for upwards of twenty years, is the best; and that, with a few unimportant alterations, several of which have been noticed, it could be rendered as perfect as any statistical nosology need be. While its simplicity, its moderate length, its intelligibility, its easy working, its affording the means of accurate comparison with the statistics of England for the last twenty years, and its already partial adoption by several of the Continental Governments, [and in America,] all combine to recommend it as that which ought to form the basis of an uniform nomenclature of diseases for adoption by the different Governments of Europe."

Dr. Stone "declines discussion;" and it is to be regretted that he did not stop there; as the readers of the *Medical Times and Gazette* are not likely to accept intemperate assertion in exchange for argument.

A great writer of antiquity warns even poets, when they engage in controversy, to carry on their disputes with temper and moderation; and as Dr. Stone himself has constructed a nosology, I have no doubt the Governor of Barataria, if consulted on the subject, would tell him that "they who dwell in glass houses should not throw stones."

I am, &c. W. FARR.

October 16.

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Letter from Dr. Tripe.

[To the Editor of the Medical Times and Gazette.]

Sir,—Dr. Farr evidently misunderstood my brief note in one or two points; for I do not object to the forms alone, but to the immense amount of unpaid work which would be thrown upon the Medical and Surgical Staff by the resolutions of the Congress. It is proposed that tables should be kept, showing—1, The diseases for which the patients were admitted, and their ages, at twenty-two periods of life 2, the numbers admitted; 3, cured; 4, discharged incurable, unrelieved, or at their own request (a); 5, the deaths; 6, duration of cases (? in the Hospital, or total length of illness); 7, numbers remaining at the end of the year; 8, the numbers transferred from Medical to Surgical, or *vice versâ*, with their diseases; 9, registration of date of attack; 10, weekly or monthly tables of admissions and diseases; 11, tables or notes of localities from whence admitted; 12, tables of secondary diseases; 13, proportions of empty beds; 14, cost of each in and out-patient and their numbers; 15, numbers admitted on letters of recommendation; and 16, that the tables be formed from the out and in-patients.

Now it is quite true that much of this work can be done by a clerk or clerks employed by the Hospital authorities; but to examine a patient in such a way as to be able to record faithfully the exact place of his disease in the nosological arrangement suggested, is, I think, quite incompatible with the time which a Hospital Physician or Surgeon can devote to his duties.

As to the tables themselves it would, no doubt, be very convenient to the statistician to have them on the plan proposed, as they could then be compared with mortality tables, published under Dr. Farr's supervision. But will they be so useful to the Medical Profession, or to the Medical Sanitarians, as to the non-Medical statistician, unless they are posted up in monthly columns, so as to show the date of attack, and also so as to show the duration? I am aware that these particulars are required, but will all be kept? and if so, what practical value can be attached to a record of cases of "dropsy," "pleurisy," "bronchitis," "pneumonia," etc., separately. How often is a case of pleurisy seen (unless arising from some variety of toxæmia) uncomplicated by other pulmonary disease? I object also to catarrh and coryza being separated from inflammatory diseases of the lungs. I might mention others did space permit. Similar objections were entertained by all the members around me, both foreign and British, although being expressed conversationally to induce me to withdraw a resolution which indirectly opened up the matter, they probably did not reach the ears of the Secretaries, who are a little distance off at a short table near the Chairman.

There was another point on which a resolution might have been advantageously passed. I mean as regards the headings under which such cases as the following should be recorded:—"Rheumatic fever, and diseased heart, 2 years;" "typhoid fever, 6 months, ulceration of bowels;" "Scarlatina, 4 years; otorrhœa, 4 years; meningitis, 5 days;" etc. The Hospital authorities might record the death from "meningitis," "ulceration of the bowels," or "heart-disease," while the clerks at Somerset-house might register it from the primary. I know, as regards fever, they do, even when six months have elapsed. In conclusion, I must express my conviction that the more elaborate the tables of Hospital Registration are made, the greater the chance of error in comparing them, and the less the conclusions can be depended on.

I am, &c.

Commercial-road, October 10. John W. Tripe.

LARGE DOSES OF DIGITALIS IN DELIRIUM TREMENS.

Letter from Dr. T. Herbert Barker.

[To the Editor of the Medical Times and Gazette.]

Sir,—The communications of Mr. Jones, of Jersey, of Dr. Ballard, and of my very excellent friend, Dr. J. H. Webster, induce me to trouble you with a few lines upon digitalis in large doses.

For some time past I have been engaged in a series of experiments upon the lower animals on the toxic effects of several of our medicinal agents in large doses; and among them my attention has been directed to the effects of digitalis. At the present time I shall restrict my observations to the tincture of digitalis, and will merely premise that the preparation used was made according to the London Pharmacopœia, and was undoubtedly of the best quality.

The largest quantity administered was an ounce and a-half in two doses within five hours, to a dog not quite a year old. The first dose of half-an-ounce injected into the stomach produced slight tremors, and lowered the pulse from 128 to 104, which became distinctly intermittent at every fifth beat. A slight degree of muscular weakness was noticeable, and a somewhat dilated pupil. These effects commenced within ten minutes; the intermittent heart-beat continued for two hours and a-half, and in four hours the little dog was as lively as ever.

Within five hours from the preceding experiment I gave the same dog an ounce of the tincture. The pupils became still more dilated; the tremors and muscular debility somewhat more marked. The action of the heart became exceedingly irregular—not as before intermitting very regularly at every fifth beat, but irregular to an excessive degree. In fact, such was the irregularity that it would be difficult to give an intelligible description of it. The heart-beat was not lowered to more than 112. There was a slight flow of saliva from the mouth, and slight vomiting came on in half-an-hour, when a portion of his last meal of bread-and-milk was rejected. The heart had recovered its wonted regularity within three hours, and the dog appeared lively and well. There was an absence of convulsive action, stupor, insensibility, and no abnormal action of the kidneys or bowels.

That digitalis is a powerful poison there can be no doubt. The experiments of Orfila, Le Royer, Salerne, and others, upon the lower animals,—as well as the concurrent testimony of many who have administered it to the human subject,—and of cases where it had been accidentally taken (See "Taylor on Poisons," second edition, p. 833), abundantly prove this. My own experiments point to the fact that the tincture of digitalis, of all the forms of the drug, possesses the lowest degree of toxic power; and there can be no doubt that the quantity of tincture which may be given without destroying life is much greater than is usually imagined. Indeed, I suspect that it will yet be found that in some morbid conditions of the system the tincture of digitalis may be advantageously administered in still larger doses than have been recommended and given by Dr. A. T. Thomson, Mr. King, Dr. Clutterbuck, Mr. Jones, and others. Whether the comparative harmlessness of the tincture arises from the variable quantity of digitalis in the alcoholic solution, or whether the alcohol of the tincture somewhat modifies the action of the digitalis, is yet to be determined. Dr. Ballard's remark on digitalis as a counter-poison suggests to my mind that in the tincture we may possibly be administering at once the bane and the antidote.

Of the effects of digitalis in large medicinal doses I cannot write from personal experience. The powder and infusion are the forms which I generally use. From their toxic effects upon the lower animals, I am induced very cautiously to use, for medicinal purposes, every preparation of digitalis. It behoves us, however, not to close our eyes to such facts as have been related by Mr. Jones and Mr. Wood, but to know that we have a useful remedy in certain morbid conditions, when administered in more heroic doses than are ordinarily considered safe.

I am, &c.

Bedford, October 15. T. Herbert Barker, M.D.

Letter from Mr. Carr.

[To the Editor of the Medical Times and Gazette.]

Sir,—During a visit to Jersey, in 1858, my friend Dr. Birch communicated to me Mr. Jones's successful treatment of delirium tremens by half-ounce doses of tincture of purple foxglove, since which period I have been in the habit of using it with the best results—adding, therefore, to the testimony of Drs. Wynn Williams and Ballard in your previous numbers. In no case has it failed to produce a relief to all the urgent symptoms—tremors, delusions, and insomnolence.

(a) What would be the value of these three grouped together?

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The effect of full doses appears to be directly on the sensorium, acting as a sedative, and at the same time sustaining the failing powers; the wandering eye, the excited and malimpressed ear, the unduly imaginative brain, the jactitations of the muscular system, approaching in some cases to, and in others passing into, convulsions, all become calm; the creamy tongue cleans; the staggering pulse acquires volume and distinctness; and, indeed, all the evils of *mania è potu* pass away.

In some cases under my care where the nervous system has been undermined to the extreme by lengthened indulgence, I have combined chloric æther, in doses of thirty minims, giving such every half-hour, with three drachms of the tincture of digitalis, repeating the remedies until two ounces of the latter had been taken, when I have ceased for twenty-four hours; after which I have repeated the medicine in less full doses, measuring the quantities needed by the condition of my patient, the amount of sleep obtained, the degree of tranquillity enjoyed, and the state of pulse, quiet or tremulous.

The Profession is much indebted to Mr. Jones for this valuable addition to our means of relieving a very distressing—and, I fear, a rapidly-increasing—disease, preventible only by moral restraint, and which, in my opinion, calls loudly for legislative measures. I am, &c.

Blackheath, Kent, October 16. WILLIAM CARR.

[To the Editor of the Medical Times and Gazette.]

SIR,—The communication of Mr. Jones, of Jersey, has startled many of your readers; and your correspondents, although inclined to admit the innocuousness of large doses of tincture of digitalis in delirium tremens, appear to doubt the safety of such practice in other diseases. The following quotation from Squire's "Three Pharmacopœias" may just now be of interest:—"Tincture of digitalis: dose as a diuretic, 20 to 30 minims. Mr. Webber, of Norwich, prescribes tincture of digitalis in the following manner:—He commences with 1 fluid drachm, and in four hours gives 2 fluid drachms; if the pulse be not diminished below the natural standard in four hours more, either 3 or 4 fluid drachms are given; and, should this not produce the effect desired, 5 to 6 drachms may be given, until the sixth dose; should the sixth fail, it may be abandoned. When the medicine is given in such very large doses, it is of paramount importance to strap the patient down in bed, because the embarrassment often induces an effort to rise which might produce fatal fainting. As soon as the full effect is perceived, stimulants, such as brandy-and-water, may be given *ad libitum*, without fear of producing reaction beyond the natural standard."

It will be seen that the source from which Mr. Squire derives his information is not given, neither are the diseases specified in which this treatment was adopted, but the allusion to the paramount importance of strapping down the patient almost conveys that an instance had occurred where some alarming results had arisen from the course pursued. A Medical man would at least not be justified in leaving the bedside of his patient during the administration of a medicine so heroically given. I am, &c.

Newport, Isle of Wight, October 17. C. H.

DEATH FROM CHLOROFORM.

LETTER FROM MR. R. S. FOWLER.

[To the Editor of the Medical Times and Gazette.]

SIR,—At the request of my colleagues, I beg to mention the plan which has been used for several years at the Infirmary here for rousing patients from the undue effects of chloroform, and which has hitherto been wonderfully successful. By vigorously slapping with the flat hand the naked surface of the body and limbs, and by flapping the face and front of the chest with the corner of a wet towel, a deep inspiration is rapidly produced, and the action of the heart is restored, even when the pulse has ceased. This is continued until the breathing, pulse, and colour are natural.

In this port, the great rendezvous of steam-ships, accidents are severe and numerous; and, as chloroform has been employed, in all serious operations, from the first, the experience of years has given instances in which recovery has been brought about in this way, when both respiration and the pulse had stopped; and in similar but minor conditions, which are alarming lest they should go further, this simple remedy, which can at once be administered by many bystanders, has constantly succeeded in removing the apparent danger. The plan is so obvious that it must be often used; but as it is not mentioned in the last inquest on a death from chloroform as one of the means employed, we have thought it our duty to communicate the result of our experience at this Infirmary. I am, &c.

ROBERT S. FOWLER,
Senior Surgeon of the Royal South Hants Infirmary.

Southampton, October 11.

THE DOUBLE STETHOSCOPE.

NOTE FROM DR. LEARED.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the controversy lately carried on in your pages, it has been not only doubted whether the two sounds of the fœtal heart can be distinguished, but even whether true heart-sounds can be heard. I venture to suggest to any one sceptical about these matters the use of the double stethoscope. Its proper management requires a little practice, but it will be found very efficient in making these low sounds louder, and thus enabling the observer to analyse them. One of the advantages held in view by me when engaged in the invention of the instrument was the elucidation of intra-uterine sounds.

12, Old Burlington-street, October 17. I am, &c. ARTHUR LEARED.

DEATH FROM A BEE-STING.

LETTER FROM MR. EWENS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Some months since Mr. Hanbury published a case of "Fatal Effects from Sting of a Bee," and added thereto a summary of recorded cases of fatal or serious results from the same cause. The following case, which occurred in my practice some days ago, may prove of interest, in connexion with the others, as I believe such cases are very rare, if not doubtful, as, prior to Mr. Hanbury's report, I had believed them to be. I place it at your disposal:—

About nine a.m., September 6, 1860, the Rev. ——— was stung by a common bee immediately below the right ear. He extracted the sting, and thought nothing of it. In about twenty minutes he began to experience a sensation of itching, almost intolerable, in the ears, first the right, then the left. The right hand then felt benumbed, and this was followed immediately by intense itching of the palm, and the pulse was discovered to be very feeble. Then the skin of the forehead and face felt full and constricted, and began to swell, and red streaks made their appearance on the face. Gradually the swelling extended to the body and extremities, and the whole surface was covered with an eruption, resembling urticaria. At the same time all the symptoms of collapse developed themselves, but these need not be specified. He now had a tepid bath, and took a dose of castor-oil, and afterwards carbonate of soda, and then he noticed that he could not taste.

When I saw him about noon, I found him thus:—Body, arms, and legs covered with a pimply eruption; skin feeling elevated and blotchy; intolerable itching; eyelids and ears œdematous; left side more so than right; surface generally swollen; body warm; feet somewhat cold; sensation of weight and dulness; not actual pain in the head; pulse 88, rather weak. He appeared in good spirits, and had no idea of any danger, but thought his symptoms peculiar. Ordered brandy ℥ss 2nda quaque horâ. ℞ Ammon. ses.-carb. gr. ijss, æther. chloric. ♏ x; liq. ammon. acet. ℥jss.; mist. camph. ad ℥jss, 4ta quaque horâ.

September 7, noon.—Able to be in the garden. Has taken only two doses of the medicine, and one dose of brandy, but

has taken wine instead. He slept very heavily, and was with difficulty roused in the morning. He still feels dull and sleepy, and complains of lassitude, and a rumbling sound in both ears, and a general feeling of confusion, also incapability of fixing his attention on a book requiring thought. The itching and eruption have almost subsided, but face is still a little swollen. Pulse 70, regular, and of moderate volume. Slight nausea at times.

To continue medicine and brandy every four hours.

9th.—Convalescent, and able to perform his Sunday duties, but he still feels not quite right. He was stung again yesterday, on the thumb, but no perceptible effect was produced constitutionally. He stated that he had been stung twice previously. On the first occasion, many years ago, the arm, the part stung, swelled considerably, and slight suppuration eventually followed; but no constitutional symptoms resulted. Stung again a year ago, with no special results.

The foregoing case occurred in a patient of the lymphatic temperament, who tasks a not over-vigorous body to its fullest extent of endurance in the discharge of his ministerial labours, and is, I may almost say, a total abstainer, rarely taking any kind of stimulant, unless absolutely and imperatively required.

This fact is of importance when the circumstance of the sting on the 8th producing no effects is considered, he having in the interval, under Medical advice, taken a moderate quantity of stimuli, as it renders it very probable that he was thereby fortified against morbific influence. The patient is now quite well.

Since writing the above I have read in your journal of September 15 the cases recorded by Professor Scanzoni, of "Urticaria produced by Irritation of the Female Genital Organs," and my case appears to bear relation to them, although he disclaims the idea of any poison being conveyed through the medium of the leeches; but it is worthy of consideration that, by a line of argument parallel to that which he proposes, we must assume that the symptoms in my case were due, not to any poisonous influence, but solely to the impression on the nervous system. Is it impossible that the leeches may have been the medium of conveying the morbific influence at one time, though not at another? Is it not a fact that leech bites are very often followed by cellular inflammation in systems where there exists a low state of vitality?

I am, &c. JOHN EWENS.

Milton Abbas, September 22.

FŒTAL AUSCULTATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—I should like to suggest one or two things, or rather to lay before you one or two facts connected with the sounds of the heart. There may be some of your readers who have already considered them without my being aware of it.

1. Have the relative prominence (or loudness, or strength, if you like those terms better) of the first and second sounds of the fœtal heart been carefully noted? After very many examinations, I find the second sound the loudest or most prominent. Some little time after birth they become equal in intensity, and then the first exceeds and assumes the adult character.

2. In certain cases of typhus fever, as Stokes has shown, the first sound becomes weaker, or may be less intense than the second, or may cease to be heard.

3. In a fatal case of scarlatina of only thirty-six hours' duration, I found that the first sound had disappeared ten hours before death. In another the relative intensity was inverted and resembled the sounds of the fœtal heart.

4. In a case of sudden collapse (probably from rupture of some organ) before labour, and death following immediately after, only the second sound was audible.

5. In cases of great shock after operations (midwifery, in my experience) the first sound may be weakened or even lost.

6. In none of these cases was there anything unusual in the state of the pulse which would lead you to suspect the change in the rhythm.

Now how do these facts bear upon the explanations given of the causes of the sounds of the heart? What is there in common between these pathological conditions and the physiological condition of the fœtal heart? I wish your readers would think over this, and kindly let me know the results. I cannot help thinking that the failure of the first sound in certain blood-diseases may yet be of practical value. Stokes has taken it as a guide to stimulate in typhus, and I think it will be found equally valuable in all cases of blood-poisoning.

There is one other fact as to the fœtal heart worth noting: If you first find where the two sounds are most distinct and then move the stethoscope gradually away till your hear only one, you will find that the one you do hear is the second. That, then, is the permanent sound of the heart; all fluctuations of weakness or strength are limited to the first sound.

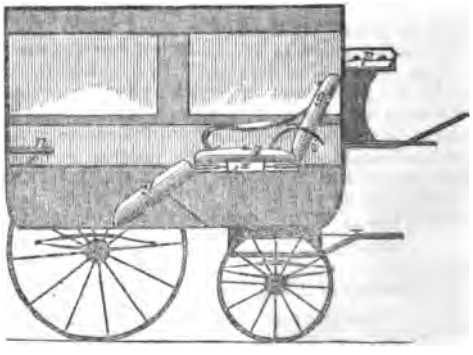
Dublin. I am, &c. F. C.

NEW INVENTIONS.

CIVIL AMBULANCES.

THE following wood-cuts will assist in making our readers acquainted with De Tivoli's Civil Ambulance Carriage for the conveyance of sick and diseased persons, under the provisions of the Nuisances Removal and Disease Prevention Act. It is available both for town and for railway conveyance, consisting of a four-wheel spring carriage, about eight feet long and four feet wide, divided longitudinally into two well-lighted and well-ventilated compartments.

No. 2.



The floor of the right compartment, No. 3, has two parallel rails *e*, on all its length. On these slide castors under the bed frame *d*.

The bed consists of a very elastic light paillasse *a*, with a small mattress, bolster and pillow *b*, covered with an impervious stuff, which allows washing and all disinfecting operations.

The paillasse is fixed on a frame having castors to fit on the rails, *d*, *e*, and two articulated handles at each end, *c*, rendering it available as a common stretcher. The articulated handles are pushed in when the stretcher-bed is placed into the carriage.

The left compartment, No. 2, has no rails on its floor, but has two lateral grooves about one foot above the floor

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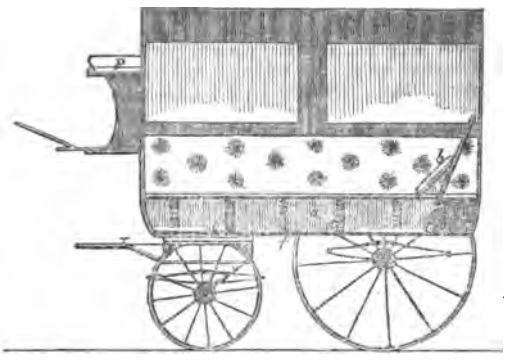
of the carriage to receive castors on each side of a chair-bed, *h*.

No. 3.



The chair-bed is composed of three principal parts,—the seat, the back, and the leg-support, *g*, each formed of a distinct frame hinged to one another with an elastic apparatus, and cushions like those of the stretcher-bed. The seat of the bed-chair has four castors, two on each side, sliding into the lateral grooves in the carriage.

The back and leg support can be raised or lowered to any angle, or to a level with the seat by means of graduated guides, *i*. The leg-support has also castors at its lower end touching the floor.

Both the stretcher-bed, and bed-chair can be introduced into the carriage, head or feet foremost.

A flap seat *n*, is adapted to the door of the left compartment for an assistant to tend the invalids on the road. A portion of the middle partition is made to open, so as to place both compartments in communication when required.

Two assistants or invalids can be seated by the side of the driver on the box.

All medicines, or other things which the invalids may require to take with them, can be placed on the top of the carriage within the railings.

Windows with glass and blinds, *l*, *m*, all round the carriage provide plenty of light and air for invalids and assistants.

No. 4.

The principal advantages offered by this system of civil ambulances are:—

1st. That the carriage being fitted with a stretcher-bed, and a bed-chair, invalids who may find it painful to lie down, can proceed in a sitting position.

2nd. That serving both as stretchers and as beds, they save the necessity of transferring the invalids from a stretcher to the bed.

3rd. That by means of these carriages, assistance in case of accidents is brought more quickly, and public feeling is spared the spectacle now frequently exhibited of wounded persons or invalids carried slowly about on the shoulders of policemen, in crowded and noisy thoroughfares

4th. That the whole beds and carriages being formed with materials easily washed and disinfected, danger of contagion is avoided by their adoption.

5th. One or more compartments fitted on the same system might be set apart in some railway carriages on all the lines, so that they might receive the beds and chairs from the ambulance carriages without disturbing the invalids from their beds, who would thus travel without inconvenience to others, or danger in case of contagion.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, October 11:—

Dean, Octavius, Manchester
Furner, Charles, King's-road, Brighton
Hancock, Robert, Bath, Somersetshire
Keele, Charles Ferdinand, Portswood, Southampton
Monckton, Alfred, Brenchly, Kent
Olive, Eustace Henry, 5, Linton-terrace, Hastings
Worthington, Francis Samuel, Lowestoft, Suffolk.

The following gentlemen also on the same day passed their First Examination:—

Hooper, John Harward, Upton Warren, Worcestershire
Lees, Joseph, Wolverhampton
Watson, Forbes, 103, Alderagate-street, London
Williams, Samuel White Duckworth, Gloucester.

APPOINTMENTS.

HAMILTON.—His Excellency the Governor has been pleased to summon in her Majesty's name, the Honourable Robert Hamilton, M.D., to be a Member of the Legislative Council of Jamaica.

LLOYD.—Mr. Edmund Lloyd, late House-Surgeon to the Wakefield Dispensary and Hospital, has, on the recommendation of Dr. Waller Lewis, been appointed Assistant Medical Officer to the General Post-office, London.

DEATHS.

BAGOT.—Recently, at Honduras, of cholera, Charles Bagot, M.B. Univ. Trin. Coll., Dub., L.R.C.S. Ire., Assistant-Surgeon 2nd West India Regiment.

BURROW.—October 8, at Ventnor, Isle of Wight, William Thomas Holme Burrow, of Settle, Yorkshire, M.R.C.S. Eng., L.S.A. Lond., aged 34.

COULSON.—October 6, at Wyke House, Isleworth, Ralph Coulson, of Ilkeston, Derbyshire, M.D. St. Andrews, M.R.C.S. Eng.

GÖRGEN.—Recently, Dr. Görgen, an Austrian Physician, and the proprietor of a Lunatic Asylum, in which Count Szechenyi committed suicide. Dr. Görgen by this occurrence incurred the serious displeasure of the Government, and was removed from his position on the ground of negligence. From that time his health gradually declined, and he at length died insane.

MACANSH.—October 12, at Douna, Perthshire, Andrew Macansh, Surgeon R.N. (seniority November 10, 1813), aged 73.

MASTERS.—September 3, in Pembroke Pariah, Bermuda, West Indies (his native place), after a very painful illness, Bozin Reece Masters, M.D.

RATHKE.—Dr. Rathke, the celebrated Professor of Zoology and Medicine at the University of Königsberg, died of apoplexy on the eve of the day on which he was, as President, to open the Meeting of German Naturalists in that city.

THE Corporation of London at their sitting last Thursday voted £210 to the Cancer Hospital.

SIR HARRY SMITH, who died last week, at the age of 72, was born in 1788, at Whittlesea, in the Isle of Ely, where his father was a Surgeon in fair, but not more than fair, practice.

As some misunderstanding has arisen at Woolwich with reference to the duties required of the Deputy Inspector-General of the Royal Artillery Infirmary, and his position on the Staff, Major-General Sir Richard Dacres, K.C.B., commanding at Woolwich, has issued a garrison order, desiring it to be clearly understood that the position of the Deputy Inspector-General is precisely the same as that laid down at page 42 in the "Code of Medical Regulations" for principal Medical officers in a General Hospital.

SEAMEN'S HOSPITAL SOCIETY.—A General Court of the governors of this Institution was held yesterday at the office of the Society, King William-street, City, Mr. Charles Francis in the chair. The secretary read the report of the Society's operations for the last quarter, from which it appeared that the number of patients admitted on board the *Dreadnought*, from July 1 to September 30, was 574, viz. 4 from her Majesty's ships, 418 from British and foreign merchant ships, and 125 on board on June 30. At the present time there are on board 113 sick.

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ASSOCIATION OF THE FELLOWS AND LICENTIATES OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND. — Session 1860-61. — President — Dr. Corrigan; Vice-Presidents—Dr. O'Reilly, Dr. O'Brian Adams; Council—Dr. Henry Kennedy, Dr. Lombe Atthill, Dr. Edward B. Sinclair, Dr. Alfred H. M'Clintock, Dr. Robert Law; Treasurer—Dr. George A. Kennedy; Secretary—Dr. William Moore. The meetings of the Association are held in the College Hall (Sir P. Dun's Hospital) on the evening of the first Wednesday in every month during the Session, at eight o'clock, p.m.

CAJETAN TEXTOR.—German Surgery has recently lost one of its most famous veterans, in the person of Cajetan Textor, Professor in the Julius-Maximilian University, Würzburg, who died in the 78th year of his age. He was appointed Professor and Chief-Surgeon to the Julius Hospital in 1816, and constituted one of the celebrated trio (Schönlein and D'Outrepont being the two others) which conferred such celebrity on Würzburg as a Clinical School, until its suppression (for political reasons) in 1832. After three years exile Textor returned with more zeal than ever, and in conjunction with Markus, Fuchs, D'Outrepont, and Kiwisch, revived the old glory of the Würzburg Medical Faculty. In 1858 he celebrated his Doctor's jubilee and was named Privy-Councillor, the highest rank a Medical Practitioner can attain in Bavaria.

SEPTEMBER IN SCOTLAND.—The Registrar-General for Scotland says: The Meteorological Returns for six of the principal towns in Scotland, give in the month of September, 1860,—mean barometric pressure, 29·890 inches, higher than the average of the same month in 1856-7-8-9 by 0·062 inch. Barometric monthly range, 1·184 inch, higher by 0·073 inch; thermometer, highest in month, 70°8, higher by 2°·1; thermometer, lowest in month, 31°·6, lower by 7°·3; mean temperature, 50°·7, lower by 3°·8; mean daily range of temperature, 16°·2, greater by 2°·7; mean humidity, 81, greater by 1; rain, number of days, 12, less by 4; rain, depth in inches, 1·57, less by 2·19.

BIRTHS, MARRIAGES, AND DEATHS IN SCOTLAND.—During the month of September there were registered in the eight principal towns of Scotland the births of 2334 children, of whom 1234 were males, and 1100 females. Of that number 2162 were legitimate, and 172 illegitimate, which gives the proportion of one illegitimate in every 13·5 births, or 7·3 per cent of the births as illegitimate. The proportion of illegitimate births in the several towns (considering Edinburgh and Leith as one town) was the following:—In Greenock only 4·9 per cent. of the births were illegitimate; in Glasgow 5·8 per cent.; in Paisley 6·1; in Perth 7·5; in Dundee 8·7; in Edinburgh and Leith 9·8; and in Aberdeen 11·5 per cent. 499 marriages were registered in the eight towns, during the month, being about the average proportion. The deaths of 1596 persons of whom 781 were males and 815 females, were registered in the eight towns during September.

THE will of Thomas Addison, M.D., of Berkeley-square, late Consulting Physician to Guy's Hospital, was admitted to probate on the 4th instant, and the personalty sworn under £30,000 by one of the executors—namely, John Addison, Esq., of Banks-house, Cumberland, the testator's brother; power being reserved to Alfred Brooke Barnes, Esq., Surgeon, of King's-road, Chelsea, also an executor. To his relict he has bequeathed his freehold estate and residence at Brighton, together with the furniture, and has left her an annuity of £350, and his shares in the Indemnity Mutual Marine Assurance Company; and to her son and daughter he has left an annuity of £100; these annuities to be free of legacy duty. The presentation of plate made to him from various parties, both public and private, he leaves to his said brother, to be held by him as heirlooms in the family. He appoints his said brother, John Addison, Esq., residuary legatee of his estate, real and personal. The will bears date September 26, 1855, and a codicil in 1858.

OUR TROOPS IN CHINA.—The *Times'* special correspondent says:—"Notwithstanding the position of the town, and the many inducements to cholera and typhus, the health of the army is most extraordinary—very much better than at Tah-lien-hwan. There the per-centage was a little above four, here it is positively only one and a-quarter per cent. on the whole force, for 'no one now has leisure to be sick, in such a jostling time.' The excitement carries the men through, for they know they are soon to meet the enemy, and should they fall ill they would be sent to the fleet. However, this state of things could not possibly last amid the close streets and the pestilential atmosphere, redolent of cholera and typhus, which surrounds us, and it is a subject of universal congratulation that we go into the open the day after to-morrow. I am sorry to learn, however, that the force left at Hongkong is in a very bad state, and that the men are dying fast. It is high time that something should be done about this charnel-house for English troops, and I have reason to know that the strongest representations have been made to the Home Government against any European regiment being again stationed there. Kowloon, our new acquisition, affords an excellent site for barracks."

A VOLUNTEER ON HIS METTLE.—At the Banff County Meeting, Mr. Gordon, of Cairnfield, in reference to the order of sederunt, said it was a question what might be the appropriate designation for Dr. Whyte—whether they should not set him down as Captain Whyte, seeing he was present in the uniform of his Artillery Corps. (Laughter.) Dr. Whyte—Mr. Gordon, of Cairnfield, will be pleased to understand that, whether I am here in uniform or not, I have taken University degrees, which give me a right to take precedence of Mr. Gordon, or any gentleman here, with the exception of Sir George Abercromby. (Laughter.) I insist on having my title of Doctor, and by virtue of that I rank next to Sir George Abercromby at this meeting in point of precedence, and insist on having that preference. (Laughter.) Mr. Gordon observed that he certainly never intended, and never would offer, any insult to any of her Majesty's officers. (Laughter.)

WE extract the following from the "Carlisle Journal" of Friday last:—"The Lunatic Asylum.—The appointment of Medical Superintendent of the new Asylum at Garlands was made on Wednesday by the Committee appointed at last Quarter Sessions. From a great number of candidates a list of eight had been selected, and these gentlemen were invited to meet the Committee on Wednesday at the Grand Jury-room in this city. Six attended; and the choice of the Committee fell upon Dr. Kirkman, at present Assistant-Superintendent of the Suffolk Asylum, of which his father has for many years been Superintendent. The unsuccessful candidates, and their friends, were of course disappointed, but we have not heard that there is any reason to suppose that the appointment was made on other than fair and honest grounds. There was, however, some justifiable dissatisfaction at the shabbiness of the magistrates in refusing to pay the expenses, or part of the expenses, of the candidates whom they invited to come to Carlisle. Hundreds of pounds have been shamefully wasted by them upon the building, and we can only hope it is compunction for this which has drawn them into this paltry saving."

THE WOUNDED GARIBALDIANI.—"All Monday and Tuesday (October 1st and 2nd) the wounded were being brought into Naples—that is to say, such as could be removed, for the worst cases were detained in Santa Maria and Caserta, in which last place there is an admirable Hospital. Half the carriages of the capital were sent over to bring the poor fellows back, and as they were conducted through the city, each carriage accompanied by a National Guard to attend to their wants, the sympathy that was felt and expressed for them was very great. One cannot regard their sufferings as unmixed evils, for they have had the effect of uniting the Neapolitans very generally in one common feeling, and in calling forth the most Christian virtues. Every woman here is disposed to be a Sister of Charity, and the men are making collections in every direction of money and articles of food or drink, while you cannot enter a private house where all the members are not occupied in making lint or bandages, or other preparations for their *bravi*. The journals publish daily lists of donors and donations, and my impression is that supplies of every kind are overflowing, but that the administration is bad. This is, however, excusable in a state of things so entirely new, though it will be very reprehensible should it be permitted to continue. Many of the wounded are in private houses, and three young officers are quartered in my house. The majority, however, are quartered about among the Hospitals, one of which, called that of San Giovanni di Dio, is

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particularly deserving of notice, especially in these times, when monastic bodies are exposed to so much and such well-deserved obloquy. This Hospital, which I have long known as one of the best conducted in Naples, is under the care of a body of monks that recently received all the Garibaldiani who were afflicted with acute disorders. Here they have been treated with great skill and affection."

CHARITY AND SELF-SUPPORT.—A proposal to erect Baths and Washhouses at Cardiff has led to inquiries in other towns as to the working of these charities. The result, published in the *Bristol Daily Post*, affords the following curious information, showing a pecuniary loss in every instance :—

	Expenditure.	Receipts.	Loss.
Birmingham ..	£2714 12 8	1752 10 4	952 2 4
Sunderland	484 2 4	415 2 8	68 19 8
Do. Hendon Road ..	882 18 4	650 6 2	232 12 3
Bristol	667 6 11	581 3 2	96 3 9
Halifax	703 5 3	487 18 4	215 6 11
St. George's, Liverpool	2501 19 0	1321 4 0	1180 0 0
Paul Street, do. ..	1587 5 5	640 14 5	946 11 0
Cornwall Street, do.	3927 11 0	2333 5 10	1594 5 2
Hull	——	——	332 2 6

Upon this the *Journal of Gas Lighting* remarks that "Washhouses must be considered strictly as charitable institutions, and cannot be made self-supporting. But if they are charities, then the charges, the arrangements, and regulations, must be directed toward inducing the class to use them who need them. They are certainly not needed in small towns where the population is not crowded together. They certainly ought not to be provided in any town for the use of the well-to-do. There are instances in which it will do as much good to give a ticket for washing as a ticket for soup. We suspect that the failure of a public wash-house will often turn on the management. Baths stand on a different ground. There is a steady increase in the love for bathing in all classes of English town residents. The taste, like all other tastes in England, descends. Thousands of work-people could never wash at all in great towns without the use of public baths. We must be patient in teaching the working classes new ways. There is also a certain advantageous effect produced on the public mind by the construction of such buildings as baths and wash-houses. The poorer classes see that they are cared for, and this is a moral consideration not to be forgotten."

QUEEN'S UNIVERSITY IN IRELAND.—The Annual Meeting of the members of the Queen's University, for the purpose of conferring degrees, was held, with the usual formalities, on Friday the 12th inst. in St. Patrick's Hall, Dublin Castle. Twenty-one gentlemen, including eight who had availed themselves of "a recent arrangement made by the Senate to facilitate the acquisition of Medical Degrees by Students who had completed the necessary courses of education, and might, for special objects in relation to the public service, desire to pass the required examination at the earliest period," were admitted by the Lord Chancellor of Ireland, Vice-Chancellor of the University, to the Degree of Doctor of Medicine. The following are the names of those thus admitted :—M.D.—James Valentine Browne, M.D., University of Aberdeen, *ad eundem;* Henry Burden, B.A., Belfast; William John Busteed, Cork; William H. B. Clapp, Cork; William Hill Climo, Galway; George Cooper, Cork; Richard B. Davidson, Belfast; Edward Divers, Galway; Usher Beere Eaton, Cork; Albert Augustus Gore, Galway and Cork; Francis Bernard Hurley, B.A., Galway; William H. Jones, Cork; William Kingsley, M.D., University of St. Andrews, *ad eundem;* J. Henry Lawson, Galway and Cork; John Sampson Levis, Cork; Thomas B. Moriarty, B.A., Cork; Courtenay Nedwill, Belfast; Francis Ronayne O'Kearney, Cork; Matthias O'Keeffe, M.A., Cork; Richard Read, Cork; Isaac Cromie Saul, Belfast; Hugh Willis Thomson, Belfast; William James Wilson, Belfast. The following were announced as having passed the Previous Medical Examination :—Richard Barrett, Cork College; Acheson George Bartley, M.A., Belfast; the Hon. Barry J. Bingham; Edward R. Blackett; John R. Burke, Galway; Richard Carroll, Galway and Cork; John Norman Davis, Galway; Charles Evans, Galway; Valesius Gouldsbury, Galway; James Hutchinson, Galway; John Hamilton Moore, Galway; Robert L. Moorhead, Belfast; Stephen O'Sullivan, Cork; Robert Potter, Cork and Galway; John Henry Loftie Stoney, Galway; George Shannon, Belfast; James R. Swanton, Cork; Joseph Whitaker, Belfast. His Excellency the Lord-Lieutenant then bestowed the following Honours with the Degree of M.D. :—William H. Climo, Third in Order of Merit, Galway College; Edward Divers, Third in Order of Merit, Galway; John Sampson Levis, Third in Order of Merit, Cork.

PAUPER INSANITY.—A return has been issued by the Poor-Law Board stating the number of paupers of unsound mind chargeable to the poor-rates on the 1st of January last in England and Wales, with the exception, at least, of a few places from which returns have not been received, and which had an aggregate population of about a quarter of a million at the last census. The number of paupers in receipt of relief was 850,896, and of these 31,543 were insane—namely, 22,378 lunatics, and 9165 idiots; so that the lunatics constituted 2·63 per cent. of the paupers, the idiots 1·08, and the two together—the insane—3·71 per cent., or no less than one in every 27 paupers. But it must not be supposed that one in every 27 of the English population is insane; that would be a terrible state of things; pauperism is caused by insanity, and the insane are immeasurably more numerous among paupers than in the general population. The return indicates a greater prevalence of pauper insanity in the south of England than in the north. While it shows also that in this country generally above two-thirds of the insane paupers are lunatics, and not one-third idiots, the variations in this proportion in different parts of the country will be found very remarkable. In Wales half the whole number of the insane are idiots, and the proportion is nearly as large in the south-eastern and south-western counties of England, while, on the other hand, in the metropolis and the manufacturing districts the proportion of lunatics is larger and of idiots less. There are three Welsh counties—Cardigan, Carnarvon, and Denbigh—each of which had a population at the last census but little more than half that of the parish of Manchester, but each of them has double the number of pauper idiots that Manchester has, though scarcely a third of its pauper lunatics. The comparison with Liverpool is still more striking; and London, which at the census had nearly five-and-twenty times the population of either of these Welsh counties, has not five times their number of idiots, but above forty times their number of lunatics. The return shows also that there are more women insane than men—17,647 to 13,896. The expense of the maintenance of these 31,543 insane paupers is stated to be nearly 10,000*l.* a-week, or 520,000*l.* a-year. Above half of them were lodged in lunatic asylums, and of the remainder half were in workhouses, 5195 resided with relatives, and a few in licensed houses or in lodgings.

THE COLLEGE OF SURGEONS AND THE DENTISTS.—The following extract from a very able introductory address, delivered last week by Mr. Hulme, at the opening of the second Session of the Metropolitan School of Dental Science, is worthy of the attention of those of our readers who are interested in the question of Special Diplomas. Mr. Hulme referring to a statement of Mr. Cartwright, who says,—"It must be acknowledged that the Dental Institutions of America have sent forth a great number of gentlemen who form a body of Dentists of a high and uniform standard; and scattered over the world, they exhibit a degree of excellence, individually, which is conclusive of the value of their practical and systematic education," replies "that it is upon the very principles upon which these institutions have been established in America, that their counterpart in this country—the College of Dentists—has been founded. If you will contrast the curriculum of the American Colleges with that which has been laid down by the College of Dentists, you will find that it is essentially the same. If you inquire into the relation in which these Colleges stand with respect to the Medical Profession in the New World, you will find that they are entirely distinct, and that the Medical and Surgical Institutions of that country have never felt it incumbent on them to interfere with the education or organisation of the Dental Profession." Mr. Hulme says the College of Dentists "desire to see the Dental Profession, as it has ever been, a separate and distinct branch of practice, and they conceive that its members form a sufficiently numerous and important class of Practitioners to have a governing body of their own, selected from among themselves." He then makes the following comments on the curriculum enforced upon those

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gentlemen who wish to obtain the Dental Certificate of the College of Surgeons. After referring to the length of time during which the student in Dentistry and the student in Surgery are to be engaged in the acquirement of professional knowledge, he says—"Four years is the period assigned to both; but how differently are they placed as to the manner in which they can occupy themselves during this time! It is usual for the Medical student to pass six or nine months of these four years in dispensing, while during the remainder of the time he is engaged in attendance upon lectures and Hospital practice; so that at the end of the four years he is able to present himself for examination. But how does it stand with the Dental student? In addition to the four years to be passed in the general acquirement of professional knowledge, there is an additional clause which imposes upon him a distinct term of three years, during which he is to be engaged in the workroom of the Dentist. I need not tell you that while he is doing this, he cannot be attending to lectures and Hospital practice in the manner which is required by the curriculum of the College of Surgeons. It will, therefore, occupy more time, and will consequently cost more money, to obtain the Dental Certificate of the College of Surgeons than to become a full member of that body."

Obstetrical Society.—This Society has opened very prosperously this Session; eighty-four new Fellows having been elected by ballot at the first meeting. A case of Serous Apoplexy Terminating Fatally in thirty-five hours, was communicated by Dr. R. Uvedale West, at this meeting. A case of Quadruple Births was narrated by Mr. Times. The great rarity of quadruple births—according to Collins' statistics, one only in 129,172 births—induced the author to lay the case before the Society. The patient, aged thirty-three, was pregnant for the fifth time. She was taken in labour on the morning of September 23. At eight p.m., a female child was delivered by the midwife in attendance; ten minutes after a second child; and twenty minutes afterwards a third, were born. Then followed a very large placenta, when the midwife, finding there was still another child, sent for Mr. Times. The placenta had drawn down the abdomen of the remaining child. After a little manipulation the feet were drawn down, and delivery of this, the fourth child, effected. The first three were alive and crying; the last never breathed. There was little hæmorrhage. The previous pregnancy terminated at eight months, in December, 1859. The last catamenial period was during the first week in March, but the discharge was so scanty that she conceived herself to be then pregnant. Hence the quadruplets were probably between six and seven months old. The children were all well formed, all upwards of twelve, and one thirteen, inches in length. The first lived seven hours; the next two, three hours. The placenta was single, but each funis had a distinct attachment. There was no lobulation of the placenta. The patient recovered well. Dr. Bloxam stated that in a case which came under his own observation, all four children were born alive, and at the full term. The President made some interesting observations respecting plural births in general. He believed that, as stated by Hohl, the size of the abdomen was no criterion. Hohl found that in cases of twins, the abdomen was not often larger than in ordinary cases. He knew of a case in which the same woman had quadruplets twice within the year, and he had heard of cases of triplets twice or thrice over. He was himself one of six children, the six being the result of two pregnancies, one of which resulted in the birth of twins, in the other of quadruplets. In answer to a question of Dr. Tanner, as to the greatest number of children he believed had been born at once, he referred the Society to "Burdach's Physiology," in which several very remarkable cases would be found quoted. If he (the President) recollected aright, there was one instance, if not more, in which six children had been produced at a birth. The meeting was concluded by a paper On the Pathological Lesion of Phlegmasia Dolens, by Dr. Tilbury Fox.

A Learned Oculist.—M. Sichel is one of the most celebrated ophthalmologists of his day. His Professional works are well known: "Traité de l'Ophthalmie," etc., his "Memoir sur le Glaucoma," his clinical lectures "Sur les Lunettes," and a vast number of other publications in Medical journals. We hear also of numerous precious *opuscules* still unedited, and of materials collected for a Complete History of Ophthalmology. To study the ancient authors, M. Sichel has made himself master of Arabic. Then we have that splendid work, "L'Iconographie Ophthalmologique," wherein art and science are equally highly developed, and to the completion of which its author has consecrated thirty years of his life and a portion of his patrimony. You have also heard of his passion for entomology. Who has not seen him on Sunday, rushing along the Chausee d'Antin, escaping from his eight or ten hours a-day of consultations, a green box under his arm, and a little net in his hands, running to the railroad like a schoolboy, in order to ply his entomological skill in the charming woods of Ville d'Avray? All the world knows that he is as skilled an entomologist as he is an oculist. But what, perhaps, you do not know, is that M. Sichel, Doctor of Medicine, of Surgery, and Philosophy, Licentiate of Letters, Member of a crowd of Academies and learned Societies, decorated with endless orders, etc. etc., is a Latinist, an Hellenist of the first order, and a consummate archæologist. His work on "Les Cachets Oculistique Romains," is well known. His researches on "La Déesse Angérone et le culte Secret de Vénus chez les Romains," made a great noise when they appeared in 1846 and 1847. Then again Medical literature owes to him the publication, with French translation, commentaries, etc., of a Greek poem previously left in MS. in the Bibliothèque de Paris. Now we find him coming forward to undertake, at M. Litré's request, the arduous and difficult task of reviewing, translating, and commenting, the Greek text of Hippocrates On Vision, for publication in the ninth volume of the works of Hippocrates, which have been for so many years in the course of publication by the learned Academician. Few people have an idea of the labour undergone by M. Sichel in accomplishing his review of these five or six pages of the Treatise of Hippocrates on Vision. He has had to compare time after time, and word by word, eight Greek MSS. in our Bibliothèques, one MS. in the Bibliothèque Medico-Laurentine of Florence, three others in Venice and Copenhagen, the variations of two MSS. in the Library of St. Marc, at Venice, the MS. notes added by James Cornarius to his Aldine copy of Hippocrates; to consult two Arab MSS. in the Bodleian Library at Oxford, erroneously considered as a version of the "Book on Vision," and found by the learned oculist, to his great disappointment, to be merely an Arab treatise on Diseases of the Eye, to which the author, who is unknown, has thought fit to attach the name of the Physician of Cos. He has had to review all the editions of Hippocrates from 1526 to the present time—more than a dozen; to divide the work into chapters; explain the most important parts; to run through Mercuriali, Haller, Gruner, Fabricius, Jugler, Kühn, Dezcimeris, Andreæ, etc., all of whom deny that this treatise was written by Hippocrates; and lastly to translate into French these memorable pages, where for the first time we find the rational treatment of granulations of the eyelids laid down. M. Sichel has developed himself thoroughly in this work. He is, indeed, a man for whom the tumult and amusements of the world have no attractions, who passes his life between Medicine, the study of natural sciences, and the cultivation of letters; and who, so far from seeking to increase his practice, does all he can to limit it.—*L'Union Méd.*

Means of Detecting the Presence of Alcohol in Chloroform.—M. Lepage, a Pharmacien, has been examining the different methods which have been proposed for detecting the presence of alcohol in chloroform. He especially recommends two: the first, that namely of M. Soubeiran, is easy of application, but it is not very delicate, as it will not detect a smaller quantity than 5 to 6 per cent. It consists in shaking the chloroform in a tube with sweet oil of almonds; the mixture remains transparent if the chloroform is free from alcohol: in the contrary case it becomes more or less milky. The second process was proposed some time back by M. Russin. It consists in the employment of the binitrosulphide of iron, which is obtained by mixing a solution of nitrate of potash with sulphide of ammonium, then, while the mixture is being agitated, dropping in a solution of protosulphate of iron. The whole is boiled, evaporated to dryness, and treated with alcoholized ether, filtered, and the solution crystallized. It is stated by the author to be extremely delicate. The experiment is made by introducing several grammes of chloroform into a tube or stoppered bottle, then adding a few centigrammes of the binitrosulphide, shaking the mixture, and allowing it to

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settle. If the chloroform is pure, it remains clear as water; but if it contains alcohol it assumes a brown tint, more or less deep, according to the proportion present. The presence of ether, aldehyd, methylic and amylic alcohols, are also detected by this re-agent, which is excessively soluble in all these compounds.—*Pharmaceutical Journal.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 13, 1860.

BIRTHS.

Births of Boys, 876; Girls, 813; Total, 1689.
Average of 10 corresponding weeks, 1850–59, 1578·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	509	499	1008
Average of the ten years 1850–59	517·8	500·3	1018·1
Average corrected to increased population..	..	..	1120
Deaths of people above 90	..	2	2
Deaths in 15 General Hospitals	32	16	48

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	..	6	7	1	5	4	5
North ..	490,396	1	5	7	3	2	2	9
Central ..	393,256	..	9	10	3	3	3	5
East	485,522	1	9	6	2	3	6	13
South ..	616,635	1	10	18	1	13	10	10
Total.. ..	2,362,236	3	39	48	10	26	25	42

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29 750 in.
Mean temperature	45·8
Highest point of thermometer	60·0
Lowest point of thermometer	32·4
Mean dew-point temperature	41·8
General direction of wind	...
Whole amount of rain in the week	0·42 in.

TO CORRESPONDENTS.

U. L. U.—We cannot afford any information as to the religious views of Miss Nightingale.

Dispenser had better apply to Mr. Gamgee, Birmingham.

Dr. Rose.—Communication received.

MEDICAL TITLES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—If you will be at the trouble of referring to the Students' Number of the *Medical Times and Gazette*, p. 192, and also to the following number p. 320, you will there find evidence establishing beyond all dispute the right of the L.R.C.P. to use the title of "Doctor of Physic," or M.D.

The non-use of the title M.D. should be regarded rather as a concession on the part of the L.R.C.P., than its use by him as a wilful misrepresentation, except it be held out by him as a Medical qualification, instead of being, as it really is in his case, a mere honorary title.

I am, &c. PHYS. DR. OF A R. C. P.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The following letter from the *Times* of March 30, 1860, and which is copied in the Pamphlet on the "False Assumption of Medical Titles" noticed in your Journal some time back, shows that Mr. T. Waddington's self-satisfactory delusion, to use no other term, is of some standing and obstinacy:—

"*The Alleged Accident on the Great Northern Railway.*

"To the Editor of the *Times*.

"Sir,—My attention has been called to a letter in the *Times* of yesterday (signed 'Thomas Waddington, M.D., of Wakefield,') the signature of which is as gross and impudent a fabrication as the circumstances which the writer professes to detail. I need only say that there is no M.D. here named Waddington but myself, and that I was not on the Great Northern or any other railway on the 26th inst., when the accident is alleged to have occurred.

"Having obtained possession of the original letter, I have handed it over to my solicitors, in the hope that they may be enabled to discover and bring to justice the perpetrator of this very stupid hoax.

"I am, Sir, your obedient Servant,

(Signed) "EDWARD WADDINGTON, M.D.

"Wakefield, March 28."

The letter speaks for itself, and calls up certain painful suggestions. Mr. Thomas Waddington's letter was most opportune for one who was ready to publish to the world a title which, it appears by his own showing, is not genuine. Though it is well known that some of the Edinburgh Licentiates, not satisfied with putting Dr. before their names, have put M.D. after them on certificates and other documents, Mr. Waddington has more boldly in the *Times*, and more recently on oath, stated that he has the Degree of M.D. Supposing the report you have quoted to be correct,

I am, &c. THE AUTHOR OF THE PAMPHLET.

NEW MODE OF TREATMENT IN LOCKJAW.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It has been noticed on the Continent that in bad cases of lock-jaw, where the teeth are clenched and the patient unable to swallow, that the subcutaneous injection of belladonna and the use of chloroform have relieved the spasm of the jaw, followed by complete cure. I had a case of traumatic tetanus some time ago, under treatment, and a cure was brought about by a somewhat similar endermic method of blister and strong tobacco fomentations. Mr. Critchett had a case a little while ago at the London Hospital, treated successfully by conium, so that, possibly, cases of tetanus should not be what Shakspeare terms struma,—"The mere despair of Surgery."

From what I have seen of these and various other remedies, and from its perfect identity in action with woorara, I think conium is well worthy of being tried subcutaneously, either with or without the inhalation of chloroform. The latter blots out the disease for a time, but unfortunately destroys consciousness, so that the patient cannot be made to swallow very well. My friend, Mr. Charles Hunter, the originator of the subcutaneous method at St. George's Hospital, thinks very highly of the plan by conium,—this leaves the consciousness unchanged, and acts in all essential particulars on "nerve-tubes" like woorara; while morphia, so often used in tetanus with doubtful benefit, operates rather like strychnia on the grey matter of the cord. One of the oldest of the Surgeons at St. Bartholomew's treats all his cases of tetanus with conium. "I can't tell you why I do so," he said to me a short time since, "but I have seen better effects from it than anything else; and the proof of the pudding is—&c., &c." I could multiply instances of a like kind as bearing on these two facts, viz. the actual cure of cases by the subcutaneous plan, and the perfect identity in action of conine and woorara. But at present the suggestion may prove useful by being simply noticed in your Journal, which has such a large circulation in India and the Colonies where tetanus, is so prevalent.

I am, &c.

Sackville-street, Piccadilly, October 12. CHARLES KIDD.

COMMUNICATIONS have been received from:—

Professor SIMPSON; Dr. FARR; M. CLAUDE BERNARD; Dr. GOODFELLOW; Dr. BUSHNAN; Mr. J. S. GAMGEE; Dr. LEARED; Dr. INMAN; Dr. BARKER, Bedford; Dr. G. HEWITT; Mr. NAPPER; Mr. MARSHALL; Mr. Ross; Dr. COOPER ROSE; Dr. FREKE; Mr. A. GAMGEE; REGISTRAR-GENERAL; Mr. HOLMES; Mr. ADSHEAD; Mr. HAMILTON; Mr. THOMAS; Mr. BUTLER; Mr. NASH; Mr. PARRISH; Mr. MATTHEWS; Mr. YOUNG and Mr. MILES.

APPOINTMENTS FOR THE WEEK.

October 20. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

22. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Clinical Discussion.

23. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

24. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

25. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

26. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) at 2 o'clock:—

By Mr. Fergusson—For Club Foot; Varicocele, two cases; Removal of Sebaceous Tumours from Scalp; Epulis; Removal of Tumour from Thigh. By Mr. Bowman—For Necrosis of Tibia; Removal of Tumour from Lower Jaw.

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Bass's East India Pale Ale.—The

OCTOBER BREWINGS of this Celebrated Ale are now arriving in casks of eighteen gallons and upwards. Our stock of Ale in bottles is in good condition. Barclay's Porter and Stout in bottles and casks, may also be had of

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Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, near Thames-street, City, E.C., and 2, Upper Copenhagen-street, Barnsbury-road, Islington. E. and H. HARRIS and CO. Proprietors.

6 & 8 oz., any shape, plain or graduated	clear	8s. per gross.
3 & 4 oz., do.	do.	blue tinted	7s. 6d. do.
½ oz. white moulded phials	do.		4s. 6d. do.
1 oz. do.	do.	of a very superior quality.	5s. 6d. do.
1½ oz. do.	do.		6s. do.
2 oz. do.	do.		7s. do.

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office orders made payable to E. and H. HARRIS and Co., at the Chief Office, London. Bankers: Union Bank of London.

N.B.—Orders sent to either Establishment will have prompt attention.

Great Saving in the Purchase of New

MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS, ISAACS and SON (Proprietors).—London Warehouses, 24 and 25, Francis-st., Tottenham-court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	clear	8s. per gross.
3 and 4 oz. ditto ditto	blue tinted	7s. 6d. do.
½ oz. Moulded Phials	of a very superior quality.	4s. 6d. do.
1 oz. ditto		5s. 6d. do.
1½oz. ditto		6s. 0d. do.
2 oz. ditto		7s. 0d. do.

A remittance not required till the goods are received. Packages free. Delivered free within seven miles. Post-office Orders payable to "Isaacs and Son," at Tottenham-court-road. Bankers: Unity Bank.

Professors of Anatomy and

Students are invited to inspect the Stock of SKELETONS, Separated Skulls, Vertebræ, Hands and Feet on catgut, and various loose Bones; which are well prepared, perfectly white, and free from grease or smell.

The selection of this stock having been made by a good Anatomist, W. Matthews can confidently recommend them as being perfect bones, well marked, and at low prices.

W. MATTHEWS,
Surgical Instrument Maker to King's College Hospital,
8, Portugal-street, Lincoln's-inn, W.C.

Human Osteology from France.

RAGINEL, 38, Ludgate-hill, City, E.C, London. Patronised by the Royal College of Surgeons of England. Illustrated Osteology on the bones themselves. Very large Stock on the lowest possible terms. Disarticulated Skulls, in twenty-two pieces, in box. All the bones of the disarticulated skulls will be fitted in right order in the presence of the purchaser so as to show that every bone of each set belongs to the same Skull; it will be the same for all other disarticulated pieces. Skulls with Sections. Hands and Feet on catgut. Disarticulated Skeletons, quite complete, with the Skull same body. Articulated Male Skeletons, the bones very well marked.

STUDENT'S CASE OF OSTEOLOGY, COMPLETE.

Splendid Pieces for Lecturers and Museums.

PULVIS JACOBI VER, NEWBERY'S.

GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D., Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"—

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol.* I. *p.* 319.

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the Newbery family in St. Paul's Churchyard, it is necessary to prescribe it as "*Pulvis Jacobi Ver, Newbery's*," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name)*, will be substituted for the original medicine. This, of course, cannot but have an effect other than that expected, and will thereby lead the practitioner totally to discard it from his daily Pharmacopœia, as a preparation whereon no dependance can be placed. We hope the above extract will prove that when the genuine medicine is used, faith may be reposed in it.—Yours faithfully,

F. NEWBERY & SONS.

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Both tested and highly valued for their regenerating effects in extreme debility, &c.

The attention of the Medical Profession is also invited to Messrs. Curtis & Co.'s

LIQUOR SECALIS CORNUTI.

(Recognised Preparation.)

Exhibited at the "Obstetrical Society of London," by the President, June 1st, 1859 (*vide* the Lancet, June 11th, 1859).

"University College Hospital, Oct. 28th, 1858.

"DEAR SIR,—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by you, to *far exceed* all other preparations of the kind.

"HENRY HEMSTED, M.R.C.S."

Ergot has more recently been given in some forms of "OPHTHALMIA" with favourable success, as will be seen from the following:—

"30, Devonshire-street, Portland-place, May 26, 1860.

"DEAR SIR,—Will you be so good as to deliver to the South London Ophthalmic Hospital two more bottles of your Solution of the Ergot of Rye, as, having met with some rather remarkable results from the first sample you sent me, in some cases of 'OPHTHALMIA,' I wish to give the remedy a more extensive trial. "Yours very truly,

"J. ZACHARIAH LAURENCE.

"To Mr. Curtis, Chemist, 48, Baker-street, W."

Manufacturers of all the Preparations from British Medicinal Herbs.

Orders received at the Manufactory, 15, Crawford-street, and at 48, Baker-street, London, W.

W. Twinberrow begs to draw the

attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible. Also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, etc.) Also to his Liq. Taraxici, Liq. Galli Aparinis (a valuable alterative), Liq. Parietariæ (diuretic), and Liq. Belæ (prepared from the Ægle Marmelos, or Indian Bael), for dysentery and diarrhœa. W. T. has a large supply of INDIAN BAEL on hand. 2, Edwards-street, Portman-square.

BOUDAULT'S PEPSINE imported in original bottles. *Ext. Laricis Europ.*

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—SURGICAL ELASTIC STOCKINGS AND KNEE CAPS, previous, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working-Classes. ABDOMINAL SUPPORTING BANDS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors, POPE and PLANTE, 4, Waterloo-place, Pall-mall, London, S.W.

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Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), retail as well as *wholesale*, from the Manufacturer, JAMES ARNOLD, 35, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net bandage, 4d. per yard; Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, Ivory Handles, 15s; best Bleeding Lancets, per dozen, 18s.

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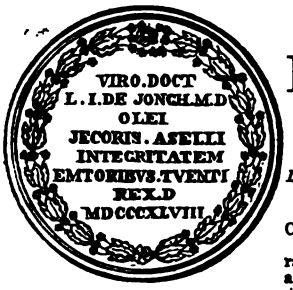

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague. "I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best Medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regard genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

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WALTERS' INDIA-RUBBER URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

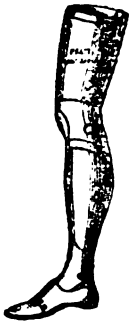
These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. MR. WALTERS has much improved them by making them of *Ætherised India-Rubber*, which adds very greatly to the strength of the India-Rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than hitherto, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by any one.

WALTERS' CONVENIENCES FOR LADIES will be found particularly useful during pregnancy. They are perfectly soft and flexible, and may be worn with perfect comfort.

All Orders must be accompanied by a Post-office order or reference.—Entrance for Ladies at the private door, where a Female attends.

MANUFACTURER OF ELASTIC STOCKINGS, BELTS, &c.

16, MOORGATE STREET, NEAR THE BANK, LONDON. E.C.



PRATT'S ELASTIC STOCKINGS

Continue to be found the best remedy for VARICOSE VEINS, acting LATERALLY.

Price, 6s. 6d. each, thread; 9s., 13s., and 16s. each, best silk.

J. PRATT having had many years' experience as a PRACTICAL WORKER in the Manufacture of Surgical Instruments, calls the attention of the Profession to the quality of all Instruments and Appliances supplied by him.

Brass Enema Syringe, in Case ..	7s. 6d.	Pocket Case	30s. & 42s.
Case of Amputating Instruments ..	£3 15s.	Tooth Instruments	From 25s.

PRATT'S ARTIFICIAL LEG is the best substitute for the Natural Limb to Walk, Dance, or Ride with.

Inventor of the NEW BULLET FORCEPS and of a NEW TRUSS, which have been approved and ordered by the Army Medical Board.

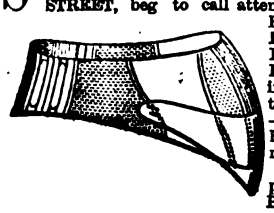
PRATT, SURGICAL INSTRUMENT MAKER, 420, OXFORD-STREET (W.), LONDON.

Hospitals, Unions, and Clubs supplied with Trusses, &c., at very low Prices.

J. & E. BRADSHAW, late

Shoolbred and Bradshaw, 34, Jermyn-

STREET, beg to call attention to the various improvements in PATENT ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE-SUPPORTERS. A new description of BELT invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c. —N.B. Every description of INDIA-RUBBER BANDAGE, vulcanized on the newest principle.

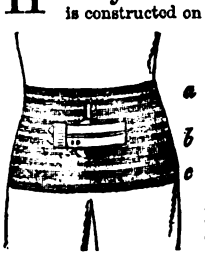


Directions for measurement sent by post. N.B. A liberal Discount to the Profession.

A Female to attend on Ladies.

Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality. Measures required: Circumference, at *a*, *b*, *c*; depth, from *a* to *c*. Priced & Illustrated Catalogues on application to E. HUXLEY, 12, Old Cavendish-street, Oxford-street, W.



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Important to the Medical Profession.—

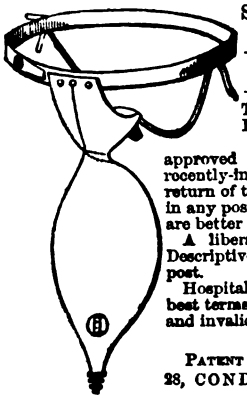
GLOVER and Co., Wholesale Druggists, are supplying GENUINE DRUGS, CHEMICALS, and PHARMACEUTICAL PREPARATIONS of first-class quality at a very low figure. Price Lists may be had on application, 19, Goodge-street, London.

To Surgeons, Dentists, &c.—The Best

HOUSE in LONDON for SECOND-HAND INSTRUMENTS is Mr. WM. LAWLEY'S, Lombard House, 78, Farringdon-street, City. (Established upwards of a Century.) Pocket and Dissecting Cases from 10s. 6d. each. N.B. The largest stock of Second-hand Dissecting Cases in London. Also, a great variety of New and Second-hand Army and Navy Regulation Cases. Instruments Bought, Sold, or Exchanged

To Students and others.—You will do

well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch. Dissecting Cases complete from 10s.



SPARKS & SON, INVENTORS

OF THE

India-rubber Urinals

for MALE and FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.

These Urinals are made on the most approved principles, and all are fitted with the recently-invented valve, which will not allow any return of the water by the upper part, by being placed in any position, and from their improved construction are better than any similar articles at present in use.

A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

Hospitals, Infirmaries, and Unions supplied on the best terms with every article for the use of the sick and invalided.

SPARKS AND SON,

PATENT SURGICAL TRUSS AND BANDAGE MAKERS,

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JOZEAU'S COPAHINE MEGE

Or SACCHARATED CAPSULES.—Copaiba and Cubebs are, doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing, in his Copahine, all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than a thousand trials in Paris, and the different London Hospitals, viz., St. Thomas's, Guy's, and St. Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. "Lancet," Nov. 6, and Dec. 10, 1852. The Copahine, which is in form of a pretty pink sugar-plum, effects a cure in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d., at G. JOZEAU'S, French Chemist, 49, Haymarket, London; 22, Rue St. Quentin, Paris; and all the most important Chemists.

Oil of Horse-chesnuts. — Caution. —

Messrs. REW and CO. are compelled to Caution the Profession against the purchase of Spurious Oils, which are sold as Oil of Horse-chesnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark Sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address, as under.

LIQUOR CASTANEA EQUINA.—This preparation of the Horse-chesnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, 2 to 4 drachms.

LITHIA WATER, LITHIA with AMMONIA, and LITHIA with POTASH, prepared by the directions of Dr. Garrod.—These waters are most agreeable in flavour, and strongly effervescent. 5s. per Doz., with directions. A liberal Discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

R. M. Rew and Co., Operative Chemists, 282, Regent-street, London.

Reduction of the Duty.— Wines and

SPIRITS of all SHIPPERS.—Her Majesty's Wine Merchant—(Established 1811)—JAMES MARKWELL,—Cellars, 35 to 40, and 45, Albemarle-and 4 and 5, Stafford-streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s.; Madeiras, 42s.; Moselles and Hocks, 40s.; Sparkling Hocks and Moselles, 48s.; ditto St. Péray, 54s.; ditto Burgundy, 60s.; Clarets, 23s.; Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; ditto Yquem, 80s.; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liquors. Particulars and direct shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xeres-Viejo, and Manzanilla.—J. M. is Agent for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schappes; Peach Brandy; Gin Slings; Brandy Cocktails; &c. &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount.—Stock, 16,000 dozen. Cash or reference. Bankers, Sir Claude Scott, Bart.

Price-lists on application.

Sulphuric Acid, Muriatic Acid for

Home Consumption and Exportation, JOSLING and CO., 134, Fenchurch-street, E.C.

S. Bowles, late Windsor & Co., Phial

and BOTTLE MERCHANTS, Dealers in Druggists' Sundries, &c. 6, James-street, Covent-garden, W.C. The cheapest house in London for every description of Medical Glass of the best quality.

Samples and Prices forwarded free on application.

PURE SPIRITS FOR THE FACULTY.

S. V. R. 56 O.P., 21s. net Cash.—

This quotation admits of neither credit nor discount, and 1s. per gallon must be added for packages, to be allowed on their return.

HENRY BRETT and Co., Old Furnival's Distillery, Holborn.

Dr. Belloc's Lozenges and Powder of

MEDICAL VEGETABLE CHARCOAL, approved of by the Imperial Academy of Medicine of Paris, for the cure of Indigestion and Constipation, and of all Nervous Diseases of the Stomach and Intestines.—2s. the box of lozenges, 2s. 9d. the bottle of powder.

General Depôt, G. JOZEAU, French Chemist, 49, Haymarket, London.

Williams and Son's Pure Glycerine

SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.
THE MEDICAL TIMES AND GAZETTE.
THE BRITISH MEDICAL JOURNAL.
THE MEDICAL CIRCULAR.
EDINBURGH MEDICAL JOURNAL.
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

TRADE W/P MARK.

Brown & Polson's Patent Corn Flour,

The Lancet states—"This is superior to anything of the kind known."

First of the kind Manufactured and Patented in the United Kingdom and France, as explained with engravings in "The Illustrated London News," of May 26th. Supplied by Brown and Polson, to Her Majesty the Queen, by order from Buckingham Palace.

It is in great favour wherever it has been made known, for Puddings, Blancmange, &c., preferred to the best Arrow-root, and especially suited to the delicacy of Children and Invalids.

Important Saving, by Prepayment,

in the PURCHASE of

NEW WHITE ROUND MOULDED VIALS OF THE BEST QUALITY.

PELLATT and Co. submit the following PRICES of VIALS, for PREPAYMENT only:—

½ oz., 1 oz., 10 dr., and 1½ oz.	per Gross,	6s.
14 dr., and 2 oz.	,,	7s.
3 oz.	,,	8s.
4 oz.	,,	10s.
6 oz.	,,	15s.
8 oz.	,,	18s.
½ oz. graduated in 3 doses,	,,	12s. 6d.

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes *all charges* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London*.—P. and Co. do not supply Green Glass.—Orders and remittances to be addressed,

PELLATT & Co.,
FALCON GLASS WORKS, LONDON.

Liquor Potassæ Permanganatis

(CONDY.) Gr. ij. ad ʒ 1.

LIQUOR MAGNESIÆ PERMANGANATIS

(CONDY). Gr. ij. ad ʒ 1.

LIQUOR CALCIS PERMANGANATIS

(CONDY). Gr. ij. ad ʒ 1.

Solutions of purified Permanganate, for internal or external use ANTISEPTIC and TONIC. Internally: Dose, from ten drops to a drachm in half-a-pint of pure water. Externally: As a Lotion or Gargle, from one to four drachms in half-a-pint of pure water.

The introduction of Condy's Patent Fluid having been attended with the greatest success, and the Medical Profession having expressed a desire for a Salt of Permanganic Acid adapted for medicinal use, the attention of the Profession is respectfully drawn to the above Solutions of Permanganates, of uniform strength.

Agents: John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Morson and Son, Southampton-row; Savory and Sons, Bond-street; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin.

Chemical Works, Battersea, S.W.

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School of Physic in Ireland.—

Incorporated 25 Geo. III., c. 42; and 40 Geo. III., c. 84.

The WINTER COURSES of LECTURES will Commence on November 5, and will be continued during the Session as follows:—

Anatomy and Physiology, and Comparative Anatomy	Professor M'Dowel	1 o'clock daily, Saturdays excepted.
Practical Anatomy..	Drs. Barton and Bennett	12 o'clock daily, Saturdays excepted.
Theory and Practice of Surgery	Professor Smith ..	3 o'clock Thursday, Friday, and Saturday.
Institutes of Medicine and Pathology	Professor Law	10 o'clock Wednesday, Thursday, Friday, and Saturday.
Materia Medica and Pharmacy...	Professor Osborne	11 o'clock Wednesday, Thursday, Friday, and Saturday.
Chemistry.....	Professor Apjohn..	2 o'clock Monday, Tuesday, Wednesday, and Thursday.
Practice of Medicine	Professor Banks ..	3 o'clock Monday, Tuesday, Wednesday, and Thursday.
Midwifery.....	Professor Churchill	4 o'clock Monday, Tuesday, Wednesday, and Thursday.

Dissections are superintended, and every assistance given to the Pupils, by the Demonstrators, Messrs. Barton, Bennett, Telford, and Kirkpatrick.

Sir PATRICK DUN'S HOSPITAL will be visited at Nine o'clock, a m., daily, by the Clinical Professors, and Clinical Lectures delivered twice in each week during the Winter Session, as also during the months of May, June, and July.

The Library of the College of Physicians is open every Tuesday and Friday, at Three o'clock, for the delivery of Books to Students subscribing 10s.

The SUMMER SESSION will Commence after the Easter Recess:

Botany—Professor Harvey.
Medical Jurisprudence—Professor Brady.
Practical Chemistry—Professor Apjohn.

Certificates from this School are received by all Licensing Bodies in Medicine and Surgery.

The Fee for each Course is Two Guineas: a reduction of one-sixth is made to Perpetual Pupils paying in advance for all the Lectures.

For further particulars apply to Professor M'Dowel, 10, Great Denmark-street; to Dr. Barton, 40, Lower Baggot-street; or to any of the Professors.

WM. EDWD. STEELE, M.D., Registrar,
K. and Q. Coll. Physicians.

Oil of Horse-chesnuts. — Caution.—

Messrs. ANDERSON were the first and original Introducers of this preparation into England, the immense demand for which has tempted several spurious imitations to be made, the most flagrant being a compound of potash, ether, and mucilage, which, if allowed to stand, throws down an alkaline deposit. Anderson's Oil of Horse-chesnuts is receiving the approval of the first members of the Profession, who state that it is the most valuable external application in cases of Gout, Rheumatism, Lumbago, Neuralgia, Toothache, &c.

30, DUKE-STREET, MANCHESTER-SQUARE.

Blancard's Pills of Unchangeable

IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg,
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853,
and Paris, 1855.

"Of all the modes hitherto proposed of administering Iodide of Iron in the pure state, I think Mr. Blancard's the best."—Chemistry applied to Therapeutics, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works (a).

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, arsemia, &c. &c., and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, No. 40, Rue Bonsparte, Paris. General dépôt in England at M. Gabriel Jozeau's, French chemist, 49, Haymarket, London. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained retail from the principal Chemists.

(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine, &c. &c.

Mr. Jeffreys's Respirators.—The Hand

and DWARF (ORAL), are chiefly to be used as preventives of attacks.

The EXPANSIBLE, and ordinary ORALS, the NASAL, and the ORINASAL, act as preventive, curative, or palliative means, according as they are early or late employed.

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ORAL RESPIRATORS,	PRICES. Gents.	Ladies.	Childs'.
1st or Best Quality, expansible—the power variable instantaneously, and by practice, without removal from the face—containing ten layers of gold (silver gilded) wire throughout, carried by a gilded frame. Reparable twice..	32s.	28s.	20s.
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3rd. The Ordinary Oral—variable as formerly, by the shifting of packets. Not Reparable ..	12s.	10s.	6s.
The Dwarf Respirator, a modified form of the Standard Oral Instrument	9s.	8s.	
The HAND ORAL RESPIRATOR, held in the hand, and applied to the mouth.			
Superior quality in kid leather	16s.	14s.	
Ordinary Hand Respirator	10s.	8s.	
Oral Respirators, for the Working Classes. Not variable..	5s. 6d.	4s. 6d.	

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NASAL RESPIRATORS.			
The NASAL RESPIRATOR, for the Nose only, for use In-doors or in Sleep	16s.	14s.	10s.

FOR THE MOUTH AND NOSTRILS.

ORINASAL RESPIRATORS.			
Worn over the mouth and nostrils, chiefly for in-door use and in sleep.			
1st or Best Quality—of gold (silver gilded) wire, &c. Reparable twice	36s.	32s.	
2nd or Superior Quality—Of gilt-wire. Reparable once	24s.	20s.	14s.
3rd or Ordinary Quality. Not Reparable.. ..	14s.	12s.	7s.

W. TWEEDIE, Wholesale Agent to the Manufacturers,
337, Strand, London.

Pilules de Hogg a la Pepsine, pure ou

unié aux FERRUGINEUX.—These three useful preparations have already been prescribed by many eminent Physicians throughout France, who have reported that the most satisfactory results have attended their administration in such cases and conditions as the following:—

PILLS of PURE PEPSINE, exhibited for Dyspepsia, Diarrhœa, Indigestion, and sense of uneasiness after eating.

PILLS of PEPSINE united with IRON, in Female Complaints, Impoverishment of the Blood, and in most cases of convalescence, to strengthen the system generally.

PILLS of PEPSINE united with PROTO-IODIDE of IRON, in all cases where this latter medicine is indicated: Debility, Chlorosis, Rheumatism, Cutaneous Affections, Tumours, Consumption, &c. &c., and as an excellent adjunct to Cod-liver Oil.

Mr. R. HOGG, 9, Albion-place, Hyde-park-square, is Agent for these three preparations in the United Kingdom, and sold by all Patent Medicine Vendors. In bottles, 2s. 9d. and 4s. 6d. of 50 and 100 Pills, see Pamphlets sent free by post.

Hogg's Lithia Water, Super-

CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA.

HOGG'S Citrate of Potash, and Citrate of Potash and Iron Waters.

HOGG'S Protocarbonate of Iron Water, and Ammonio-Phosphate of Iron Water.

These Waters are prepared as prescribed by Drs. Garrod, Owen Rees, and Bird; they are strongly effervescent, very agreeable, and contain an ordinary dose of their respective ingredients.

Also Potash Water, containing 20 grs. of the Bicarbonate; Soda Water, 15 grs.; Seltzer, Vichy, and Pullna, from correct analyses.

HOGG, Pharmaceutical Chemist to the Queen, 9, Albion-pl., Hyde-park-sq.

Aerated Lithia Water. — Messrs.

BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD'S instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain 2 grains and 5 grains in each bottle, either by itself, or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.

The following Waters as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains; Soda, 15 grains; Ammonia, 10 grains; Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

BLAKE, SANDFORD & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Dinneford's Pure Fluid Magnesia, now

greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, New Bond-street, London, and all Wholesale Druggists and Patent Medicine Houses.

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MESSRS. LARA AND WALTERS

(Late LANE and LARA),

MEDICAL AGENTS, ARBITRATORS, AND ACCOUNTANTS,

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Partnerships and Practices valued, and negotiated on Commission chargeable only to vendors; Permanent Assistants provided, without expense to Principals: Professional differences arbitrated; Books investigated and Accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the Medical Advisers and friends of Patients.

Attendance from 11 till 4.

Royal College of Surgeons of England.—Notice is Hereby Given, That the Preliminary EXAMINATION in CLASSICS, MATHEMATICS and FRENCH of Candidates for the Fellowship of this College, will be held on Monday, Tuesday, and Wednesday, the 22nd, 23rd, and 24th instant, at 10 o'clock a.m. each day.

October 10, 1860. EDMUND BELFOUR, Secretary.

University of St. Andrews.—Notice is Hereby Given, That the next EXAMINATION for the DEGREE of DOCTOR of MEDICINE will Commence on THURSDAY, the 27th of December

Fellows and Members of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Faculty of Physicians and Surgeons of Glasgow, and Licentiates of the London Apothecaries' Company, are eligible for Examination.

Every Candidate is required to communicate by letter with Dr. Day, the Professor of Medicine, fourteen days before the period of Examination, and to present himself to the Secretary for registration, on or before Wednesday, the 26th of December.

By Order of the Senatus Academicus,

St. Andrews, October 16, 1860. JAMES McBEAN, M.A., Secretary.

University of London, &c.—A First-class B.A. and M.D., prepares Gentlemen for the MATRICULATION and MEDICAL EXAMINATIONS, the Preliminary at the Hall and College, the Membership, the Fellowship Examinations, &c. Full MS. and printed Notes on all the subjects forwarded. Resident Pupils received. Address A. Z., Ferriman's, Stationer, 49, Albany-street, Regent's-park, N.W.

Surgeons' Hall, Edinburgh.—Winter SESSION, 1860-61. The INTRODUCTORY ADDRESS will be delivered by Dr. SANDERS, on MONDAY, November 6, at One p.m. The prospectus may be obtained on application to Mr. John Struthers, Secretary to the Medical and Surgical School.

Royal Westminster Ophthalmic HOSPITAL, CHARING-CROSS.

The LECTURES upon the ANATOMY, PHYSIOLOGY, and DISEASES of the EYE, in accordance with the Army, Navy, and East India Board Regulations, will Commence on FRIDAY, the 2nd November, 1860, at Half-past Twelve o'clock, and will be continued in the following order:—

Anatomy of the Eye—Mr. Rouse: Mondays and Fridays.

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Urine.—Professor Harley will COMMENCE his WINTER COURSE of DEMONSTRATIONS on the URINE and URINARY DEPOSITS, for Medical Practitioners, on SATURDAY, October 27, at Ten a.m. Fee, £2 2s. The Class meets once a Fortnight, and Instruction is practically given in the Application of the Microscope, and of Chemistry to the Detection and Treatment of Disease. Physiological Laboratory, University College, October, 1860.

Birmingham and Midland Eye INSTITUTION.—A SPECIAL MEETING of the General Committee will be held on Thursday, the 1st of November, for the purpose of ELECTING a HOUSE SURGEON to the above Charity, where upwards of 4000 patients are annually relieved. He will be required to be a Member of one of the Colleges of Surgeons of Great Britain or Ireland, and a Licentiate of the Society of Apothecaries, London, or of one of the Colleges of Physicians of the United Kingdom, and to be registered in accordance with the Act of Parliament. Salary, £100 per annum with Apartments and Attendance. Testimonials addressed to the Medical Committee, to be sent on or before the 26th October next. Any further particulars, may be had on application to the Secretary. By Order,

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Glasgow, 11th October, 1860. WILLIAM AMBROSE, Sec.

West of London Hospital, HAMMERSMITH, W.—A VACANCY having occurred in the office of SURGEON to the above Institution, Gentlemen desirous of the appointment can be admitted Candidates on producing their Diplomas during the sitting of the Medical Committee, on THURSDAY, November 1st, at Three o'clock punctually. They must be Fellows or Members of one of the Royal Colleges of Surgeons, and not practising Midwifery or Pharmacy. W. F. AINSWORTH, Hon. Sec.

Board Room, October 9, 1860.

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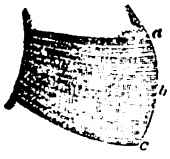

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As in the case of scarlatina, I shall speak of the effects of cold upon the system generally; and from these I shall direct your attention to the probable consequences more especially upon the kidneys.

The physiological and pathological action of cold has been carefully observed and studied by many eminent physiologists; and if we apply the effects as seen in parts exposed to view, and witnessed by symptoms the most patent, to the explanation of its effects in parts removed from our view—the internal organs—very valuable evidence may be obtained as to the true nature of the pathological process which these agents induce in the organ with which we are more immediately concerned.

With respect also to the other causes of these diseases, you will find, I think, but few which do not more or less derange the system generally: that the effects upon the kidney are only a part of a general derangement, rendered more intense, more disastrous, and more permanent from the great importance of this organ in the economy, and the peculiarity of its structure.

It is necessary also to keep always before our minds that up to a certain extent both cold and heat, as well as moisture and wind, are stimulating, refreshing, health-giving; and that this degree of temperature, humidity, and force of wind, will depend upon the age, constitution, temperament, and state of health of the individual. A temperature or other condition of the atmosphere healthful in its operation to one, will be more or less disastrous, or even deadly, to another.

Another circumstance to be considered in estimating the influence of cold as a cause of disease is the state of the atmosphere to which persons may have been previously accustomed; for a sudden transition from an atmosphere of a high temperature to one even moderately cold, is keenly felt, and produces a much greater effect upon the body than a temperature considerably lower would have produced on a person who had been gradually inured to it. To a certain point both cold and heat resemble each other in many respects in their effects upon the body; and even beyond a certain point, high in the thermometrical scale in the one case, and low in the other, they also have some resemblance. They both paralyse the nervous functions and destroy the muscular contractility.

The Physiological Effects of Cold.—The first effect of cold is undoubtedly upon the nervous system. But the muscular system very soon suffers also, and the combined effect is an alteration of the circulation, and probably of the blood also. Moderate cold and moderate heat are, as I have before said, stimulating,—they exalt the nervous sensibility, they increase the muscular contractility and the force of the heart's contractions, they quicken the circulation, and promote nutrition and secretion. You must always separate, therefore, the healthful from the pernicious influence of these agents. Any undue temperature—either high or low—will depress more or less the nervous system; impair, suspend, or even permanently destroy, the muscular contractility, retard or arrest the circulation, and stop both nutrition and secretion; and every gradation between these extremes may be observed according to the temperature, humidity, and rapidity of movement of the atmosphere, and the constitution and other states of the individual. And here I will allude to the experiments which Poiseuille made for the purpose of showing the effects of extremes of heat and cold upon the circulation; and by them we may be able to form an idea of the effects of more moderate but more general and long-sustained applications of these agents in the causation of disease as we observe them in our temperate climate.

Poiseuille placed some small pieces of ice upon the mesentery of a kitten, the vessels of which were transparent, the temperature of the surrounding air being 22° Centig. (71·6° Fahr.) In a few seconds the vessels (arteries and veins) which previously permitted the passage of two or three globules abreast, allowed only one, and the usual transparent layer of serum next the wall increased in thickness three-fold; these vessels, notwithstanding the action of the cold, did not appear to have diminished in volume. In the capillaries, the circulation at first slackened, and quickly became arrested entirely. On removing the ice, both the arteries and the veins again permitted two or three globules to traverse abreast, as before the action, and the circulation in the capillaries shortly afterwards was re-established. On repeating these experiments on the same animal, and in frogs, toads, young rats, and mice, the same phenomena were invariably observed.

So much for the effect of extreme cold. The following experiments show the effects of heat:—Poiseuille placed upon the mesentery of a toad a thin layer of water, on the surface of which one end of a thin slip of iron was put, while the other end was suspended in the flame of a candle. In proportion as the temperature of the layer of water was raised, the quickness of the current in the capillaries increased; but the heat becoming so great as to raise a perceptible vapour from the surface, the globules were observed to be stagnant in the capillaries; while some islets, formed by the agglomeration of the globules, were seen moving with extreme slowness in the neighbouring arteries and veins, and there were some oscillations observed in them, the extent of these diminished gradually, and they soon after disappeared; the blood was stagnant, and the force of the heart's impulsions could no longer be observed. Probably this was the result of the coagulation of the albumen in the vessels by so high a temperature. It is interesting, however, on many accounts. M. Poiseuille placed the mesenteries and feet of amphibia and mammals in a thin layer of water at 30° Centig. (100·4° Fahr.), and the rapidity of the circulation was so great that it was impossible to distinguish the form of the globules, while in other parts that had not been laid in the hot water, and that had been exposed to the atmosphere, although slightly quickened, yet offered no comparison to that of the current through the vessels of the parts in the water. In these experiments the only difference perceived between the action of heat and cold in the amphibia and mammals was, that in the latter the effect was more rapid, while the return to the normal state took a much longer time. We see, from these experiments, that extreme cold immediately delays, and rapidly arrests the circulation, and, from there being no diminution in volume of the vessels, that it destroys at once the contractility of their muscular coat. Heat, on the contrary, quickens the circulation more and more, until it is raised so high as to coagulate the albumen and also paralyse the muscular coat; for it also, when extreme, paralyses the muscular fibre, and, like cold, destroys its contractility. On submitting muscular tissue to a temperature higher than natural, it has been found that at first its irritability is increased, but on carrying the temperature up to a certain height, varying in degree in different species of animals, it will disappear altogether. In living mammals the irritability seems to disappear at about from 132° to 140° Fahr. What the immediate cause of the retardation of the blood observed by M. Poiseuille may be, it is not easy to say. It is probably due to two causes acting simultaneously; namely, paralysis of the nervous function, and suspension of the muscular contractility of the vessels of the part. The force of the heart may be in some measure diminished by the

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shock produced in such young animals by the application of the ice to parts so near the great semilunar ganglion, which has such an intimate connexion with the cardiac plexus. That muscles become paralysed, and the circulation nearly, if not altogether, arrested, and the nervous sensibility perverted, most of you must have had personal experience in the numbness and actual pain, and the blueness of the fingers from handling ice, or from exposure to cold air. That the whole nervous system suffers, we have incontrovertible evidence in the writings of our Arctic voyagers, especially in those of Sir Edward Parry (in the account of his third voyage), Sir John Ross, and also in those of Baron Larrey. According to Larrey, the congestion, followed by stasis, appeared to operate first upon the brain; but soon, and in some cases, almost instantly, upon the lungs also. The symptoms, however, almost invariably commenced in the brain; its action became enfeebled, the intellectual operations were embarrassed, the sensibility diminished, the senses were disordered, motion became more and more difficult, a numbness crept over the whole frame, the poor fellows reeled as if drunk, and ultimately fell down in a state of complete insensibility. Some complained of a severe pain, even when the numbness was great: it was intense, and of a lancinating character. That cold deadens the nervous system, and acts as a narcotic, is well known. The warning of Solander pithily describes this: "Whoever sits down sleeps, and he who sleeps never awakes."

These, then, are the physiological effects of cold. It impairs, suspends, or permanently destroys the nervous function; it impairs, suspends, or destroys the muscular irritability and contractility; it retards or arrests the circulation; and it produces some change in the blood itself. Blood drawn from parts exposed to cold is found invariably to form the buffy coat.

What are its Pathological Effects?—Let us take an example in that frequent effect of cold—Chilblain. The application of cold retards the circulation, a reaction is set up in the surrounding vessels to overcome the retardation; it is insufficient; increased blood-delay is the consequence, perhaps actual stasis; the blood becomes damaged; exudation takes place—in fine, inflammation. This is what we see daily in severe winters in our own country. The cold may be so intense, or the constitution so feeble, that blood stasis may be the immediate result of the cold: reaction takes place in the vessels of the surrounding parts; all access of fresh, warm blood is prevented, and the "frost-bitten" part sloughs off. This is a frequent local effect of cold. How can we apply this to the explanation of the pathological effects of cold upon the internal organs? In this temperate climate the temperature is not often much below the freezing point—very seldom is it below zero. But we have moisture, and we have winds. These, undoubtedly, increase the effect of cold, whether local or general. Water in the form of vapour increases the conducting power of air, which by itself is almost *nil*. It conducts away the heat of the body, and also the electricity, while it prevents the cutaneous transpiration. You all know the effect of this. In the first place it is of great interest to us, because normally the skin eliminates from the system a good deal of urea. But with respect to cold there is an important fact to be mentioned. When the secretion of the skin is suppressed by a resinous varnish, or by oil, the animals so treated seem to perish from cold; a gradual cooling goes on until the temperature becomes the same as that of the surrounding atmosphere: it prevents the skin from performing its respiratory and *urinary* function.

With regard also to winds, we are liable to them in this country, from the cold, dry, withering east, and north-east, to the damp, and moisture-saturated south-west. It is difficult to say which of them is the more injurious,—the east and north-east, deprived of their moisture by condensation, and their heat in passing over the high and snow-covered countries of the north and north-east of Europe, impinging particle by particle, in quick succession upon the body, and carrying off in its rapid transit its heat and moisture; or the humid south-west, drawing by adhesion its moisture in its course across the Atlantic, carrying off the heat and electricity by conduction, and stopping the cutaneous transpiration.

We have, again, another cause in our climate to make us feel and suffer from the cold. I have mentioned the paralysing effects of heat. We are exposed to great transitions, not only from the nature of certain occupations, but really from our climate. The body, at one hour of the day may be suffering from the relaxing, paralysing effects of heat, and the next from the equally paralysing influence of cold. The opposite transition is equally injurious.

The diseases from mere exposure, as found among our Arctic voyagers, were scurvy, jaundice, *chlorosis*, *anasarca*, phlegmon, and gangrene, besides apoplexy and internal inflammations. Now, in our temperate climate, looking to cold as a cause of disease, more especially of these diseases of the kidney, how does it probably act, and what are its pathological effects? The cold will never be so violent as to destroy the nervous function of the surface, and the muscular irritability and contractility of the vessels at once. I have already said, in a former Lecture, that I do not think there ever was a case of acute Bright's disease produced by one exposure to cold, however prolonged, the kidney being previously free from disease, and the body generally healthy. I do not deny that it frequently happens that we have what is called "acute inflammatory dropsy," attended with albumen in the urine, from one prolonged exposure to cold, or cold and wet. But what I contend for is, that previously there existed some alteration of structure in the kidney from the previous action—slow it may have been—of some one or more of the exciting causes of the disease,—it may have been cold itself, or intemperance, or the body may have been weakened from some other disease, or it may have been naturally frail. But suppose cold to have been a cause of disease, how does it act, and what effects upon the organs is it calculated to produce from its known physiological action? We have seen how moderate cold and moderate heat act upon the body: their influence is healthful. We have seen how extremes of heat and cold act: their influence is extremely pernicious, even deadly.

It is extremely desirable that you should have as perfect an idea as possible of the way in which cold produces its effects upon remote organs. You have had evidence of its paralysing effect upon the nervous system. It is reasonable to assume that when the nervous function is impaired from any cause, especially when paralysed from cold, the effects will be the same as when it is directly paralysed by any other cause. You need not that I should mention any fresh evidence of the influence of the nerves on secretion and nutrition. The remarkable experiments which I related in my Fifth Lecture show this clearly.

You know, also, that the blood, left to itself, and in a manner cut off from the circulation from any cause, rapidly undergoes alteration in its physiological properties. It is probable, nay almost certain, from what we observe daily, that this change takes place from blood-stasis, however short its duration. This seems more than probable from the experiments formerly made by Marchand, repeated since by Müller, and more recently still by M. Armand Moraud, upon the destruction of the nerves of the kidney. We know that when a kidney of an animal is removed it does not occasion any very apparent disturbance; but, what is singular, if, in place of removing one kidney, its nerves be divided, it is constantly and rapidly mortal. Why is this? Section of the nerves is invariably followed by a singular and rapid alteration of the tissues of the kidney; it rapidly suppurates, and is destroyed (a). Such great and immediate results following the section of the nerves, it is not at all unreasonable to assume that when their function is impaired from any cause there will be a proportionate change in the condition of the organ. In the experiments to which I have already alluded, irritation of the nerve interrupted the circulation through the organ, and arrested the secretion, and the kidney became black from congestion. Now, something like this, I am disposed to think, takes place from exposure to cold, or cold and wet, when they act as causes of kidney disease.

In Poiseuille's experiments the muscular contractility of the vessels was destroyed at once by the application of the ice to the tender tissues of very young animals. The application of cold, in the form in which it acts as a cause of disease in this country, is attended with somewhat different results, although, in the main, its effects somewhat resemble those observed by Poiseuille. At first, on the application of cold, especially if combined with moisture, and the air be in more or less rapid motion, the nervous sensibility is increased, the muscular contractility is also augmented, the subcutaneous

(a) "Leçons sur les Liquides de l'Organisme," par M. Claude Bernard.

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muscular fibres and the muscular walls of the small vessels contract, and the vessels themselves diminish in volume, and the appearance termed *cutis anserina* is produced. Instead of the current of the blood being quickened by the reduced diameter of the vessels it is slackened from the application of cold, in the same manner as from irritation from any other cause. There is, then, not only a smaller amount of blood going to the skin and superficial parts of the body from this retardation of the circulation, but there is less capacity in the vessels for the blood. The vessels in the internal organs become engorged, and the blood is at the same time overcharged with water which has to be exhaled by the lungs, and transuded in the kidneys. This local application of cold, however, to the surface not only produces a more or less paralysing effect upon the cutaneous nerves and muscles, it produces, sooner or later according to the powers of the circulation, a sympathetic effect upon the nervous and muscular system generally—a chill, and more or less rigor and general spasm The nervous system directly, and the muscular system indirectly, begin to feel the effect of the prolonged local exposure. It is not for me here to inquire into the physiological cause of this chill. It is not improbable, however, that it may be due to some retardation and congestion in the sensory nerves generally. Now this chill, and this "creeping spasm," I am disposed to regard as the first indications of the internal vessels and muscles being affected in like manner as the cutaneous nerves and muscles were affected from the direct influence of the application of cold. It is probable that during every chill from transitory exposure to these agents, or from other causes, as, *e. g.*, from ague, there is a temporary suspension, more or less complete, of the secretion, as a secretion, and congestion of the vessels; and frequent exposures to cold, or cold and wet, more or less prolonged, may, and undoubtedly do, lead to chronic changes of structure in these organs; and if these causes are associated with intemperance, as they often are, will cause in the majority of instances, the different forms of *granular* kidney. It would be interesting and profitable to test a sample of the urine passed during the latter part of the cold stage of ague whenever you have opportunities. So far, then, as the muscles are not paralysed, they contract; the vessels diminish somewhat in diameter, the blood becomes retarded, the nervous system is more or less paralysed, and secretion is impaired. An effort is now made on the part of the system generally to overcome this. The heart is labouring more and more to overcome this retardation in like manner as in the familiar example of the chilblain, the action of the vessels around the inflamed part became increased. Increased cardiac impulsion is brought to bear upon the retarded or stagnant mass of blood in the capillaries, and increased transudation, or exudation, or actual hæmorrhage, is produced.

This I regard as the immediate effect. But the cause continuing, further reaction becomes necessary. The blood is altered; it contains the elements of the secretion or excretion, an inflammatory process is set up, and various matters become exuded, which may in one situation rapidly become purulent, in others it may be fibro-plastic, in others again lower forms of albumino-fibrinous matter. These exudates will vary in different individuals according to the constitution and habit of body and previous state of health. At the same time an abundant serosity may be poured into the tissues of parenchymatous organs, or on the free surface of serous and synovial membranes. We may give names to these local and distant effects of cold as we see them in our temperate climate,—chilblain, phlegmon, pneumonia, pleurisy, bronchitis, rheumatism, kidney disease: all of them, however, are only parts of a general state, the local manifestation being intensified by some previous determining condition of the organ, whether from inherent or acquired weakness, or vice, or from some diseased condition of blood. Rheumatism if lactic acid (?) be present in abnormal quantity, chilblain when the circulatory powers are languid, and one or other of these kidney diseases, of which we are now more especially treating, if this organ has been over-worked and over-stimulated by alcoholic and allied fluids, whether drunk in excess or imbibed by the lungs in the form of vapour, or whether it has been more or less altered in structure by previous and frequent exposures to cold, or cold and wet, or is degraded by age. And according to which of these causes may have previously been in operation, so will be the form, within certain limits, of the disease, the immediate result of the one prolonged exposure to the withering, penetrating, and paralysing cold.

And this brings us to the conditions of the kidney likely to be produced by cold, cold and wet, and sudden and great transitions of temperature. And here I may digress a little for the purpose of saying a few words with regard to these transitions of temperature. To show their influence for good or for evil was partly my object in mentioning the effects of heat. Up to a certain point, so long as it is stimulating and comforting it is a preservative against cold. The practice in Russia, while the body is heated and reeking with perspiration, to go out and roll in the snow is an instance of this. The Turkish and Russian baths are other examples. But we have seen that beyond a certain point, different in different individuals, heat paralyses the muscles, destroys their irritability and contractility, and especially those of the heart. If, after these conditions had been partially induced, any one were to expose himself suddenly to severe cold, the shock might produce fatal syncope. Individuals are variously affected by heat and cold. The paralysing, relaxing influence of heat, may be much greater in some individuals than in others. You must take this into consideration in judging of the effects of these agents in causing disease; and I am afraid the want of attention to this will lead to many deaths from the indiscriminate use of the so-called Turkish and Russian baths, administered as they are by persons ignorant of the power of resistance of different individuals to these important agents,—stimulating, refreshing, and healthful when properly used,—more or less pernicious, and even deadly, when improperly applied. It has been my lot already to witness very disastrous consequences from the injudicious use of these baths.

The altered forms of kidney produced by these causes will be various, according to the manner of their application, and the constitution, state of health, and habits of life of the individual. Suppose the kidney has been previously sound, and the body healthy, and the individual plethoric—in fact, we will suppose a well-to-do and healthy labourer of steady and temperate habits and tolerably well-supplied with proper food. Such an individual is exposed for a considerable time to an intense cold, which is rendered more potential by humidity and wind. He has been engaged in some exposed situation, in some occupation requiring no very great amount of exercise for many successive hours—slating a house, for example. He may have been exposed during the time to a passing shower or two. What is the form of kidney disease likely to ensue, supposing he happens to be organically diseased at all by such an exposure, and that the kidney, from some accidental cause (it may be from the highly acid state of the urine, or an undue proportion of uric acid, or some other irritant), is the organ most affected? The blood has been previously healthy, and the fibrin, albumen, and corpuscles in a normal condition. On the retardation of the circulation through the kidney, from more or less paralysis of the nerves, and the muscular coat of the smallest arteries, there will be transudation, abnormal in amount, but of good plasma; and there will be a certain small amount of inflammatory reaction in the larger arteries of the organ, as well as, probably, in the system at large. The secretion, also, will be somewhat impaired; the watery part will be in abundance, and there may be some albumen; the animal principles and the salts of the secretion almost *nil*. Here is the state of engorgement simply, with an abnormal quantity of serum in the tissues.

Suppose, on the other hand, the sympathetic paralysis of the nerves and muscular coat has been more complete and more sudden, or that the condition above described has gone on, and that blood-stasis, with its concomitant arterial and cardiac excitement and increased action, have been produced, and the blood has undergone the usual change; exudation of a fibro-plastic matter follows, the engorgement has become inflammatory; more or less extravasation may have taken place, and secretion is all but, if not quite, suspended. We have blood in the urine to such an amount that it becomes solid on standing; or there may not be sufficient fibrin for this, but it may be so highly albuminous as to become solid by boiling. The tubes will be filled and the tissues infiltrated with the same matters, the almost paralysed nerves will be more or less pressed upon, the capsule being almost inextensible; the pain, therefore (as we have seen in the frost-bitten fingers), becomes intense. The pain, when these nerves are inflamed, irritated, or pressed, is peculiarly sickening and prostrating; and not only will the nerves of the immediate part

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be the seat of this pain, but those of the parts to which they send branches,—the testes, the thighs, the hips, and the intestines; and the sympathy may be so active that vomiting may take place, and partial syncope. This is not Bright's Disease; it is the old-fashioned *nephritis acutus simplex*. But suppose, through treatment, he recovers from this active condition, but not quite, and the affection becomes chronic, and weeks or months elapse; now he will have one or other of the forms of "Bright's Disease, attended with albumen in the urine." It is impossible to say what that form may be. We have imagined a healthy individual, previously of a sound constitution. The subsequent form of kidney will therefore depend upon the length of time he may linger before death occurs. According to my experience, it generally is in the form of the coarse, granular kidney of Mr. Wilkinson King, described by Dr. Wilks, in his very practical and able paper in the "Guy's Hospital Reports," (Second Series, vol. viii., 1852-8,)—a paper which ought to be read and studied by every one wishing to become practically acquainted with these forms of disease. It is, however, very seldom that we see a case of this uncomplicated nature. If it happened in a weak, scrofulous person, a low form of albumino-fibrinous matter would have been exuded, the case would have been less acute from the first, and we should have a large white kidney at the latter stages of the disease, when death takes place; but still it would be more or less granular also,—it would be a mixed form of kidney. Of course I omit to mention the change in a scarlatinous kidney from exposure to cold; I described that in my last Lecture.

But the kidney may have been suffering from chronic mischief for some time, from one or more of the other causes, and in individuals of various constitutions. We may have in such cases every form of kidney disease that has been described in books,—the large white, the fatty, the waxy, the small granular and cystic, the coarse granular, and so on; but as it is my main object to put before you, in these Lectures, the great and guiding principles, as I conceive, that ought to be borne in mind in the study of these diseases, I do not consider it necessary to enter upon a detailed description of these several forms, independent of the process engendered by the several causes. In the next Lecture I shall speak of Alcohol, and the other causes of these affections.

ORIGINAL COMMUNICATIONS.

THE HISTORY AND PRESENT STATE OF MEDICINE IN CHINA.

By DR. HOBSON,
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Nations differ in mental characteristics as much as they do in their physical conformation. Climate, temperament, and education exert a great influence upon both. The ancient Greeks were eminently distinguished by their classical and æsthetic taste. The Romans were more remarkable for their solid and warlike cast of mind. The Arabs are thus noted for their predacious, roving, and contemplative habits. The Turks, and Mohammedans generally, are bigoted and persecuting. The Hindoo is represented as pliable, listless, and metaphysical. The Chinese may be briefly described as indefatigable and industrious in their habits, and eminently a practical, matter-of-fact people. I should say of them, judging from my own experience of their character, that were a clear-thinking race, not profound in any scientific pursuits, and yet possessing a logical mind, the result of early habits of attention. Their perceptive faculties are excellent, their memories retentive, and their ability to acquire information on any subject considerable. They certainly are not a dull, unobserving, or unimprovable race; their cranial and mental developments all favour the opinion that they are, on the contrary, naturally endowed with a quick understanding; but their æsthetic taste is decidedly low. Sublimity, beauty, harmony, melody, picturesqueness, proportion, perspective drawing, sculpture, etc., are qualities for which the Chinese are not famous. The science of ethics has been much more cultivated; still the sentiment of religious veneration is sadly defective: the want of this is constantly seen in their familiar, irreverential approaches to their objects of worship, and in the light, trifling manner which they speak of their gods, and their readiness to ridicule the priests and the incongruities of pagan worship. The same want of reverence is observable in their allusions to Shang-Te, the Supreme Ruler.

The Chinese are proverbially great utilitarians (in its ordinary signification); they, therefore, neglect the study of the natural and abstruse sciences, because they appear to them unproductive of any immediate benefit.

The low state of astronomical science among them, previous to the Jesuits reaching Pekin, is well known; and even now, the apparent revolution of the sun, planets, and stars, round the earth, is the opinion that is found generally prevailing. The earth is considered one vast plain; China occupies the central and largest portion; England, America, and other nations are placed as Barbarian States in the far corners of the earth. These absurd views are of course now being gradually dissipated by increasing acquaintance with these distant Barbarians, and also by the publication of works on geography by missionaries and others; but they have yet much to learn of the world's history. Of chemistry, pneumatics, hydrostatics, optics, electricity, geology, mineralogy, and many cognate sciences, they know nothing; of astrology and Medicine they profess to have some knowledge. These are considered practically useful, and hence the attention paid to them. Of the absurdities of astrology I shall not speak; but upon their theory and practice of Medicine, and subjects connected with it, I shall enter rather freely, as it will exemplify better than anything else some of the chief features of Chinese life and character. I would first premise that, though the Chinese cannot be considered as yet a scientific people, yet they are behind none in the useful and industrial arts, in some branches of which their skill and ingenuity have never been excelled. Everyone admires the Chinese porcelain, the manufacture of their rich satins and silks, their light and tastefully-designed gauzes, their beautiful embroidery, their elaborate engraving on stone, wood, and ivory; their delicate filagree work in silver and gold, which cannot be surpassed for delicacy and cheapness in this country; their smooth cutting of the hard and valued jade-stone; their fine lacquered ware; their elegant flower-stands; their large and handsome porcelain jars; their antique vessels in bronze, enamelled with curious devices, resting on richly-carved pedestals (and fetching fabulous prices); the brilliant colouring of their flowers, birds and insects, fruits, and Chinese costume, etc., on their celebrated pith-paper;—all of which combine to impress us not only with their skill in handicraft, but that they possess also considerable inventive genius; for many of the arts enumerated above were in existence in China when we were in a state of barbarism. They have likewise unquestionably a strong imitative faculty. The only thing—or about the only thing—that they are at present unable to imitate, are steamboats; and this arises mainly from their imperfect acquaintance with steel and iron. They are more clumsy in the working-up of these valuable commodities than any other branches of manufacture; but enough has been said to show that, whether it be in the power of invention, or the more ready art of imitation, the Chinese must be acknowledged to be a thinking and ingenious people.

Let us now see what they know of the healing art, with which all people profess to have some acquaintance, but comparatively few have attained sufficient knowledge of, to raise it to the condition worthy of a scientific pursuit and of practical advantage to society. What I shall aim to give will be a concise account of the present state of Medicine in China; the chief diseases met with there; the principal ingredients of the Chinese Materia Medica; and the efforts that have been made to give them a rational system of Medicine.

The healing art has its origin in the natural wants of man; and hence it is that no tribe of men can scarcely be found who are utterly destitute of the healing virtues of a few plants, and have some knowledge of using them in the cure of diseases. But the structure and functions of the human body must first be studied in health, before there is much prospect of curing them when affected with disease; and as this study of man, in his moral and physical nature, and also in his relations to the outer world, opens up a wide field for

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observation and scientific research, the amount of knowledge that a nation or individuals possess on subjects connected with the physical and mental constitution of man really affords a good criterion by which to judge of the superiority of one nation over another, and of individuals over their fellows. And so with the healing art,—where that is encouraged by the State—is much esteemed by its professors—and confided in by the sick—it gives the surest evidence of a high state of civilization, and the progress of science in that country. And, on the contrary, where there are no laws to regulate, and no public favour or patronage to encourage the studies of the Medical Profession, we may justly conclude that the Government and people of that country have no proper appreciation of science, nor possess any strong desire to make advances in their social and moral condition. It will not be out of place to quote a few excellent remarks made by the celebrated Robert Hall on the benefits which the science of Medicine confers upon society:—"Among the innumerable benefactions issuing from a wise and gracious Providence, the art of healing is not to be considered as the least. For though it is far from having reached the perfection which we naturally desire, or which may be attainable, its efficiency is such as ought to inspire the most unfeigned gratitude to the Author of every good and perfect gift. By the cure of many, and the mitigation of most, of the diseases to which the human frame is incident, the total amount of ease, comfort, and refreshment which it confers is incalculable. In judicious hands, it is the handmaid of Nature, while it obeys her indications, and assists her efforts." "The skilful Physician by a sublime process of experiment and induction has ascertained, to a great extent, the relation which the corporeal frame sustains to the various objects, both natural and artificial, with which the stores of Nature are fraught." "A large portion of the ingenuity and industry of mankind is incessantly exerted in multiplying the pleasures of the opulent, giving a higher zest to the fruitions of luxury, and gratifying the caprices of vanity and pride. With the Physician, however, it is far otherwise. He interposes in moment of exigence, and obeys the call of Distress. He administers the cordial to the fainting spirit, rekindles the expiring lamp of life, and often decks the countenance with smiles which Death, under the ravages of disease, had marked for its victim, and covered with its shade. "It will probably be found that the Medical Profession has furnished more examples of active and enlightened humanity than any other walk or profession." "The art of healing proceeds with a silence and secrecy, like the great processes of Nature, to scatter blessings on all within its reach; and the couch of sickness, the silent retreat of sorrow and despair, is the scene of its triumphs." "How striking is the contrast betwixt the art of Medicine and the art of War!" "The little applause which is bestowed on Physicians, compared with what is so lavishly heaped on conquerors, conveys a bitter reflection on human nature, by showing how much we suffer ourselves to be the dupes of our senses; to extol the brilliant rather than the useful; whereas a just and impartial estimate would compel us to assign to skilful Practitioners of Medicine the very first rank among merely human professions. For, when we consider the variety of ills to which we are exposed, and how large a portion is derived from bodily infirmities, it will appear that we are more indebted to their assistance than to that of any other class of persons whatever." This is a testimony in favour of the Medical Profession worthy of the great man who made it; and it is not altogether uncalled-for in the present day, when there appears a growing disposition to think and speak otherwise.

If we turn now to any French or English work treating on the history of Medicine, we find that there is very little known about the state of Medicine in China. Its early history is coeval with the primitive period, corresponding in point of time to the history of Medicine in Egypt and ancient Greece; only, if anything, it is more ancient; and, so far as I can learn, China had no communication with those more advanced schools of learning in the far West, and I see nothing analogous in the theories of the two schools of the East and West, but the commonly-received opinions of the doctrine of the elements. By way of comparison, I must refer to Hippocrates, who lived more than 400 years B.C.; he was contemporary with many learned men of that age, and among others the Chinese moral philosopher, Confucius. The following remarks will show how vastly superior were the attainments of this eminent Physician to anything existing in China both then and since. Nothing up to his time was worthy of the the designation of Medical Science; and even for a long period after his time, so great were the acquirements that he possessed compared with other men, that the new system and improvements he introduced, remained unquestioned, and were not materially altered, for many hundred years after his death. It appears that even the celebrated Galen, who practised in Rome, about 600 years afterwards, and who enjoyed all the superior advantages that the Alexandrian School of Medicine and Anatomy then afforded him, looked up to Hippocrates with the greatest admiration; and did but exemplify and more freely expound the aphorisms of his master.

Dr. Bostock, in his interesting and learned history of Medicine, given in the "Cyclopædia of Practical Medicine," says, speaking of Hippocrates,—"He appears to have had the sagacity to discern the great and fundamental truth that, in Medicine, probably even more than in any other science, the basis of all our knowledge is the accurate observation of actual phenomena, and that the correct generalisation of these phenomena should be the sole foundation of our reasoning. Every page of Hippocrates proves that he was not without his speculations and hypotheses; but, at the same time, we perceive, that for the most part, they were kept in subjection to the results of observation; and that when they appeared to be in opposition to each other, he had the wisdom to prefer the latter. Hence his descriptions of particular diseases, after all the revolutions of customs and habits, both moral and physical, are still found to be correct representations of Nature; while his indications of cure, and the treatment derived from them, are generally rational and practicable. When we reflect that at this period anatomy was scarcely practised, that physiology was almost unknown, that the materia medica was nearly confined to vegetable substances, and of those indigenous to Greece and the neighbouring countries, our admiration of the skill and talents of Hippocrates will be still further increased, and we are induced to regard him as one of those rare geniuses who so far outstrip their contemporaries as to form an era in the history of science." The Sydenham Society has done a good work in publishing in an English form, and by such an able translator, all the genuine writings of Hippocrates; and in the perusal of these we cannot but feel the highest surprise that, in those early ages of the world, so much was known in Medicine, compared with the slow progress the science made up to the time of Harvey, who lived about 2000 years afterwards.

Hippocrates, we know, paid great attention to the influence of temperament, climate, changes of the atmosphere, food and drink, upon health and disease. And he theorised on the existence of the four elements in the human body, and the combination of these elements with the four states of heat, cold, moisture, and dryness, giving rise to the four fluids,—blood, phlegm, bile, and black bile,—constituting, when in excess, the four temperaments. He first put forth the doctrine of crises, or the natural tendency of disease to cure itself, at certain periods, by critical evacuations. He also treated diseases by revulsion or counter-irritation, and the regulation of diet, regimen, etc., all of which, excepting the absurd theory of the elements, commend themselves to every observing and practical Physician in our day. Well does Hippocrates deserve the fame and the honourable title given to him as the Father of Medicine.

I wish I could say as much of any Physician in China. The most celebrated is one Hwa-to, who was contemporary, or nearly so, with Galen. It is reported of him that he performed several Surgical operations, and effected many wonderful cures, which are handed down as trophies of Medical skill, but which none of the present day would presume to undertake. Without knowing much about him, or what he knew, he has been placed prominently forward as the great patron of the healing art in China, and he and a few other celebrated ones have been honoured with the designation of the "Nation's Arm." The highest compliment that was considered possible to be given to a European Surgeon after performing some Surgical operation was that of his being "a second Hwa-to!" It is difficult to speak with any certainty when and how the healing art commenced in China. Medical books in the present day are very numerous; but they are all based on the supposed superior light and experience of the ancients; and there seems no desire to improve upon them—

hence the state of Medicine is now what it has been for many centuries past. It is not encouraged by the Government: there is no Medical College except at Pekin, and it has no examining powers, nor does the law require anyone to study there, except those who are designed to take care of the Emperor's sacred person. The dead body is regarded by the Chinese with a superstitious dread, and from this cause and the respect enforced by Confucious to be shown to deceased friends, there is everywhere in China a deep-rooted aversion to touch a corpse, still more to cut or maim it in any way, even for purposes of Medical inquiry. The Doctors unite extremely well on Medical jurisprudence, and in case of sudden or suspicious death they are obliged by law to examine with all possible care the probable causes of violent death; but, while the external examination is most minute, it stops there: the direction, depth, and consequences of a penetrating wound are left unexplored; such a thing as probing a wound, whether the person is alive or dead, is never practised. It is easy, therefore, to conclude that when there is no encouragement or legislation to favour the study of Medicine, where anatomy and physiology are scarcely known, and, finally, where the books treating upon the nature, causes, and treatment of disease are based, for the most part, on mere theory and speculation, which have been handed down from time immemorial, the Medical art in China must necessarily be in a very low and imperfect state. And such is the case; its people are observing people in all matters readily cognizant to their senses, but not one seems to have been gifted with sufficient powers of observation to have drawn the deductions which Hippocrates did 2200 years ago; and, although he was born in a family in which the practice of Medicine was hereditary, was reputed to have been a lineal descendant from Æsculapius, had access to all the records in the schools of the Asclepiadæ of the isle of Cos, and enjoyed the advantages of travel in neighbouring countries, yet he had no opportunity, it is believed, of acquiring a correct knowledge of the structure of the human body, the relation of different parts to each other, the existence of the nervous system, or the true circulation of the blood; but, though deprived of this knowledge, by the abhorrence with which the dissection of the human subject was regarded at that time (and in this respect he did not enjoy greater advantages than the Chinese), yet he did what they have never done,—he examined animals, and thus by comparative anatomy and the study of disease, based not so much on theory as careful observation, he attained to a degree of Medical experience and knowledge which greatly surpasses anything to be found in China even at the present day.

(To be continued.)

CLINICAL MIDWIFERY.

By ROBERT LEE, M.D. F.R.S.
Obstetric Physician to St. George's Hospital, London.

(Continued from p. 333.)

Case 662.—On February 3, 1854, Dr. Richards requested me to see a patient in Stanhope-street, Regent's-park, who had been upwards of thirty hours in labour with her first child. The pains had almost entirely ceased, and there was great exhaustion. The head, much swollen, was firmly impacted in the brim of the pelvis. An ear could not be felt. We waited eight hours to see if the pains would return, but they ceased completely, and it being obvious that the head would never be expelled by the natural efforts, we resolved to deliver by craniotomy. After the brain had been entirely removed, great and long-continued exertion was required to extract the head with the crotchet. In removing the placenta, which was retained within the uterus beyond the usual period, I ascertained that the base of the sacrum projected forward unusually. The hæmorrhage and faintness which followed ceased, and the patient recovered favourably. After the labour had been happily completed, Dr. Richards expressed his surprise, how any Practitioner in Midwifery could venture to apply the forceps to the head firmly impacted in the brim of the pelvis, where there was no room for the blades to be introduced. I stated, as the result of my experience, that fatal contusion of the soft parts was often the result of this injudicious proceeding, sloughing, and vesico-vaginal fistulæ, etc.

Case 663.—On April 14, 1856, I was called by Mr. Ridley to see the same patient in her second labour. It had commenced at two in the afternoon, had continued all that night, the whole of next day and night, till the following morning. The head was still above the brim of the pelvis, and there being no hope that it would ever pass, I again performed the operation of craniotomy, and the recovery was most favourable.

Case 664.—The catamenia ceased in the same patient on January 1, 1858. On August 1, having ascertained the exact position of the os uteri with the right index, I passed along this the fore and middle fingers of the left hand, which had been introduced so that the top of the middle finger touched the os, and could be passed into it. The stiletted catheter was then slid along, these passed readily into the uterus two or three inches. The stilet was then pressed forward, and the liquor amnii immediately began to escape. Labour soon followed, but the child was extracted dead. The patient again recovered favourably.

Case 665.—On February 12, 1854, Mr. Cathrow requested me to see a patient near the Hampstead-road, who was far advanced in pregnancy, and had suffered from repeated attacks of convulsions, with insensibility, but not complete. Symptoms of labour commencing, I perforated the membranes, when a great quantity of liquor amnii escaped. The convulsions ceased, and the labour went on favourably.

Case 666.—On March 17, 1854, Dr. Woolley requested me to see Mrs. ——, aged 21, who had been delivered of twins prematurely on March 11, before. Immediately after the birth of the twins Dr. Woolley detected an enlargement, chiefly on the right side of the abdomen, which he believed to be an ovarian disease. At first he thought there must be a third child. This enlargement has increased since, and now it fills the whole of the lower part, especially the right side, and there is a distinct fluctuation, and it is very tender on pressure, and there are hard portions felt throughout the enlargement. The uterus is healthy; in the front of the pelvis the lower part of the ovarian mass is felt hard. The uterus is not fixed in the pelvis. There could be no doubt that this was a case of ovarian cysts and tumour; that these were in an active and painful condition, and that there was danger of their increasing. To prevent this all the proper means were recommended to be employed, but with what result I have not heard.

Case 667.—On April 24, 1854, I was requested to see a lady at ——, who had been long in labour with her first child. The labour had commenced on the Saturday morning; had lasted all that day and night, all Sunday and Monday to six o'clock. The soft parts were enormously swollen; pains entirely gone; pulse rapid; complete exhaustion. The common midwifery forceps, without leather or any other covering, had been attempted to be applied at a time when it was certainly known that the child was dead. The bones of the head were overlapping one another; very fœtid discharge. I opened the head and extracted it after considerable exertion; the shoulders passed with difficulty. Sloughing and contraction of the vagina followed, but the patient recovered, and has since been delivered of a living child. On November 1, 1856, this patient was safely delivered of a living child by the natural efforts. As the head advanced the contracted part of the vagina offered comparatively slight resistance, the chief trouble was at the outlet. The child is very feeble. The mother doing well. This report was furnished to me by her Medical attendant.

Case 668.—On May 1, 1854, Mr. Balderson was called to a case of labour in Berwick-street. He examined, and at first thought the nates presented. Afterwards he felt an ear. I was called to see the patient when the labour had made some progress, and had no doubt that the face presented. I felt the eyes, nose, mouth, and an ear, but I could feel no cranium. In place of this above the forehead was a soft mass. It was a fœtus without brain.

Case 669.—Mrs. K., aged 38, May 15, 1854, delivered of her first child in 1848, after a severe labour, during which chloroform was given to her by her Medical attendant, contrary to her wishes. She was not wholly insensible, but felt as if delirious. Was not perfectly conscious at the time the child was born, and only remembers that her child was brought to her three days after. She was not able to suckle her child, and an attack of "incoherence," or puerperal

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mania, followed. The perineum was extensively lacerated during the labour, and a portion of the sphincter ani has been destroyed. This was not discovered till long after. She has suffered ever since from a painful sense of bearing down, and has not been able to walk. Dr. Lever had been consulted, and recommended an abdominal supporter, from which little benefit has been derived.

Case 670.—"Mrs. S., aged 40; May 16, 1854. Has been married twenty years; has been confined thirteen times; has had several children at the full period, and has five alive. The last two times had a dreadful adhesion of the after-birth. Has had some thought of going to Scotland. Mr. —— attended Mrs. S. in her last confinement; went to the full time. The labour commenced at six p.m. About six next morning, there was no progress, and she felt that something was wrong. Mr. —— mentioned that the presentation was natural, but about seven a.m., not being satisfied, Dr. —— was sent for. He examined, and said all was going on well, and wished to leave, but did not do so, as he was informed if he did, another Medical Practitioner would be sent for. At twelve o'clock the report was still favourable, but at one the navel string had come out. Chloroform was then given, and she was delivered with instruments, and the child was dead. The placenta was removed by force, which gave horrible pain, and her screams were heard over the whole house." All this, whether true or not it was impossible to tell, was said to have happened three years before. Mrs. S. is now seven months pregnant, and has applied to me to have premature labour induced, which I refused to do.

Case 671.—Mrs. S., aged 29. Friday, 9 p.m., July 7, 1854. Being near the full period of pregnancy, the liquor amnii began to escape fourteen days before. Pains did not commence till Thursday the 6th, the day before I saw the patient. Mr. —— had made an examination, and "found the cavity of the pelvis exceedingly small posteriorly; a projection, but whether a projection of bone, or an accumulation of feculent matter," he could not ascertain. "The os uteri still very high up, and slightly dilated; pain still continuing." I found the hollow of the sacrum blocked up greatly by a mass which was not bone, but, whether ovarian or uterine, I could not be certain. The head of the child was distinctly felt through the abdominal and uterine parietes, which were extremely thin. On carrying the finger up immediately behind the symphysis pubis, I ascertained that the os uteri was high up, and widely dilated, and that an extremity presented, whether upper or lower it was not possible to tell, but my fingers were covered with what seemed meconium. It was impossible to ascertain the presentation without passing the whole hand into the vagina; and this being the first child a good deal of difficulty was experienced in effecting this. The left hand was found to be the most convenient. With the fore and middle finger I ascertained that it was a lower extremity, and in a few minutes it was in the vagina; in a few minutes more I had the nates, and the other lower extremity, drawn through the outlet of the pelvis. The crotchet was required to bring down the left arm; the right was brought down without much trouble, and no great force was required to draw the head through the pelvis. The placenta soon came away, and the delivery, which appeared at first so formidable to Mr. ——, that he thought the Cæsarian operation would be necessary, was safely completed in an hour and a-quarter. The tumour after this could scarcely be felt in the pelvis. It was probably ovarian, and had ascended above the brim, but of this I am not yet absolutely certain.

Case 672.—On Tuesday, July 11, 1854, I received a note from Mr. ——, requesting me to see a case of labour with him. "There is funis presentation, and I have made out," he said "that the head is coming down. I want your opinion and assistance as to the propriety of turning." Slight pains and a show took place on Sunday. Mr. —— examined, and thought he felt the edge of the placenta, but it was so high up that he could not touch it. She went on very well without pain or discharge till yesterday afternoon (Monday, about five o'clock), when Mr. —— was sent for. She had been walking about, at the instigation of the nurse, to bring on the labour-pains. She had two or three sharp pains, the membranes gave way, and the liquor amnii escaped. Mr. —— examined immediately when called, and found the funis, but could not reach any part presenting. Mr. —— remained the whole night. She has had no satisfactory pain. Mr. —— went away at seven this morning to dress, and returned at nine, pains having commenced, and now the head is ascertained to be presenting. Os uteri dilated to the size of a crown piece. Since 3 a.m. Mr. —— has not been satisfied that there is any pulsation in the cord. If there be no pulsation in the cord, Mr. —— very wisely observed that he would not think of turning, yet he had desired "my opinion and assistance as to the propriety of turning." Ten a.m., the os uteri is fully dilated, and the head pressing through it. Pains becoming strong and expelling. A large portion of the umbilical cord without pulsation hanging through the orifice into the vagina. The child being dead there could be no object in having recourse to turning, which would endanger the mother's life, the liquor amnii being discharged, and the uterus contracting strongly. The patient was anxious to have a poisonous narcotic administered to stop the pains.

Case 673.—On Sunday night, at eleven o'clock, July 16, 1854, I received a note from Mr. ——, stating that he promptly required my advice and assistance in the case of Mrs. W. No progress, he said, has been made in her labour since three o'clock, and I fear forceps will be of little avail. At six p.m. July 17, I found the os uteri about half dilated, but dilatable. The head swollen and much compressed, half through the pelvis; ear not to be felt. Os uteri not in a state to allow the forceps to be used. At eleven at night the pain had almost entirely ceased. No progress had been made. I opened the head, and met with a great deal of difficulty in extracting it. The placenta soon came away, and all was safely over at midnight.

Case 674.—On July 30, 1854, about two a.m. I received the following note: "Will you be so kind as to come with my assistant and see a patient whom I consider in a dangerous state?" Mr. —— informed me that he was called to Mrs. J., at seven a.m. The os uteri was dilated to the size of a shilling, and the head presenting. All was going on well, with the exception of a slight cough, and crepitation of the lungs, which she said she had once before suffered from when frightened by a fire. She suffered from attacks of palpitation of the heart, but the husband stated that during pregnancy she had enjoyed good health. I found the patient sitting or rather supported or held up in a state of urgent distress from difficulty of breathing; livid lips, cold clammy extremities, rapid, feeble, irregular pulse. She could not lie down, and it seemed very probable, if not immediately relieved, that she would die undelivered. Mr. —— said he contemplated using the short forceps. The patient had taken ʒiij. of ether without relief; ϑj. of sulphate of zinc had been given without vomiting being induced. No relief had followed these remedies. A mustard poultice had been applied over the chest. The distress could not have been greater, and it seemed probable she would speedily die if not delivered. We had no doubt about the necessity of immediate delivery. The os uteri was not more than half dilated, and the head had not passed into the pelvis. Only the top of the head could be felt. I stated that the idea of using either the long or short forceps was entirely out of the question, because the os was not fully dilated, and because the head had not passed through the brim of the pelvis. The patient could not lie a moment on the left side. She was brought to the edge of the bed, the feet were placed upon a chair. I had some difficulty, being upon my knees, in reaching the head with the perforator, but I succeeded in opening it, and evacuating the brain without much difficulty, and extracted the head with the crotchet. No difficulty with the shoulders, and the placenta soon came away, a little traction being made on the cord. No binder or pressure over the uterus could be borne. In a very few minutes relief took place. The lips became less livid; the breathing and the pulse better, and in twenty minutes she was smiling, and able to express her gratitude for the relief she had experienced. On the following day she was as well as could be expected. The countenance was still turgid; dyspnœa slight, especially when asleep. Six leeches applied to the chest. The day following still breathing with some difficulty; wheezing in the chest; irregular action of heart; pulse rapid and irregular. A blister had been applied. A Medical Practitioner who saw the patient yesterday suggested that the sudden attack of difficulty of breathing might be puerperal convulsions falling upon the lungs. Recovery complete in a few days.

Case 675.—At 10 p.m. on July 30, 1854, I was called to a patient in labour, in whom the pains were slight, the os uteri little dilated, and the membranes not ruptured, the fac

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presented; at 3 a.m. pains strong, os uteri more dilated; at 6 the chin under the symphysis pubis, and the face near the outlet of the pelvis; occiput high up in the hollow of the sacrum. I succeeded with difficulty in preventing all interference in this case.

Case 676.—On August 20, 1854, I saw a young married lady who had been seized with convulsions at the commencement of her first labour. The liquor amnii had escaped three days before. The os uteri being rigid, and the fits recurring, ʒxxiv. of blood were taken from the arm. Labour went on, and the child was born alive, but the fits returned at longer intervals. Some hours after her delivery, when I first saw her, she was completely insensible, but could swallow; pupils little dilated, pulse rapid and feeble; ɱxx of liquor opii sedativus had been given; ten leeches were applied to the temples, and ice in a bladder to the scalp; the fits gradually ceased, and consciousness returned.

Case 677.—At 11 a.m. on September 7, 1854, I was called in great haste to a patient near Islington in labour, who was represented to be in extreme danger. When I arrived at her residence I found her dead. She had been delivered at 9 a.m., two hours before, with the forceps. The perineum had been extensively lacerated, and I suspected that other parts, of still greater importance, had been injured, but I was not permitted to ascertain the exact state of the parts. There had been no hæmorrhage to account for the death. The labour had been protracted, and the forceps had been applied without a consultation with any other person. I had not previously met the Medical Practitioner who had the care of this unfortunate patient; but the unconcerned way in which he spoke of "clapping on the forceps," rather led me to fear that, in this case, the necessary caution had not been observed in the employment of the instrument.

Case 678.—Monday, September 25, 1854.—On Thursday week Mrs. B. had an abortion at the third month. The embryo came away, but not the placenta and membranes. The os uteri was found closed by Mr. ———, and it could not be removed. The following Wednesday hæmorrhage took place, and Mr. B. was called to see the patient, her Medical attendant having been necessarily absent. It was stated to Mr. —— by the nurse that she believed the placenta had come away. The ordinary Medical Practitioner returned, and has been in attendance since, and has acted on this impression. The patient had been seized with fever and vomiting, and champagne had been freely given. The pulse was rapid, tongue furred with constant sickness and vomiting; fetid discharge. I asked who had seen the placenta, but it appeared it had not been seen by anyone. I requested the patient to turn on the left side, and found the whole mass of the placenta in a very decomposed state in the upper part of the vagina and os uteri. I removed it completely, but in pieces. The vagina was washed out with warm water, some aperient medicines given, and the patient was soon quite well.

A Neapolitan Hospital.—At Naples everything is in the most disgraceful confusion. "I went to the Hospital in the Mercatello," said a friend to me, "this morning, and found a state of things which I should have deemed impossible—dirt and confusion indescribable, a crowd of visitors interrupting the regular order of things; women who ought not to have been there, and many of those busy unpractical sympathizers who would be much better in their own homes putting them in order. The Commandant told me he was disgusted with the whole thing; that there was wholesale robbery carried on, and that, in short, he should be very glad if I would lend him a strong hand to cleanse the Augean stable." I am not at all surprised to hear this, for the normal state of the Naples Hospitals has been long most disgraceful, as has been that of almost every institution. Medical men have told me that the attendants have been in the habit of extracting profit from the patients in every possible way, robbing them of the last farthing, so that there is nothing which a poor person in the country dreads more than being sent to a Naples Hospital; and all this occurred under the saintly Government of the Bourbons and the immediate inspection of the priests, who were responsible for the high moral and Christian qualities of those who were selected to relieve suffering humanity!—*Letter from Naples.*

REPORTS OF HOSPITAL PRACTICE

IN

MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

A CLINICAL REPORT ON EPITHELIAL CANCER.

(Continued from page 380.)

In last week's Journal the particulars of nineteen cases of Epithelial Cancer of the Tongue, seventeen in which the disease affected the cheeks, and fourteen in which the female genitals were its site, were given. In nearly the whole of these cases operations, either by ligature, the knife, or the écraseur had been adopted. At a subsequent part of this report I purpose to introduce a comparative statement as to the liability of different parts, the two sexes, and of different periods of life, to epithelial cancer, and also to ask attention to the facts which bear upon the question as to the influences of local causes in inducing that disease. For the present it will be convenient to comment briefly on the more important features of each separate Group.

COMMENTS ON NINETEEN CASES OF EPITHELIAL CANCER OF THE TONGUE.

It must be remembered that nearly the whole of the cases in this Group are those in which operations had been performed. Cancer of the tongue is, however, a form of the disease which in a majority of instances does not permit of operative interference, since, very commonly, the patients do not come under Hospital care until the disease is too far advanced. Thus, in all probability, during the period to which the present report refers, at least four times as many cases of cancer of the tongue have been under care at the different Metropolitan Hospitals (a).

Of the nineteen cases given, in one the sex is not stated; while of the remainder, twelve were males and six females. The average age was 54 years, the extremes being 32 and 78. In two cases palliative treatment only was adopted, the disease having already advanced beyond the reach of operative measures. In one of these cases the patient, an old woman of 78, died of the disease within five months of its commencement; and in the other, although I am not in possession of the particulars as to the patient's death, or its exact date, it is not probable that his life was prolonged beyond six or seven months. Of the cases in which operations were performed,—in one the disease had existed three months, in one four months, in one eight months, in one a year, in one eighteen months, one five months, and in a sixth it was stated that a hard pimple had first made its appearance two years before. In six cases no details are given as to the duration of the disease. These facts indicate in a clear manner the acute character of cancer of the tongue. Cancer of this organ was formerly considered to be scirrhous; but it is now well known that its histological character differs in no respect from those of epithelial cancer of other mucous surfaces. It also conforms to the habits of the latter disease in that, while it constantly causes enlargement of the lymphatic glands, it does not, as a rule, occasion deposits in the internal organs. The rapidity of its progress, therefore, as compared with that of epithelial cancer of the lip and of the skin generally, must be explained by reference to the succulent structure of the organ and the facilities thereby offered for growth by infiltration, and for rapidity of absorption, and by the difficulty of effecting a free removal of the original disease by operation. Another point must also be considered, which is that the lymphatic glands which enlarge secondarily in cancer of the tongue are deep-seated, and not usually susceptible of removal.

(a) In the Table which we gave last week, three of the Cases were by mistake mentioned twice. The last three Cases in the Tabular Statement must therefore be omitted, and the number is reduced from twenty-one to nineteen.

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Of the seventeen cases in which operations were performed, the disease was removed by the knife in eight, by the ligature in five, and by the écraseur in four. Of these three died from the immediate effects of the operation. In ten the wound healed, and the patients left the Hospital; while in four others the disease recurred either before the wound was healed, or very shortly after. It is, of course, not improbable, that of the ten respecting which our notes do not go further than the date of the patient's leaving the Hospital, that in not a few the disease soon afterwards returned. Of the fatal cases, in one, a man, aged 42, death from pyæmia followed six weeks after the excision. In a second, a man, aged 48, died of pyæmia seven weeks after the removal of the disease by the écraseur; and in the third, in which also the operation had been performed by the écraseur, the man died of the operation about a month afterwards.

The following additional cases illustrate various points in the history and course of Epithelial Cancer of the Tongue. Only two of them were included in the Tabular Statement given last week, which comprised (with two exceptions) only such cases as had previously been given in our Statistical Reports of Operations.

ST. BARTHOLOMEW'S HOSPITAL.

CANCER OF THE TONGUE—RAPID PROGRESS.

(Under the care of Mr. LAWRENCE.)

Case 20.—James A., aged 45, of dark complexion, a sieve-maker, was admitted on July 27, 1852. He had formerly been a healthy man, but had rapidly lost flesh and colour since the appearance of the disease. He was now of sallow and cachectic aspect. The left side of his tongue was involved in a large tawny ulcer, covered by superficial slough. The induration in the base of the ulcer extended in the substance of the organ almost to the opposite side. The borders of the ulcer were elevated, everted, not ragged, and very hard. The structures in the floor of the mouth were involved in the induration, and several glands under the jaw were enlarged and tender. The diseased mass had given him much pain, and was very tender when pressed. For two months past his nights had been very bad. Although the disease had advanced to the extent just described, involving almost the whole tongue, the sub-lingual tissues and the lymphatic glands, yet the man stated positively that the original ulcer had appeared little more than three months before. It had begun, according to his history, as a small ulcer, without any induration at first. Caustics had been repeatedly applied.

The disease was, in this instance, too far advanced to admit of Surgical treatment, and the man, after a short stay in the Hospital, returned home to die. The disease would, probably, end fatally within a year of its commencement.

CANCER OF THE TONGUE—DEATH WITHIN ABOUT A YEAR.

(Under the care of Mr. STANLEY.)

Case 21.—Nathaniel B., aged 46, a farm-labourer, pallid, but moderately stout, was admitted, under Mr. Stanley's care, in February, 1853. He was not aware of any hereditary tendency to cancer. On the left side of his tongue was a large ulcer, an inch and a-half across, with everted edges and a somewhat constricted base. An ill-defined induration of considerable size extended into the substance of the tongue. The surface of the ulcer was sloughy. It had been very painful, and often kept him awake most of the night. Under the jaw was a gland the size of a cherry, very hard, but still moveable. The whole duration of the sore on the tongue was under six months. Since its formation he had considerably failed in flesh and strength.

In this case, as in the preceding, the disease was too far advanced to admit of an operation. The man returned to his home, a village near Swindon, where he was attended by Mr. John Gay, jun., who reported his death of the disease a few months later.

CANCER OF THE TONGUE—RAPID PROGRESS—EXCISION.

(Under the care of Mr. LAWRENCE.)

Case 22.—John J. H., aged 45, a shop-keeper from Norwich, of sanguine temperament, and who had previously enjoyed good health, was admitted, in April, 1852, with epithelial cancer of the left side of his tongue. The sore involved the left side of the organ from its tip to about an inch from its root. The edges were elevated, everted, and indurated, but no mass of induration existed in the lingual substance. Under the jaw was a soft moveable gland somewhat larger than a hazel-nut. The surface of the ulcer was clean and red, having been probably modified by the continued use of caustics. The disease had commenced only five months before.

On April 17 Mr. Lawrence excised the diseased part freely, thrusting a scalpel through the middle of the organ a little to the left of the median line, and then cutting out backwards. Two or three ligatures were required. There was slight hæmorrhage in the evening, but neither at the operation, nor subsequently, was any large quantity of blood lost.

On May 11 the wound was all but healed, and looking quite healthy. He could speak nearly as plainly as before. The tumified gland had subsided.

CANCER OF THE TONGUE—QUESTION OF DIAGNOSIS.

(Under the care of Mr. LLOYD.)

Case 23.—The diagnosis between cancer of the tongue and syphilitic ulceration is often very difficult. The uncertainty on this point often leads to delay in cases which ultimately prove to be cancer, and the true nature of which is only definitively recognised when operative interference is comparatively useless. In not a few cases, probably, there is a transition from the one disease to the other, a fact on which I have already remarked. As a rule it may be said of cancer, that it is attended by much more of induration than are syphilitic sores,—that it is usually single, while the latter are mostly multiple; and that it causes enlargement of the glands, which tertiary syphilitic affections very rarely do. The patient's history, and the appearance of the sore and its edges are, however, the most reliable data on which to decide. Syphilis is mostly recognised by its numerous white-margined, bald patches, and by deep non-ulcerated fissures; but these characters may be present in cancer, and may serve only to mislead. The following case illustrates the difficulties which sometimes attend the differential diagnosis of these diseases. The balance of evidence was, however, certainly in favour of the cancerous nature of the disease.

Juliano M., an Italian, aged 48, was admitted on January 2, 1855. He was a pale, thin, unhealthy-looking man. He was unmarried, and acknowledged that he had been much exposed to chances of contagion, but denied that he had ever had a chancre or any other form of venereal disease. He had very bad teeth, and had been a very great smoker. About a year before his admission he noticed in the right side of his tongue a white spot, but could not remember the exact position. It did not become ulcerated until the last four months, from which time it had spread rapidly. He had had pricking pain in the sore for two months, but not severe enough to keep him awake. He had been hoarse for six weeks. The glands in the neck were enlarged. There were fissures at the angles of the mouth, but they were very slight, and he had only had them a week. The surface of the tongue was in most part clean and florid, and there were no white markings. The right half of the tongue was swollen and firm, but not stony hard. Superficial ulceration extended over the whole of this side, a little past the median line. The edges of the ulcer were firm in parts, hard, not warty, not markedly sinuous, and not very much thickened. Although the structure of the tongue was indurated, there were no circumscribed masses. On passing the finger to the root of the tongue it was felt fixed and firm. Under the chin were two enlarged glands, the size of hazel-nuts, but very hard. Under the angle of the jaw another gland was felt.

After various measures of constitutional treatment, not attended by any material benefit, the man left the Hospital much in the state in which he had been admitted. Iodide of potassium had been freely used.

CANCER OF THE TONGUE, ENDING FATALLY IN THREE YEARS.

(Under the care of Mr. LAWRENCE.)

Case 24.—Elizabeth H., aged 36, an unmarried woman, of very dark complexion, was admitted on August 12. She was then very thin and pale, from not having been able to eat solid food. Three years before, on the left side of her tongue, at a point exposed to the irritation of a rough tooth, a white spot was observed; it was painless, and continued about the same for one year. About this time it became warty, and extended

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as a tumour into the tongue, and for two years preserved these characters. For about eight months it had been deeply ulcerated. On her admission, the state of the tongue was as follows:—On the left side, commencing about one inch from the tip, and extending to the root, was a large ulcer which involved not only the tongue, but the floor of the mouth, and the side of the jaw, glueing the parts immovably together. The edges were everted and very hard. The surface excavated; red in parts, and in others of a tawny yellow. It was, however, remarkably clean for cancer. A not very defined induration extended into the lingual substance. The submaxillary glands were of stony hardness, and a large mass of induration also existed in the middle of the left side of the neck over the sterno-mastoid muscle. She died on October 12.

UNIVERSITY COLLEGE HOSPITAL.

CANCER OF THE TONGUE—REMOVAL BY LIGATURE—RETURN OF THE DISEASE.

(Under the care of Mr. ERICHSEN.)

Case 2.—Maria B., aged 69, was admitted, under Mr. Erichsen's care, in July, 1852, for cancer of the tongue. She was a married woman, had had twelve children, and was in comfortable circumstances. Her health had generally been good, and only began to decline about three weeks before admission. The first thing she noticed was a pimple in the centre of the tongue, which gradually enlarged, and ached slightly. On her admission (July 16) there was at the tip of the tongue, and extending to the left side, a nearly circular induration one and a-quarter inches across. Its edges were very irregular and very firm, as was also the base, which was smooth and red. There was no discharge or smell. On the left side of the tongue, near its base, was a patch of non-indurated, superficial ulceration. The body of the organ was pale and much fissured. The submaxilary glands were not enlarged. On the 21st Mr. Erichsen ligatured the tumour with whip-cord, passed through the centre of the tongue behind it, and the two strings tied one on each side. Chloroform was given. On the 23rd the sloughy mass was removed by an incision made just anterior to the ligature. Very little hæmorrhage followed.

September 17.—On the left side there was a patch of ulceration, florid, granulating and clean, not painful, and very slightly indurated. On the right side was a smaller and still more superficial sore. She looked well, and the wound of the operation was quite healed.

On June 1, 1853, she was re-admitted. On the cicatrix was a small growth of cancer. There was also an induration on the left side of the tongue, and a large mass of enlarged glands on the left side of the neck. She had suffered but little pain, and still had the appearance of good health.

GUY'S HOSPITAL.

CANCER OF THE TONGUE—SUSPICION AS TO SYPHILIS—RETURN OF THE DISEASE AFTER TWO OPERATIONS.

(Under the care of Mr. COCK.)

Case 25.—Henry A., aged 67, a stout but very pallid man, was under Mr. Cock's care at different times during the year 1852, on account of cancer of the tongue. He stated that the disease had first commenced in 1850, about eighteen months before his first admission. The disease consisted in an induration of moderate size, not far from the tip, on the right side, and was surrounded by fissures and white markings. In May, 1852, Mr. Cock excised the diseased part, but soon after the wound had healed the scar became indurated, and a second operation was necessary six weeks later.

In August the disease had again returned, and the glands were beginning to enlarge. Mr. Cock now declined any further interference. Towards the end of August the disease had advanced to a large sloughy sore, with great induration beneath it. The dorsum of the tongue showed many bald patches with white margins and fissures about them, exactly resembling the conditions so frequently seen in affections of the tongue of tertiary syphilitic origin. As a fact increasing the suspicion that the man had a syphilitic taint, it should be mentioned, that the pupil of his left eye was irregular, and the margin of the iris adherent (synechia posterior). The man's statement was, that he had had the white patches and fissures for several months before the pain and induration commenced. During September the man's health very rapidly declined, the local disease still advancing fast. He suffered extreme pain and had sleepless nights. He left the Hospital and was lost sight of; but there was little probability that he would live to the end of the year.

The question as to connexion between syphilitic sores on the tongue and cancer, which occurred in the above case, is one which frequently arises, and is of much practical interest In one instance recently under my own care, a gentleman had been treated for syphilitic sores on the tongue by two excellent Surgeons, and for a period of two years before one of the sores assumed a malignant aspect. He died of the cancer, his tongue throughout showing on other parts the white-margined bald patches so often seen in syphilis. That he was the subject of syphilis was undoubted, and there seemed good reason to believe that the disease had supervened on a sore of that character. In Case 3 in the tabular statement, the patient, an old woman, had her face seamed over by the scars of cicatrising lupus of a very suspicious character, which had occurred about fifteen years before. In several others in the present series there were facts suspicious of syphilitic antecedents, though in none was a clear and incontrovertible history obtained.

HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

EPILEPSY—AURA STARTING FROM A SMALL TUMOUR IN THE FOREHEAD, THE SITE OF AN OLD INJURY—CAUTERIZATION.

(Under the care of Dr. BROWN-SEQUARD.)

The following case is one taken from the variety of cases of affections of the nervous system in the patients attending Dr. Brown-Séquard's out-patients' room. We shall give the details of the case and Dr. Brown-Séquard's remarks as gathered from a Clinical Lecture delivered on October 15.

George R., aged 35, a well-developed and stout man, but looking rather fatuous, came under Dr. Brown-Séquard's care on October 8. His mother came with him and from her were gathered the following particulars:—He had been epileptic for fifteen years. His seizures were of two kinds, which his mother distinguished by calling the slighter ones "shakings," and the more fully developed ones "fits." Of the first he had two or three nearly every day, but occasionally missed a day. They come on with a general trembling, attended with paleness of the face, quick breathing, and a curious sensation (not a pain), which he refers to the pit of his stomach. The fits are preceded by a darting or pricking pain, commencing in a small tumour, about the size of a small bean, situated at or close to the left temporal ridge, about an inch from the external angular process of the frontal bone. He makes a noise which his mother calls a "sort of a bark," and then becomes generally convulsed. He sometimes bites his tongue, but not always. The fits continue for twenty minutes and are generally followed by sleep. It appeared on enquiry that about the time of the commencement of the fits, at all events in the same year, he had an injury to the head in the position from which the aura starts. His mother's memory is so bad and his mind is so little developed, that neither of them can give a clear idea how far the date of the commencement of the fits and the receipt of the injury have reference to one another. His mother says that the pricking or darting pain in the forehead is always followed by a fit, although it may be six hours after. He is subject to bleeding at the nose, and this also is one of the signs which she regards as indicating the coming on of an attack. Dr. Brown-Séquard directed the man to take a mixture containing a quarter of a grain of the extract of belladonna, and two grains of quinine in two drachms of infusion of rhubarb, twice a-day. The actual cautery was applied to the small spot mentioned. The patient came again on the 15th. He was much better, had had fewer "shakings" and no fits. His mother was pleased with his improvement, as he had gone through a long course of treatment with very little benefit. He was deeply tinged with the peculiar light plum-colour stains of nitrate of silver, which latter he had taken for a long time.

Dr. Brown-Séquard showed the patient to the gentlemen

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present at the Lecture. He stated that if the patient should not continue to improve, or if he should relapse, he would then endeavour to destroy the nervous connexion of the point from which the aura started by an incision one-third round it on the side nearest the orbit; and if no improvement then followed, he would carry on the incision another third; and if still this isolation were not enough, he would continue the incision all round. But, he remarked, the result of this, if it were for a time completely successful, might not be permanent, and therefore he would advise the excision of a short piece of the frontal nerve, or the removal of the tumour. He gave the details of a case in which the excision of a tumour from the cheek was followed by cure for six months of spasm of the face, which had produced the most terrible suffering. It had been so constant and so distressing as almost entirely to prevent sleep.

FREQUENT SPASMODIC MOVEMENTS ON ONE SIDE—IRRITATION PROPAGATED FROM THE EAR.

(Case under the care of Dr. BROWN-SEQUARD.)

Henry H., a boy aged 19. He looked healthy, and would pass for a person who was quite well, as he believed himself to be in the intervals of his fits. For the last few months he had had spasmodic movements down one side the arm and leg, and he also described a rolling motion of the eye on the same side. On this side, too, he had singing in the ear, to which symptom Dr. Brown-Séquard directed attention. The attacks came on several times a-day, and were not attended with unconsciousness, and therefore were not epileptic. There was no paralysis. It was not chorea, as the movements were only present occasionally, and in the intervals he was quite well; nor was it paralysis agitans, as the attacks were definite and intermitting. Dr. Brown-Séquard considered that the singing in the ear might indicate some local congestion at the base of the brain, or that the congestion in the ear itself might give rise to the paroxysms by reflex action. Dr. Brown-Séquard stated that injury to the auditory nerve in animals was followed by a spasm of the muscles of the neck. He alluded to a case under his care, in which the symptoms began with singing in the ear, and ultimately ended in spasmodic action of the muscles of the neck. This case was much benefited by sulphate of quinine in large doses. The patient whose case was the subject of the Lecture was ordered to take belladonna and quinine.

CLINICAL REMARKS ON TUMOURS WITHIN THE CRANIUM.

Dr. Brown-Séquard made some remarks, *apropos* of a case he had then under care, on the general symptoms and the affections produced by tumours within the cranium. The symptoms accompanying such tumours were not due merely to their local effects, but often to increased general pressure. The cranium being a closed cavity, a tumour would produce pressure, and thus produce symptoms differing from those which would result from the local alterations of structure which the tumour occasioned. In such cases, persons were dull, as if coming out of a deep sleep; but were, when roused, often as intelligent as usual, but were slow in replying to questions, and their movements were slow and hesitating.

Again, a tumour might produce effects through parts of the nervous system at a distance from itself, just as irritation of the urinary organs produces paraplegia, or as worms produce epilepsy. The symptoms of tumour of the brain were very various, and could often be by no means explained by its local effect. For instance, a patient might have a tumour in the anterior part of one cerebral hemisphere, and during life present no symptom whatever, so that during life no disease of the brain could be suspected. The patient dying of some disease quite unconnected with the tumour in the head—for instance, pneumonia,—the tumour would be discovered at the autopsy. It would, however, often happen that even a very small tumour would give rise to very serious symptoms, and in different cases of quite a different character: thus, it might produce insanity solely in one, hemiplegia in another, epilepsy in a third, and trembling palsy in a fourth. In these cases it would be impossible to admit that the local injury was the cause of the symptoms, as much more extensive disease in the same part might exist without any symptoms; and again, their extreme variety would also negative the view that they could all be due to increased general pressure. Dr. Brown-Séquard believed that the phenomena in these cases were reflex. If it were asked why the symptoms were various, he would point to phenomena which were clearly reflex, and still various, from the same cause. Thus, worms in the duodenum would produce in one paralysis of the elevator muscle of the upper eyelid only; in another, epilepsy; and in a third, loss of vision, hearing, smell or taste,—or, in fact, any form of nervous affection.

TREATMENT OF EPILEPSY—BELLADONNA—QUININE—THE LIGATURE—THE ACTUAL CAUTERY.

Dr. Brown-Séquard generally commences the treatment of epilepsy by belladonna. The usual dose of this remedy for an adult is one quarter of a grain twice a-day in pill or mixture. It is very rarely indeed seen to produce any of its specific effects, as dilatation of the pupil, in cases of epilepsy. At our last visit one patient came who complained of dimness of vision, and whose pupils were evidently dilated by the drug; but this was the exception, proving the rule, as the case was not one of epilepsy or any convulsive disorder.

In the cases in which there appear to be a tendency in the fits to appear at regular intervals, for instance once a fortnight, Dr. Brown-Séquard prescribes quinine in large doses, *e. g.*, five, ten, and even fifteen grains, to be given at intervals, shortly before the fit is expected. By this means the fit is frequently prevented, and the patient goes on to the next, or even to a longer period. In reference to these large doses of quinine, it is well known that some temporary deafness will often follow, and curiously enough, Dr. Brown-Séquard states that there is a kind of deafness which the administration of this remedy in large doses will cure.

Another therapeutical means in epilepsy is the ligature, in cases in which the aura epileptica, arising from one of the limbs, is present. Dr. Brown-Séquard has two patients, both girls, about the age of nine years, in the Hospital, in whom the fits are frequently stopped in this way. The ligature is kept constantly on the arm; when the child feels the warning, the nurse of the ward tightens the bandage, and the fit is prevented. The success in these cases has been very great, and we shall, shortly, by the courtesy of Mr. Smith, the House-Surgeon, be enabled to place their details before our readers. It is of great consequence to have the ligature in readiness, so that it may be tightened at once. Grasping the limb tightly will do in the absence of proper means, but it is much better to keep a bandage or folded handkerchief tied on the arm ready to be tightened. Dr. Brown-Séquard has invented an apparatus to encircle the arm, and to tighten by a screw, in order that the pressure may be quickly applied.

Dr. Brown-Séquard frequently uses the actual cautery locally in a variety of nervous affections. In epilepsy, patients frequently complain of either a pain or a sensation proceeding from some part of the body. A woman, aged 20, had had fits for thirteen years; they invariably commenced with pain in the left side, just below the mamma. Dr. Brown-Séquard applied the cautery to this part in two or three places. The relief was most marked. It had not prevented the fits altogether, but it had reduced their number very considerably. Instead of having them every other day, she had them only once a-week. The cauterising iron is heated to a white heat, and is then applied suddenly to the part once or twice. It appears to cause but trifling pain, and the patients do not seem at all to dread its repetition.

AT a late sitting of the French Academy of Sciences, Dr. Jules Cloquet produced a pair of boots made of the tanned skin of a boa-constrictor. The material is remarkably strong and supple; the scales have preserved their natural imbrication and colour after the process of tanning, and the inside of the skin displays the marks of the scales in alternate reliefs and depressions. Dr. Cloquet, on this occasion, observed that it would be desirable to make further attempts to introduce the skins of the inferior vertebrata into trade, seeing that, as to thickness and durability, they decidedly offer greater advantages than those of the superior classes. He concluded by stating that he intended to give one of his specimens to the Museum of Natural History, the other to the Cabinet of the Zoological Garden of Acclimatization.

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NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 442.—Blisters or Leeches?

Sir,—Dr. Todd (whose theories and practice have naturally undergone much discussion of late) reprobates the use of leeches to the joints in acute rheumatic arthritis, but strongly recommends the application of blisters to them. He asserts that leeches make the inflammation erratic,—a thing much to be avoided. Permit me to appeal to the experience of your readers on this point. I have long been in the habit of applying two or three leeches to inflamed rheumatic joints, with great relief to the patient; and have not witnessed the ill-results referred to. I therefore consider this opinion of Dr. Todd's incorrect. And I would observe, that there is a fact well worthy of note by those who peruse Dr. Todd's last volume,—viz. that the lectures therein contained were written at different periods—some more than ten years ago,—so that it is difficult to know whether, in all particulars, Dr. Todd here fully endorses all the opinions then delivered. He says himself that he has long ago abandoned the use of leeches for the purpose referred to. One would like to hear that he had lately tried the practice. But blisters to the joints do not appear to have a similar bad effect to that produced by the leeches. Dr. Todd has, he says, applied them, of small size, to numerous cases, and at the most acute period of the inflammation, and always with advantage. In the treatment of rheumatic heart-affections, he also trusts to "free vesication and the promotion of a copious discharge, serous or seropurulent," as the local treatment. His theory was that by promoting a large discharge of this kind, we "take away the part of the blood which is the great agent in the development of new formations," and we spare the red-corpuscles. And this practice is manifestly founded on the theory. Now, is it possible to believe, that by the application of a large blister over the pericardial region, we can draw such an amount of serum from the blood as shall, by the removal of the inordinate quantity of fibrin from that fluid, prevent the formation of fibrinous coagula on the valves of the heart? What anatomical relation is there between the skin there and the endocardium? I should much like to hear these practical points discussed, and to know whether Dr. Todd's experience is corroborated by that of others on these matters.

I am, &c. Ich.

No. 443.—The Blindness of Geoffrey St. Hilaire.

"His life was shortened by the workings of his mind—by the fire of his powerful imagination. The day did not suffice him; and he passed long hours of the night, seated on his bed, following out his speculative ideas, and writing down whatever came into his head, and as it were under the dictation of his imagination; a sad habit, for it hastened the occurrence of the blindness which had previously threatened him. It would have been a veritable calamity to him, had he been compelled to ask the hand of a stranger to write down for him every little word. But Heaven had blessed him with a devoted daughter—a pious Antigone, who led his steps and partook of his labours; so, thanks to her, this deep cause of grief became at last a tender melancholy. I have seen this illustrious blind man in his peaceful retreat at the *Jardin des Plantes*, surrounded by his family and friends. His features wore a serene and amiable look; and science, which still exclusively occupied his attention, animated and consoled his beautiful intellect. 'Oh, my friends,' he would sometimes say, 'I in vain seek the light, and yet the sight of animated beings is ever before my eyes.' What regrets he must have suffered, enthusiastic naturalist, incessant contemplator of the marvels of creation! Like blind Milton, he must have wept for his loss of sight—the sight of that splendid *Jardin*, which was his Paradise, his first and last refuge."—*Eloge of Geoffrey St. Hilaire, by M. Dubois.*

No. 444.—The Polypharmacy of Japan.

The Japanese Doctors rival the most enlightened of our civilized Polypharmacal Physicians in their love of drugs. "After accouchement they especially play off this mania of theirs. Whether the birth be good or bad, they drench the woman with innumerable drugs, either to favour the lochial discharge, or to anticipate some distant complication. Directly the child is born they administer to the mother a tisan prepared of wood-ashes and tamarind-juice, or some other complicated decoctions. The abdomen of the woman is covered with a heap of ointments, whose composition varies according to the regions to which it is specially applied. These manœuvres are continued for many weeks, although the mother enjoy the most perfect health. The child is also subjected to numberless manipulations: his whole body is covered with thick layers of oils, balsams, and juices of plants."

No. 445.—A Chinese Pharmacopœia.

"Toads' flesh cures diarrhœa; that of the *gecks* tuberculous affections. The flesh of the bat gives a long life to those who eat it; its blood and bile have the reputation of curing syphilis, and its excrements are used in the preparation of certain pills. The dried and powdered skeleton of the scorpion possesses diaphoretic virtues, and cures rheumatism and syphilis. The brain of a horse makes the hair grow, its heart dried and powdered strengthens the memory, its bones remove sleeplessness;—but they must be the products of a white horse. The marrow of an ass's bones introduced into the ear during sleep cures deafness; rhinoceros's horn cures somnambulism. The urine of the tapir is an antidote against poisoning by copper."—*Gazette Hebdomadaire.*

No. 446.—Physicians' Fees.

"The ordinary fee for a Physician in the Elizabethan era was not a guinea. A great noble sometimes gave that sum. It is recorded of a peer in Henry the Eighth's reign, that he paid a fee of £1 to a Cambridge Physician, but half that sum was all that usage required. In the reign of Charles the Second the guinea fee began to be very usually paid; but a Doctor was not thought to be badly treated if he received only half that sum. 'Physic lies a-Bleeding; the Apothecary turned Doctor' (1697) represents 10s. as the common fee; and the 'Levamen Infirmi' (1700) says:—'To a Graduate in Physick, his due is about 10s., though commonly he expects or demands 20s. Those that are only licensed Physicians, their due is no more than 6s. 8d., though they commonly demand 10s. A Surgeon's fee is 12d. a-mile, be his journey far or near; ten groats to set a bone broken or out of joint; and for letting blood, 1s.; the cutting off or amputation of any limb is £5; but there is no settled price for the cure.'" —*Athenæum.*

No. 447.—History of Inoculation.

"At the beginning of the 18th century, Lady Mary Wortley Montague made known to our country the remarkable fact, that by the process of inoculation the disease to the person thus treated could be rendered comparatively mild. This fact had long been known in the East. Inoculation appears to have been there practised for ages. The Chinese had performed it from the sixth century, and the Brahmins from a very remote antiquity. In Persia, Armenia, and Georgia, it was in use; and is even said to have been employed in Scotland and Wales." In 1717, Lady M. W. Montague wrote from Constantinople:—"The small-pox, so fatal and so general among us, is here entirely harmless by the invention of 'engrafting,' which is the term they give it. Every year thousands undergo the operation, and the French ambassador says pleasantly, that they take the small-pox here by way of diversion, as they take the waters in other countries. There is no example of any one who has died of it, and you may believe I am well satisfied of the safety of this experiment, since I intend to try it on my dear little son. I am patriot enough to take pains to bring this useful invention into fashion in England." "Four years afterwards she had her daughter publicly inoculated in this country. In 1722, after a preliminary experiment on six condemned criminals at Newgate, the critical course was taken of inoculating two children of Caroline, Princess of Wales. Inoculation was not, however, thoroughly established, or properly appreciated, until the end of the century. Every sort of opposition was offered to it. Sermons were preached from the pulpit against it, and every kind of evil influence was attributed to it. It was said to be wicked, and irreligious, to savour strongly of magic, to promote vice and immorality, and to be an inspiration of the devil."

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Medical Times and Gazette.

SATURDAY, OCTOBER 27.

DOCTORS.

"*Dulce est desipere in loco*," says Horace. Whether a little chat about Doctors may or may not be strictly in place in a leading article, it is quite certain that a good book is a very pleasant companion in a railway-carriage. So at least we found Mr. Jeaffreson's "Book about Doctors" last week, when an appreciative patient called us into the Midland Counties; and so may any of our readers who make trial of it, either on the rail, or in a snug brougham, or in an easy-chair before the bright fire, after the day's work is over, while the smiling wife supplies the fragrant tea and joins in the mirth caused by some of the good stories about Doctors of which the book is full. *Experto crede*, or, still better—not to forsake the Latin Grammar in our quotations—*ex uno disce omnes*,—let our readers judge of the book from a few specimens.

We may pass over the days of Physicians' canes and barbers' poles, when—

> "Each son of Sol, to make him look more big,
> Had on a large, grave, decent, three-tail'd wig;"

and silk-coated, lace-ruffled Physicians went about on horseback, "sitting sideways on foot-cloths, like women," the hands carried in a large fur muff, to keep them "warm, and delicate of touch," and so to be able to discriminate to a nicety the qualities of the pulse. But we may glance at the "little coach and two horses" of the Restoration, and the chariot and four, or sometimes six horses, thought indispensable in the reign of Queen Anne; then figure to ourselves Jenner as a type of the booted and spurred country Doctor of the last century, galloping about Gloucestershire, "dressed in a blue coat and yellow buttons, buckskins, well-polished jockey-boots, with handsome silver spurs," wearing a broad-brimmed hat, and carrying a smart whip,—altogether very unlike the bronze personage now sitting in Trafalgar-square. We pass all this, and come down to our own time, when the "little coach" is revived in the form of the "natty brougham," and the early struggles, and screwing, and scraping, by which it is maintained, are recounted. We have heard of some such things before, but the following are new to us:—

"Who has not heard of the dashing Doctor who taught singing under the mustachiod and bearded guise of an Italian Count at a young ladies' school at Clapham, in order that he might make his daily West-end calls, between three p.m. and six p.m., in a well built brougham, drawn by a fiery steed from a livery stable? There was one noted case of a young Physician, who provided himself with the means of figuring in a brougham during the May-fair morning, by occupying the box, and condescending to the gait and duties of a flyman, during the hours of darkness. It was the same carriage at both periods of the four-and-twenty hours. He lolled *in* it by daylight, and sat *on* it by gas-light. The poor fellow's secret was discovered by his forgetting himself on one occasion, and jumping *in* when he ought to have jumped *on*, and jumping *on* when he ought to have jumped *in*."

Let us pass by Phreas, Linacre, Kaye or Caius, and Mayerne, and look on Aubrey's picture of Harvey "of the lowest stature, round-faced, olivaster (like wainscot) complexion; little eie—round, very black, full of spirit; his haire black as a raven, but quite white twenty years before he died;" and then think of the great discoverer riding on "horseback with a foot-cloath to visit his patients, his man following on foot, as the fashion then was," and as "very cholerique," in his younger days wearing "a dagger (as the fashion then was); but this Doctor would be apt to draw out his dagger upon every slight occasion." This was too characteristic to pass over, as we do the men of the Elizabethan era—Bulleyn, a relation of the unfortunate Anne Boleyn—Butts—their successors Sir Thomas Browne, his son, grandson, and Sir Kenelm Digby,—and come to the three men whose lives bridge over the uncertain period between old Empiricism and modern Science,—Sydenham, Hans Sloane, and Heberden. But all these, the Royal Society in their time, and the great quarrel between the Physicians and Apothecaries, we have also to pass over for stories more attractive. Radcliffe and his rivals afford us some notes about the very interesting subject of Fees. Taking more than twenty guineas a-day at the end of his first year in town; getting 500 guineas for curing Lord Portland of a diarrhœa; 1000 guineas from Queen Mary for attending the infant Duke of Gloucester in an attack of convulsions, and 1600 guineas for going to see Lord Albemarle at Namur; and, calculating the difference in the value of money then and now, the banker's book must have been a very pleasant one at the year's end; and one can understand how Oxford has profited by the Radcliffe Library, Infirmary, Observatory, and Travelling Fellowships. As to the eighteenth century Physicians,—Friend, Gibbons, Fordyce, Beauford, and Barrowby, who thought "temperance a vice that hadn't even the recommendation of a transient pleasure," and the stories of their gluttony and drunkenness,—we should read of them with absolute disgust did they not serve to compare the habits of the present day with theirs with more satisfaction than the fees, the topers received with those of our own day. The "*cacoethes donandi*" is not a besetting vice of this age. Patients now manifest enfeebled powers in other ways, although some high-minded men are obliged to resist, like Mr. Jeaffreson's friend, who said—"I wonder at my moderation." Those who wish to be paid fairly are often obliged to act up to the motto, "*Accipe dum dolet*"—"take your fee while your patient is in pain." As curiosities in the fee way, we may record that of Henry Atkins, who received £6000 from James the First, for going to Scotland to attend Charles the First, when an infant; Louis the Fourteenth, who gave his Physician and Surgeon 75,000 crowns each for one operation; Dr. Dimsdale, who was once Member for Hertford, who got £12,000, and £500 a-year for life, for going to Russia to inoculate Catherine, besides the rank of Baron of the Empire. The Austrian Emperor Joseph made his Physician, Quarin, a Baron, and gave him a pension of £2000 a-year. Hear Mr. Jeaffreson:—

"Cynics have been found in plenty to rail at Physicians for loving their fees; and one might justly retort on the Cynics that they love *nothing but* their fees. Who doesn't love the sweet money earned by his labour—be it labour of hand or brain, or both? One thing is sure—that Doctors are underpaid. The most successful of them in our own time get far less than their predecessors of any reign, from Harry the Eighth downwards. And for honours, though the present age has seen an author raised to the peerage, no precedent has as yet been established for ennobling eminent Physicians and Surgeons."

This question of fees reminds us of the sums some Quacks, male and female, have extracted from their victims or dupes.

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Mesmer received in Paris in one year £16,000; Mrs. Stephens and her £5000 grant are well known. Her contemporary, Mrs. Mapp, or "Crazy Sally," are less so, and Mr. Jeaffreson's very curious accounts of her, and of Quack Oculists the Taylors, of Graham and his "Temple of Health," are very curious. Only thirty years ago St. John Long "showed me his pass-book with his bankers, Sir Claude Scott and Co., displaying a series of credits from July, 1829, to July, 1830, or a single year's operations, to the extent of £13,400."

Any Book about Doctors would of course be incomplete without something about Quacks: so Mr. Jeaffreson tells us of Saffold, the great Quack of Charles the Second's time; of Sir William Reade, Queen Anne's Quack Oculist; and of her other "sworn Oculist," Grant, the Anabaptist tinker.

> "Her Majesty, sure, was in a surprise,
> Or else was very short-sighted;
> When a tinker was sworn to look after her eyes,
> And the mountebank, Reade, was knighted."

Then we come to the Quacks of the last century, and the first Hydropath, the Rev. John Hancocke, D.D., Rector of St. Margaret's, Lothbury, the Loutherbourgs, Myersbach, Katterfelto, and a host of other Quacks. But we must leave these gentry, and return to the Doctors.

The connexions of the Medical Profession with the aristocracy are illustrated by the "unpleasant old scamp" Monsey, the great-grandfather of our ex-Chancellor, Lord Cranworth. Sir Hans Sloane's daughter became Lady Cadogan by marriage; the Earl of Westmoreland married one of Dr. Saunders' daughters; Lord Combermere married the daughter of Dr. Gibbings, of Cork. As instances of sons of Medical men who have risen to the Peerage, we have Lord Sidmouth, son of Dr. Addington, of Reading; Lord Denman, son of Dr. Denman, the Accoucheur; and the present Lord Kingsdown, who is grandson of the late Dr. Pemberton, of Warrington. No Physician who has not left his original profession for politics or the Law Courts has yet reached the House of Lords. Sylvester Douglas, the Apothecary, obtained an Irish Peerage and the title of Lord Glenbervie, by long party service in the House of Commons; and Henry Bickersteth—the late Lord Langdale—practised Medicine until he was 28 years old, and was not called to the bar until he was 31. Twenty-five years afterwards he was created a Peer. He married a daughter of Lord Oxford, to whom he had formerly been travelling Medical attendant. Talking of marriages, there was Sir Lucas Pepys, who married the Countess de Rothes; Sir Henry Halford, whose wife was a daughter of the eleventh Lord St. John of Belsoe; Sir John Hill, who married a daughter of Lord Ranelagh; and Sir Hugh Smithson, who "won the greatest prize ever made by an Æsculapius in the marriage market." He "won the hand of Percy's proud heiress, and was created Duke of Northumberland." He practised as an Apothecary in Hatton-garden, but married the heiress in 1740: he was created Duke of Northumberland in 1766.

Here this gossip must end. Those who wish for more of the same sort, and some much better, must turn to the book which Mr. Jeaffreson has provided, with the assistance of Dr. Munk, the learned Librarian of the College of Physicians, and of Dr. Diamond, who, as we well *know* and Mr. Jeaffreson *says*, "unites the graces of a scholarly mind, an enthusiasm for art, and the fascinations of a generous nature." A generous appreciation of generosity is shown in the following passage, with which we conclude:—

"Of the generosity of Physicians one *need* say nothing, for there are few who have not experienced or witnessed it; and one *had better* say nothing, as no words could do justice to such a subject. This writer can speak of at least one poor scholar, to whose sick-bed Physicians have come from distant quarters of the town, day after day, never taking a coin for their precious services, and always, in their graceful benevolence, seeming to find positive enjoyment in their unpaid labour."

THE WEEK.

In another column a letter may be found from Mr. Lawrence on the important subject of Iridectomy in Glaucoma. It is of great moment that a grave practical question of this nature should be thoroughly discussed by those who can bring the influence of authority to bear upon the discussion. If people are and will be suffering from a disease which rapidly goes on to blindness, and which can only be cured by iridectomy, the sooner the opposition of those who know little or nothing about it is checked the better. If people who are not likely to become blind are having their eyes put out by an unnecessary and unsuccessful operation, the sooner this practice is checked the better. The question is one which can only be settled by an appeal to facts, and the two facts cited by Mr. Lawrence must and will have their weight. It will interest our readers to hear that the accounts of Sir Benjamin Brodie are very favourable, and it is hoped that the request of the Council of the Royal Society that he will reconsider his resignation may lead to his still retaining the Presidency.

Two interesting events have lately excited the attention of the Parisian Medical world. One is the marriage of M. Velpeau's daughter, with a dowry of 50,000 francs; the other is the retirement of M. Ricord. This gentleman, who is so well known to us, has retired from his public position as Hospital Surgeon because his hour of departure is near at hand in the administrative clock. According to the law which rules his appointment, M. Ricord must retire at sixty years of age. In his case it appears that the law might have been broken; but M. Ricord would not set an example of this kind, and retired—regretting and regretted. This incident naturally calls attention to the general question of the retirement of Professors, and of all other occupants of high public posts. Ought there to be an official time fixed for the term of the closure of their public labours? The question is evidently a broad one; and, as shown by this case, any positive rule must have its evil as well as its good side. Upon the whole, it is probable that a rule fixing such a time of service would be of advantage to the public. It is interesting to see what our French friends have to say on this point; for it happens that their experience enables them to speak to both sides of the question. In France there are two species of Professional Teachers. There is one whose teaching is *officious* and gratuitous; and there is the other whose teaching is official. The former must, in accordance with severe administrative regulations, give up his Hospital and his teaching, as Surgeon at sixty, and as Physician at sixty-five years of age: while, on the other hand, the official may carry on, spite of old age and infirmities; no limit, in fact, is prescribed for the period of teaching of the Clinical Professors of the Faculty of Medicine. "Do you think it just and equitable," writes one, "that Professor So-and-So, whose feeble hand can scarcely hold the knife, should be allowed to teach up to eighty years of age, and that M. Ricord, whose hand was never steadier, whose voice never more eloquent, and whose teaching never more instructive, should be forced to shut up the treasures of his experience? Is this the way, again, to encourage gratuitous teaching? Here is one of the finest Medical minds, the most distinguished of his age, who for more than one-third of a century has devoted his time freely and spontaneously, and with a devotion which has never failed for a single day, to the laborious effort of teaching; and now, when his time comes, he is told to quit the premises." The case as thus put before us shows clearly enough that if it be hard for a Professor to retire at a certain age, it is also good that he should retire at a certain age. For, though one man may retain his faculties unclouded, and his hand unshaken by the weight of sixty

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summers, it is certain that the majority of men must weaken in mind and body after that period. But surely there is room for a compromise here. Why should not the unclouded intellect retire to the honourable position of Consulting Surgeon and Consulting Physician? And why should there not be exceptional loopholes, as there are in all good laws, to provide for the accidental contingencies of the existence of Professional minds of the calibre of M. Ricord? It is a positive loss to Science that M. Ricord's instructions should cease; let Science, therefore, determine that M. Ricord is an exception to the general rule, and provide for such a case. But it would also be a gain, upon the whole, to Science and Humanity, if Professorial tongues were to cease professing, and Chirurgical hands were to cease the cunning practice of Surgery, at a fixed period, as a general rule. This may be hard to the individual in certain cases; but it is of good to society; and laws affecting public teachers should evidently consult the good of society before the benefit of the individual. This rule has, we believe, at length been recognised in the Navy; so that we shall probably never in future turn out Admirals who must be lifted on deck and give orders in their gouty arm-chairs when the cannon-balls are flying about. There is one other, and no small advantage, which attends such retirement of Physicians and Surgeons, and that is, the making way for the rising generation of Medical aspirants, and for the infusion of fresh blood and life into our Professorial Chairs and Hospital Staffs. This, then, is the moral which we draw from the retirement of M. Ricord.

Early in the year 1858, the Committee of the Manchester and Salford Sanitary Association appointed a Sub-Committee for the purpose of ascertaining the importance of atmospheric changes as a cause of disease, and of considering how far danger to life from this source may be avoided. The investigation extended over a period of nearly two years, and the Committee deem this a favourable opportunity for giving publicity to the report of the Sub-Committee. The Sub-Committee first endeavoured to draw up a plan upon which they could carry out their investigations, so as to trace as clearly as possible the effects of atmospheric changes upon health, and it appeared desirable to divide the subject into two branches. 1st.—The Effect of certain States of the Air upon the Production and Propagation of Disease. 2nd.—The Connexion that could be traced between these Atmospheric Conditions and the Mortality. To pursue this investigation efficiently they considered that it would be necessary, first, to compare meteorological returns with records of concurrent attacks of disease; and, second, to compare them with returns of mortality; and as no record of diseases in that district could be discovered, the Sub-Committee adopted the returns published under the authority of the London Board of Health, from which they made a selection for investigation. The following is the result of their inquiries as regards diarrhœa:—A high mean temperature (above 60°) would seem to have a powerful influence in predisposing to this disease; when continuous, causing a rapid increase in the number of cases. A temperature below 60° appears to be unfavourable to its progress. These effects are most evident when the temperature is above or below the average of the season. These investigations are to be continued.

We are glad to see that an irregular "Bone-setter" has got a portion of his deserts. But though he has been committed by magistrates for trial on a charge of manslaughter, we may very safely anticipate that the ingenuity of lawyers and the sympathy of the judge will free him from all eventual trouble. Here is the case:—

"A Bone-setter Committed for Manslaughter.—A case has been under investigation before the coroner at Birkenhead, to inquire into the cause of death of a boy who died recently in consequence of injuries to his leg. The boy, whose name was Timmins, was eight years of age, and on his complaining of a pain in his leg a Doctor was called in, who ordered the limb to be poulticed. The father, who resided at Birkenhead, not satisfied with this, took the boy to Mr. Evan Thomas, a famous bone-setter, in Liverpool. Mr. Thomas, after an examination, said the boy's thigh was broken, and got 10s., his usual fee, for which he 'set the bone.' In a day or two after the boy became worse, and died within a few days of his visit to Mr. Thomas. Besides setting the bone Mr. Thomas, it seems, also prescribed the application of water bandages. A post-mortem examination of the body showed that the thigh-bone had never been fractured, and the Medical gentleman who made the examination stated that an abscess had been formed in the limb, absorption of the matter of which had, in his opinion, been promoted by the water-bandages, and that this absorption was the cause of death. The jury, after hearing the evidence, gave a verdict of 'Manslaughter' against Mr. Thomas. On application to the magistrates he was admitted to bail."

Mr. Thomas has since been committed by the coroner for the county of Chester and the magistrates of Birkenhead, to take his trial on a charge of Manslaughter, at the Chester Assizes.

The following *résumé* of the opinions of M. de Pietra-Santa on the climate of Algiers is worthy of note. It gives a different view of the climate from that ascribed to it by the daily journals:—

1. The climacteric conditions of the town of Algiers are very favourable for chest affections generally,—for phthisis in particular.

2. Phthisis exists in Algiers both among immigrants and the native inhabitants; but the disease is less frequent than in France and on the shores of the Mediterranean.

3. The increase of phthisis among the indigenous people —Arabs, Negroes, Mussulmen, and Jews—depends upon circumstances quite independent of climate.

4. The beneficial effects of the climate are very marked in cases in which the first appearance of the disease, or the predisposition to its occurrence, is combated.

5. Its beneficial effects are doubtful in the second period of tuberculosis, especially when the general symptoms are more marked than the local lesions.

6. The climate is fatal in the third stage, when the signs of softening, etc., appear.

The following letter from an Army Medical Officer will, we trust, receive attention:—

"I need not remind you that on October 1, 1858, a Royal Warrant converted the Army Medical Department from one of the least to one of the most desirable careers open to a young Surgeon. I venture to ask your aid to make known to the rising generation of Medical men that an attempt is already being made to lower our position. To each of the twenty-eight Cavalry Regiments there is one Surgeon or Surgeon-Major, ranking with a Major or Lieutenant-Colonel respectively. Forage is specified by the Warrant as one of the items of equality of rank, and a Cavalry Surgeon or Surgeon-Major becomes accordingly entitled to forage for four horses, such forage not being given but paid for at a fixed rate. The Military authorities are attempting to deny this concession, because a Doctor does not require so many horses for actual duty. Now, every one in the Cavalry Service knows that a Major, or a Lieutenant-Colonel, does not require his four horses for actual duty. The increased forage allowance is simply an indulgence granted to the higher rank as an acknowledgment of position and service. In fact, the less mounted duty an officer has to do, the more horses he draws forage for. Thus, a Cornet (who rides nearly every day) has but two, while a Major (who rides about twice a-week in half the year, and not at all in the winter, on duty) is allowed four, and the climax is reached by the Field-Marshal, who has sixteen. The fact is that forage-allowances are, like lodging-money and table-allowance, simply a part of the general advantages and rewards allotted

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to the higher ranks in the army, and there is as much injustice in denying a Medical Officer his forage as there would be in making him live in a subaltern's quarter when entitled to a better one. Now, what we feel is that if one item of our new privileges be lost, the rest will soon follow, and our relative rank, retiring pension, and daily pay, will be reduced to the old standard. Let our young Medical brethren refuse to enter the army if any infringement of the Warrant is attempted, and we shall hear no more of a retrograde policy."

It is amusing, and something more, to observe how gratuitous Medical services are rewarded all over the world. It seems that in France there is a species of gratuitous advice given by Medical men to the poor in country districts, and out of this come the following groans to the Academy of Medicine:—

"We are astonished to find that some mayors themselves draw up lists of indigent persons who are to receive gratuitous advice, and that they put down on the list the names of proprietors who have no title thereto. Some mayors, also, are impudent enough to countersign the prescriptions of the Doctors; others will not grant the supply of medicine required; and others take the money voted for payment of the gratuitous Medical service, and use it for other purposes."

Such is the value the kingdom of Bumbledom puts on such services in France!

Our readers will peruse with much interest the following extracts from a private letter dated Naples, October 18, written by a Medical friend there to the Editor. He says:—

"Dr. —— is under arrest. I do not know the particulars, but I believe many things are missing. He is not the gentleman to whom I alluded in my last letter. Father Gavazzi, whose efforts on behalf of the sick and wounded are above and beyond all praise, has given me some particulars of how things go on, which make my nerves thrill with indignation. Fancy ten grains of quinine ordered three times a-day, and the poor fever patient, who has been shedding his blood for the worthless villains who rob him even of his medicine, getting, for three packets of ten grains each, one of two and a-half grains, and two empty! I can hardly ask you to believe such things. They are, nevertheless, too true. To those who know the Neapolitans this is not wonderful. When I tell you that the fine large Hospital called the 'Incurables'—I suppose because they never try to cure patients in it—has an income of over £35,000 a-year, giving over £20 to each bed in it, and that more than half of this large sum is appropriated to other purposes, you will not be surprised that hastily got-up temporary Hospitals are not very well managed. Remember that this is the capital, and that all the supplies of the kingdom are in the power of the present Government. Some people here say, 'Remember Scutari.' I reply, that the cases are not parallel. Constantinople is not the metropolis of England, and that, if ever the invasion were to take place—which so much disturbs the repose of all the 'old women of both sexes.' I think every house in London would be open to the wounded defenders of the country. Not so here. Gavazzi begged that any who would receive a wounded man would leave their names and addresses with the Committee. They have got next to none. Many articles, it is reported and believed, have been sent to Gaeta by the Sisters of Charity. Stolen from the Hospitals of Naples, they find their way thither with wonderful celerity. The place will soon be capitulating, I trust, and there will be an end of all that sort of trickery. Madame M—— (very unfortunately, I think,) is Directress-General of *all* the temporary Hospitals. How can a woman, or man either, administer the affairs of so many, and those so far apart, as Santa Maria, Caserta, Maddaloni, and Naples? Gavazzi says that he does not believe ten per cent. of the wounded who are at Maddaloni will recover. They were left for days and days without aid of any kind; and I hear that the worthy Surgeons of Naples and the Government haggle about the price to be paid for their valuable services. The Countess de la Torre struts about in a red shirt, and wears a little sword. She was seen by a friend of mine at Caserta lately, running from bed to bed, feeling pulses, etc. The Hospital at the Jesuits' College is now in very good order: it is the Hospital which Gavazzi has specially taken into his own hands."

REVIEWS.

The Surgical Diseases of Children. By J. Cooper Forster, F.R.C.S. 8vo. Pp. 348. London: 1860.

It has been a matter of surprise that a special work devoted to the consideration of the Surgery of Childhood has not hitherto appeared, considering the large opportunities which at present exist for studying with care the various maladies attendant upon this period of life. It is true that in the many treatises on general Surgery the affections peculiar to childhood are considered at length; and, indeed, young children are the subjects for surgical treatment or operative measures in a very large proportion of cases. Still there is much that is peculiar, and worthy of separate study and practice, about the affections of these little patients, and, therefore, a treatise of the kind will, we are sure, not be considered a literary superfluity.

Mr. Cooper Forster has, from his position of Surgeon to the Infirmary for Children, had considerable opportunities of studying their surgical disorders, and in the volume under notice he has endeavoured to fill up the hiatus already alluded to. The work is divided into twenty chapters, and most, if not all, the affections peculiar to children are brought under notice, some of them in a manner somewhat summary and brief, others at much greater length.

In the first three chapters, besides some general introductory remarks, as well as some observations on the use of anæsthetics, are descriptions of the various affections of the head, face, and mouth, which form a large proportion of the cases, in children, where the Surgeon is called upon to exercise his skill either by treatment or operation. The observations on that common deformity, hare-lip, which presents such diverse and interesting features, are much more limited than one would expect to see on such a subject. The author's advice, however, about the period at which an operation should be performed, is judicious. He strongly recommends the closure of the fissure as soon after birth as possible, or at all events before the period of dentition, and there is not a truer sentence in the whole work than the following:—

"In hare-lip, complicated with fissured palate, hard or soft, it is very advisable that the operation for the former should be performed at the earliest possible time, as it induces an approximation of the parts behind. In some of these cases the fissure of the palate will almost entirely disappear."—P. 35.

The steps of the operative proceedings themselves are well described, as far as they go; but there is a complete silence with regard to the variation in the measures required in those complicated cases of hare-lip which are frequently seen, and which test the skill of the most experienced Surgeon. Mr. Forster recommends the use of sutures instead of pins to unite the pared edges of the lip, for the very insufficient reason that a slight scar is left after the use of pins. We think few Surgeons will follow his advice, and that those who do so will be sorry for it.

There are some practical remarks upon the treatment best adapted for the enlarged tonsils so frequently found in young children. The author advises that the tonsils should not be removed unless there is very evident and great disturbance to the child's health, and he recommends the adoption of general tonic and constitutional treatment, a practice which most experienced Surgeons will be inclined to adopt. Undoubtedly, however, great relief, both local and general, is often witnessed after a well-timed operation; and, on the contrary, we believe that great mischief is the result in some cases of allowing the enlarged glands to remain, leading to insufficient respiration, deafness, and bad nutrition.

The important affections of the air-passages and pharynx next come under notice, considerable space being devoted to the former, including foreign bodies in the wind-pipe, scalds, and tracheotomy in croup.

The important questions relating to this latter proceeding have little light thrown upon them by the author, and this is

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an illustration of one of the great blemishes in this work. A subject of vast importance and requiring careful consideration is dismissed in a summary mannner; the young Surgeon seeking for knowledge being left almost entirely to his own resources for forming a judgment. Only a few lines are devoted to the consideration of these questions, whereas several pages are taken up by the details of the manipulations necessary in the operation itself. The various steps of the proceeding are, however, clearly given, and evidently by one who has had some experience of it. Mr. Forster is one of those who appreciates the difficulty which may occur in performing tracheotomy on a young child. It is too much the fashion with those whose experience of this operation is limited to consider it easy and devoid of danger, but after a large personal experience of this proceeding we can fully endorse the statement of the author, that it is "a difficult and disagreeable one, which requires especial coolness and decision, and should be undertaken with full deliberation." He follows the advice we have repeatedly given that the trachea should be fixed with a hook previous to the incision being made into it.

A case of gastrotomy performed on a child for the relief of the dreadful symptoms produced by a contraction of the œsophagus, is detailed at page 81.

After devoting a few pages to the diseases of the rectum, and the Surgical affections of the trunk, Mr. Forster considers at length the important affections of the urinary and generative organs, and hernia as well. There are some useful and practical remarks on retention of urine in children, and impaction of a calculus in the urethra, illustrated by some good cases, well worthy of perusal.

With regard to the treatment of stone in the bladder, Mr. Forster is in favour of the lateral method of lithotomy, and many Surgeons will still take his view of the matter as respects the median operation in children: "It appears to me that there are no particular grounds for performing an operation of this kind, when the usual oblique incision is as successful in its results in children as any serious operation can be."—P. 169. After an observation of numerous cases of lateral lithotomy, performed upon children during a period of nearly twenty years, we can only recollect one fatal occurrence, after this operation had been completed, although we have witnessed more than one case in which Surgeons of London Hospitals have failed to reach the bladder of boys, and the stone has been found in the bladder after death.

Two entire chapters are devoted to one of the most important surgical affections of children—viz. Nævus and its Treatment. The various kinds of the disease are described imperfectly, but the several modes of treatment are freely and fairly discussed, due credit being given to each mode. The value of the different kinds of ligature, upon which plan of treatment Mr. Forster places most reliance, are well weighed.

There is one matter on which, after a considerable experience of the ligature, we entirely differ from Mr. Forster, and we think most of those who have used this mode of treatment will agree with us. After describing that method of destroying mixed nævi by the introduction of two double threads he says:—"By some Surgeons the skin is divided in the course of each of the ligatures, with the view of diminishing the pain. I am not in the habit of doing this, there is risk of cutting the thread, and the hæmorrhage, though not great, may be inconvenient."—P. 242.

Now, we believe that these incisions are a most important element in the successful application of this form of ligature, and that if neglected there will be a great chance of a portion of the disease not being destroyed, especially in certain parts of the body (as the scalp) where the integument is very thick. It is not so much to diminish the pain of the ligature, as to ensure a proper strangulating effect upon the diseased mass, that we have for many years seen good reason to make the threads lie in the bed of an incision previously made through the integument.

In the chapters on the Diseases and Injuries of the Joints there is nothing particularly noticeable. There is a good description of the various stages of hip disease, but the author has fallen into the common error of believing that in the last stage dislocation of the head of the thigh-bone occurs as a matter of course. That dislocation of this bone out of the socket does sometimes occur is a well-known fact, but it is by no means of such frequent occurrence as it is supposed to be. The error is very likely to be made in consequence of the extraordinary amount of distortion ensuing on long-continued hip disease, which is the result chiefly of the posture of the child, and of the absorption of the head of thigh-bone instead of its dislocation on to the dorsum ilii.

In severe joint diseases, attended by the worst symptoms, in children, Mr. Forster is averse either to amputation or resection, preferring, when suppuration has occurred, the use of free incisions into the cavity of the joints,—an admirable mode of treatment, and one not sufficiently practised. With regard to resection of the knee in a child, the author condemns it, on the ground that the limb does not grow. In some cases this arrest of growth undoubtedly occurs. We have had a good opportunity of witnessing this in one striking instance; but this does not take place in all: and although the possible and probable deficiency in growth is a serious objection to the operation in a growing child, Mr. Forster is not justified in condemning its adoption altogether. He is in favour of excising the head of the thigh-bone in advanced hip disease, when the diseased bone is lying as a foreign body, but he doubts the propriety of excising the entire joint, as has been satisfactorily effected by Mr. Hancock and Mr. Jones, of Jersey.

The last four chapters of the book are devoted to Diseases of the Skin, of the Ear, Congenital Deformities and Malformations, Tetanus, Scalds and Burns. There is nothing here to which we need direct special attention, and we may conclude by recommending the work as likely to be very useful to the Practitioner of Surgery. It is plainly and clearly written, and is furnished with numerous illustrations. On some subjects the information is more meagre than might be expected, and there is but little reference to the labours of any Surgeons who have not practised in Guy's Hospital. But, on the whole, the book must be looked upon as a valuable addition to Surgical literature, and one which will raise the very high Professional character the author has already attained.

The Micrographic Dictionary; a Guide to the Examination and Investigation of the Structure and Nature of Microscopic Objects. By J. W. Griffith, M.D., F.L.S., etc. and Arthur Henfrey, F.R.S., F.L.S., etc. etc. Second Edition. London: 1860.

We are glad to welcome a Second Edition of this work, and congratulate Dr. Griffith upon this tangible proof of the acceptance this result of his and his coadjutor's labours has met from the scientific world. It must long remain a standard work of reference, for it is invaluable to the microscopist, and, to use a phrase found in three reviews out of six, supplies a want which must often have been felt by the student of Nature. Great as are its literary merits, its value is greatly enhanced by the plates and wood engravings. Most of the former are from drawings by Mr. Tuffen West, whose name is a guarantee for their accuracy and artistic finish.

King and Queen's College of Physicians in Ireland.—Officers elected on St. Luke's Day, 1860.—*President*—Doctor Dominic John Corrigan; *Vice-President*—Doctor John Moore Neligan; *Censors*—Doctor J. Moore Neligan, Doctor Edward B. Sinclair, Doctor J. F. Duncan, Doctor W. Barker; *Treasurer*—Doctor Henry Law Dwyer; *Registrar*—Doctor William Moore; *Librarian*—Doctor George Alexander Kennedy; *Professor of Midwifery*—Doctor Fleetwood Churchill; *Professor of Medical Jurisprudence*—Doctor Thomas Brady; *Examiners in Midwifery*—Doctor Henry Law Dwyer, Doctor John Ringland, Doctor Atthill; *Inspectors of Apothecaries' Shops*—Doctor Robert Travers, Doctor John Ringland, Doctor M'Cready, Doctor Atthill; *Representative on the General Medical Council*—Doctor Aquilla Smith; *Examiners in Arts*—Doctor Steele, Doctor Travers, Doctor Moore, Doctor Atthill, and Doctor A. Smith.

The Last Infallible Cure for the Croup.—We stated some months ago that cases of diphtheria or croup had been cured by the amputation of the tonsils, a method first proposed and put into practice by Dr. Bouchut. The *Abeille Médicale* now publishes another successful case, which it states to be the eleventh hitherto made public, and promises to make known several more cases not yet described. It appears certain that this operation effectually prevents the formation of any new false membranes, and causes the disappearance of those already formed.—*Galignani.*

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

GLYCERINE IN AFFECTIONS OF THE EYE.

By M. FOUCHER.

M. Foucher, Surgeon to the Necker Hospital, makes great use of this substance, whether applied alone or as an excipient for more powerful agents. Employed alone, it is very useful applied four or five times a-day to the edge of the eyelids, in order to prevent the formation of crusts,—M. Foucher attaching great importance to keeping these parts perfectly clean. He also has it rubbed into the outer surface of the eyelids in order to maintain their suppleness, and he applies a layer to the inner surface, after he has pencilled this with the nitrate of silver and neutralised the caustic by a saline wash. The following are his usual formulæ in the proportions for 30 parts of glycerine each: 2 to 4 parts of borax; 1 to 3 of sulphate of zinc; 1 to 4 of sulphate of copper; 4 to 8 of tincture of iodine; 1 to 4 of perchloride of iron; 2 to 4 of tannin; 2 to 4 of calomel; or 2 to 4 of opium wine. In simple mucous or catarrhal conjunctivitis, the zinc or tannin formulæ is very useful, being often substituted for one of nitrate of silver; and, when there is abundance of mucus secreted, the inflammation not being intense, the borax collyrium is very useful. In ciliary blepharitis, as in all the inflammations of the free edge of the eyelid, the calomel or iodine collyrium should be preferred. It is in these cases that the glycerine proves so useful in preventing the formation of palpebral crusts. In superficial ulcer of the cornea, the corneitis being already somewhat subdued, the tannin collyrium is indicated, while when the photophobia is very intense, the laudanum collyrium usually relieves it. Vascular keratitis may be treated either with the tannin or perchloride of iron collyrium; but M. Foucher is not so strong an advocate of this last preparation as are some other Surgeons. In granular conjunctivitis, the copper collyrium may be advantageously substituted for the solid sulphate, and it causes less pain.—*Moniteur des Sciences Méd.*, No. 91.

ON THE CONVERSION OF CYSTICERCUS CELLULOSÆ INTO TÆNIA SOLIUM.

By Dr. KUCHENMEISTER.

Some time since Dr. Küchenmeister having fed a delinquent with measley pork three days prior to his death, found several young tænias attached to the intestinal canal, and Leuckart has since related a case of death from the same cause. But, as there are still incredulous persons, the author resolved to institute other experiments on the person of a criminal condemned to death. The pork containing the cysticerci was administered on November 24, 1859, and January 18, 1860, and the post-mortem was made on March 31. Almost fifty per cent. of the cysticerci were found in the condition of tapeworms. His general conclusions are,—1. The numbers of the tænia which were found must convince the most incredulous of the reality of the conversion. 2. That the tænia really resulted from the cysticerci administered is seen from so many being still in an immature state. 3. The presence of so many examples delayed the development. In ordinary cases a quarter of a year would suffice for maturity to be attained. 4. Even under the most favourable circumstances, when the cysticerci are freed of their envelopes one-half undergo no conversion, and swallowed unseparated the proportion would be still less. 5. Raw, measley pork may be exposed to considerable cold without the cysticerci losing their vitality. 6. In weather which is not hot enough to induce early putrefaction, the susceptibility of development can be retained for at least eight days, and probably for a longer period after the death of the pig. 7. The greater the number of the raw cysticerci that are consumed, the greater number of tæniæ will be found. In one case in which such food was largely consumed, thirty-three portions of heads were found. 8. In persons leading a quiet life, avoiding all excess in eating and drinking, and partaking of an uniform diet, even many of these worms may not give rise to any disturbances in the system. This prisoner, between the time of eating the cysticerci and his execution, was remarkably well in health, a considerable increase in the deposit of fat taking place. 9. Notwithstanding the quantity of separated proglottides at the lower portion of the intestinal canal, the muscles contained no cysticerci. This man, however, had no vomiting, and none of the embryos of the tæniæ entered the stomach, which, according to the author's investigations, is a necessary preliminary to the appearance of cysticercus in man. 10. The worms were found very firmly adherent in part to the free surface of the intestine, or at the sides of the valvulæ conniventes, and in part buried between these last. They could only be detached with great difficulty, and when the heads were loosened from one portion of the intestine, they at once fastened on to another with just as much force. 11. This explains why a means which, in some cases, acts very efficaciously in expelling the worms in other cases, proves of less avail. Thus, when the head is attached to the free surface of the intestine, or of the valvulæ, sharp purgatives will detach it; but, when placed at the base of the valvulæ, the effect of the purgatives may be only to bury it still deeper, and when the body is expelled without the head, the worm may be reproduced. When the head of the worm has become detached from the intestine, we must not allow it time to re-attach itself; and these medicinal agents alone, which induce powerful peristaltic action, and are accompanied by abundant secretion, are to be relied upon for procuring a radical cure. 12. Finally, the author replies to the reproaches which have been directed against him for his experimental feeding of condemned criminals. He maintains that, as a curable disease only had been produced, the man, even in the event of his having been pardoned, would have sustained no permanent mischief. He declares that, by employing active purgation by means of pomegranate extract, prepared as directed in his work on Parasites, he has never failed in expelling the worm. A further excuse for the experiment is derived from the fact that, owing to the regularity of diet observed by the criminal, and the absence of all excesses likely to give rise to vomiting, there was no possibility of the proglottides obtaining an entrance into the stomach, and becoming thence diffused amidst other of the structures.—*Deutsche Klinik*, No. 20.

CASES OF INVERSION OF THE UTERUS.

By Dr. BRANDT.

Dr. Brandt related to the Berlin Obstetrical Society two cases of inversion of the uterus which he had met with. He was called to the first on account of a fearful hæmorrhage which had immediately followed the birth of a third child. He found the woman almost pulseless in a pool of blood, various means for arresting the hæmorrhage, including the plug, having been tried in vain. The plug having been removed, it was at once discovered that an inversion was the cause of the nearly fatal hæmorrhage. Reposition was accomplished with ease, and the bleeding at once ceased. The woman, though still anæmic, was enabled to leave her bed on the ninth day, and the lactation was normal. The second case was a primipara, aged 30, and a hæmorrhage which had followed the removal of the placenta had continued forty-eight hours, notwithstanding attempts to arrest it, when the author saw her. She was then anæmic and nearly speechless, her feeble pulse beating 140. After putting her under the influence of chloroform, reposition was accomplished without further loss of blood, the organ contracted, and the patient was relieved of the pains she had complained of. Some ergot was also afterwards given, and next day the contraction of the organ was found to be quite normal. The further progress of the case, however, was unsatisfactory, as the patient fell into a typhoid state, with subsequent œdema and metastatic abscesses; and at the period of the report, two months after delivery, she was still in a precarious condition. Dr. Brandt, in regard to the production of the accident in these cases, stated that, although it was the interest of the midwives to hasten the termination of the labour, he had no proof that they had acted improperly.

Professor Martin referred to two cases which had occurred in his own practice, in one of which the inversion seemed to have been produced by the traction of the cord made by the midwife. In the other case, which was an old one, the cause was doubtful. Indeed, it was only a partially-inverted uterus, and had been supposed to be a polypus. The diagnosis was made, first, by estimating the length of the organ

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between the two hands placed within and outwardly, and then by the introduction of the uterine sound, which could be carried around the prolapsed part, but passed in nowhere to a greater depth than an inch. Only palliative treatment was resorted to. Dr. Mayer referred to two cases formerly related by him to the Society, in which he was certain the occurrence was not produced by any external means, as he was present at the labours; and the expulsion of the placentæ was left to Nature. He attributed it to the shortness of the funis. He referred likewise to a third case which had been also spontaneously produced. With regard to the diagnosis of old cases, he had found the sensibility of the part a never-failing aid. A polypus is completely insensible; but the inverted uterus is possessed of so much sensibility that if we scratch its surface with the nail, the patient is enabled to tell us the kind of action performed. Still, the diagnosis is sometimes excessively difficult, and he remembered a Practitioner of high renown having well nigh passed a ligature around the inverted fundus. Dr. Kauffmann referred to a case in which reposition was accomplished after three-quarters of an hour's effort, through an os uteri contracted to half-an-inch. It was not attempted until a day and a-half after delivery, and was followed by a gangrenous metritis. As to the question whether, when there is no longer any hæmorrhage, it is better to leave the uterus in its abnormal position or undertake its reposition, he is an advocate for always attempting the operation. An inverted uterus, independently of the sterility it gives rise to, may become the source of numerous evils which may endanger life itself. The cases of spontaneous reposition, which have been observed as late as six months after delivery, speak highly in favour of the attempt being made.

At a subsequent meeting of the Society Professor Langenbeck laid before it a preparation of a completely inverted uterus taken from a woman forty-five years of age, who having suffered from severe uterine hæmorrhage during two years, came to his clinic under the idea that this depended upon uterine polypus. The diagnosis was attended with considerable difficulty, but it was at last determined after careful examination per anum that the affection really was an inverted uterus. The patient, worn out with the hæmorrhage, soon afterwards died. The tumour proved to be a completely inverted uterus of nearly the normal size, having attached to its fundus a sarcomatous lobulated tumour. From the abdomen the finger could be passed through a funnel-like passage into the inverted organ. The tubes and ovaries lay in front, and were not involved within the inversion. Dr. C. Mayer observed that it was an error to suppose that this woman had never borne a child, for he had learned that she had had a child twenty-three years before: and this strengthened him in his conviction that a tumour of the fundus uteri never was the cause of inversion. It is only after delivery has occurred that the tissues are disposed to become inverted. To the objection that the woman had only suffered from hæmorrhage during the last two years, he opposed a case he had met with of very old inversion in which the only inconvenience at first was excessive menstruation, the patient being otherwise quite healthy. Among the great number of cases of uterine polypi and tumours he had seen and operated upon, he had never met with an instance of inversion being produced either by the tumour, or by the operation performed for its removal. He maintained, however, that the polypus should always be operated upon *in situ*, and not first drawn down. Dr. Martin, while agreeing that in general the change of texture induced by pregnancy is a necessary preliminary, believed that there are too many recorded cases of inversion having been caused by fibroid tumours to doubt the possibility. Dr. Ebert stated that while engaged a few years ago in the compilation of a large work on inversion of the uterus, he could not find a single case recorded in which its production, in consequence of a tumour, could be regarded as indubitable. He believed, however, that it was possible an incomplete inversion occurring after delivery, might easily be overlooked, and become with the progress of time developed into a complete one. Professor Virchow had great doubts as to the possibility of the spontaneous production of inversion. The fact of such occurrence often taking place in the intestinal canal proved nothing, as that is a soft, relaxed tissue in a state of constant peristaltic movement. *A priori*, indeed, we might well expect that hæmorrhagic polypi would easily induce inversion, seeing the rapidity of their growth, the large size they attain, and the severe expulsive pains they give rise to; but in all his numerous autopsies he has found that the uterus only sinks deeper in the pelvis so as to give the polypus a point of support in the vagina and thus take off traction at the fundus. In doubtful cases he is, therefore, inclined to the opinion that the incomplete inversion produced after delivery, has increased at a later period until complete inversion has been the result. Dr. Kristeller referred to the case related by Baudelocque, in which inversion occurred in a girl eighteen years of age, whose hymen was unruptured, as a proof that the accident may arise independent of parturition. Dr. Gurlt pointed out the improbability of the affection in the present case having been so long overlooked, had it been produced as suggested as a consequence of a delivery which had taken place twenty-three years ago. By searching he has been enabled to collect eight cases of inversion combined with polypus of the uterus. In one of these cases the inversion was incomplete, and in the other seven complete; and in five of these cases the inverted uterus, together with the polypus, was removed by ligature. In one case the polypus was removed and the uterus replaced. The conclusions he comes to are,—1, That a complete inversion of the uterus in consequence of the existence of a polypus, though a very rare occurrence, may take place. 2. That so far from the distension of the uterus in consequence of pregnancy being previously necessary, four of the subjects of the cases here referred to were in the virgin state. 3. The inversion under the operation of labour-like pains may sometimes be rather quickly produced. Dr. Martin referred to a case in which inversio uteri chronica was combined with fibroid. A woman who three years previously had borne her last child, exhibited, after increasing hæmorrhages, an inversion of the uterus with a tumour of the fundus. Dr. Jürgens, of Riga, applied a ligature, which was gradually tightened during a fortnight, when the lower part was cut away. The preparation of the part is preserved in the Dorpat Museum; and a fibroid tumour the size of an egg is observed to be attached to the fundus uteri, whence it is easily separable, the uterine substance around having too undergone hypertrophy. The division was made near the cervix, and the woman recovered.—*Monatsschrift für Gebürtskunde*, Band xv. pp. 90 and 173; Band xvi. p. 11.

GENERAL CORRESPONDENCE.

IRIDECTOMY IN GLAUCOMA.

LETTER FROM MR. LAWRENCE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am indebted to the polite kindness of Mr. Bowman for the opportunity of examining two of his private patients, in whom iridectomy has been performed with complete success. These cases illustrate so clearly the kind of disease most suitable for the operation, and the period of the affection at which it can be performed with the best prospect of success, that your readers will be gratified by finding that Mr. Bowman, at my request, has consented to their publication.

Case 1.—In Mr. S., a healthy person, of spare habit, past sixty, the sight of the right eye was entirely lost eight years ago, from glaucomatous inflammation. In December, 1858, he suffered an acute attack in the left eye with agonising pain, sudden and almost total loss of sight. He was unable to see his own fingers; he told me, indeed, that, from the intolerable pain, and the imperfection of the sense, he could not distinguish between light and darkness. Mr. Bowman excised a portion of iris on the third day of the attack. He can now read a very small type (No. 2 of Jaeger's Pearl) without convex glasses.

Case 2.—Mr. J., a gentleman of good constitution and health, between fifty and sixty, accustomed through life to much use of the eyes in reading and writing, has had acute glaucoma first of the right, and subsequently of the left eye. On the 28th of last July he was unable to count his own fingers, or see at all in front or to the left side with the right eye from acute glaucoma, which had then existed one week. Iridectomy was at once performed, and all other treatment abandoned. He steadily improved, and can now read with his old convex glasses a small type (No. 3 of Jaeger's test). The visual field has extended over the central region, but he

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has not regained any sight on the extreme left of that eye, as Mr. Bowman told him would be the case, the operation having been delayed till too much damage had been done. The sight, however, of this eye is still improving. On the 11th of the present month he came to London with the left eye more acutely inflamed from glaucoma than the other had been, but it had only been so for forty-eight hours. He could barely see that there was an object before him, but could not tell what it was. He can now (Tuesday) see No. 9 of Jaeger, on Saturday only No. 14, and he sees over the whole field. Mr. Bowman has no doubt that this eye will recover perfect sight.

The inferences from these very interesting cases are so clear that remarks would be superfluous.

I am, &c.
WILLIAM LAWRENCE.

Whitehall-place, October 24.

SPECIAL HOSPITALS.

LETTER FROM MR. J. SAMPSON GAMGEE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I trust to your honouring me by publishing the annexed letter, if you concur with me in opinion, that, as referring to a matter which has recently been widely and seriously discussed, it possesses general interest.

I am quite convinced that the distinguished Surgeon who sought my adhesion to the policy of the memorable protest, was actuated by the best intentions, and I am induced to suppress his name to avoid even the semblance of personal controversy, while giving account of the reasons of my dissent on public grounds. I am, &c.

J. SAMPSON GAMGEE.
Surgeon to the Queen's Hospital, &c.

20, Broad-street, Birmingham, October 17.

Birmingham, October 17, 1860.

DEAR SIR,—The protest, in reference to Special Hospitals, which you have forwarded me for signature, has received the assent of so many distinguished men in the Profession, that I cannot withhold mine without statement of reasons.

I cordially admit that the increase and mode of administration of Special Hospitals is a matter deserving, nay, urgently requiring, strict investigation; but I think the inquiry would be partial and comparatively valueless, if it did not embrace General Hospitals. The whole system of Hospital administration, in its educational no less than its economical bearings, is defective.

I observe that the protest before me is generally drawn up in the interest of General Hospitals, and it appears to me that those who have signed it have not sufficiently weighed the causes to which in great measure Special Hospitals owe their existence. The principal of these causes appear to me to be the exclusive and unphilosophical principles which have been so long allowed to prevail in the the government of the majority of our Hospitals.

When appointments shall be thrown open to merit, when able young men already on the staffs of Hospitals shall be allowed legitimate scope for the exercise of their talents in the relief of suffering and the diffusion of learning, there need be little fear of the injurious multiplication of special institutions.

If the Established Church had fulfilled the wants of the community, Nonconformists would not have multiplied. It may reasonably be presumed that the organization of many Dissenting religious bodies is open to serious objection; but it could scarcely be urged, even with a show of fairness, that the Spiritual Lords would be impartial judges of such defects.

If I understand rightly the working of our constitutional system, free opposition within the limits of the common law is indispensable to the public good.

Men too often silence their consciences and become conservative in their own interest when they have attained the object of their ambition. In my endeavours to obtain Hospital appointments I accumulated experience of the evils of one system of Hospital administration, and now that I have attained my aim I can only live happy in the reflection that however great the difficulties, however slow the progress in surmounting them, I may succeed in doing something to demonstrate and remedy the gigantic evils of the system of Hospital administration. I am, &c.

J. SAMPSON GAMGEE.

ABSCESS OF THE LIVER.

LETTER FROM DR. CLARK.

[To the Editor of the Medical Times and Gazette.]

SIR,—Reading the Army Medical Report, No. xxxvi. in the *Medical Times and Gazette* of October 20, reminds me of a case that may possess interest for some of your readers.

In April, 1858, I had the care of some of the Third Bengal Europeans, in the entrenchment at Mynpoory, seventy miles north of Agra. One afternoon, before the regular evening Hospital visit, an apothecary came to say he had just admitted a bad case. Having at that time a large open wound in my leg, I had to be carried to Hospital, and while waiting for the dooley bearers, a hail-storm occurred. The size of the hail-stones was unusual (about the size of pigeon's eggs), and coming at that time of the year, the storm caused some excitement. On reaching the Hospital I found the man dead. According to the men in the nearest beds, he had jumped up to see the hail-storm, and, catching his toe against a brick (the floor was of sun-burnt bricks), had stumbled forward, and died. At the post-mortem next morning, I found the substance of the liver almost entirely gone, and the abscess had burst into the cavity of the abdomen at the time of his fall. How the man had performed his duty up to the time of admission into the Hospital is a matter of wonder.

I am, &c.
J. A. CLARK, L.R.C.P., M.R.C.S.
Late Assistant-Surgeon Bengal Horse Artillery.

October 22.

POOR-LAW MEDICAL OFFICERS.

LETTER FROM MR. SANGER.

[To the Editor of the Medical Times and Gazette.]

SIR,—I saw with pleasure, in your last week's number, a account of a Poor-law Union having (unsolicited) advanced their Medical officer's salary from £50 to £70 per annum. As it may be an inducement to others to follow so laudable an example, I think all similar cases should be recorded.

The Guardians of the Eastbourne Union (in which I reside) have for the last seven or eight years treated their Medical officers in a very liberal manner. Three out of four have had their salaries raised. Mine has been increased from £53 to £80, and the other two have been raised in proportion.

There is a better feeling towards the Medical Profession at the Poor-law Board than there was twenty years ago, when Edwin Chadwick held almost undisputed sway at Somerset-house.

Mr. Griffin's movement has done good, and would have done more had he proposed a simpler scheme; such as taking the average number of cases for the last five years as a basis on which to fix our salaries. His method of payment per acre, and some other parts of his plan (like Mr. Disraeli's "fancy franchises,") were not suited to the comprehension of the House of Commons, and proved fatal to an otherwise good measure. I am, &c.

P. H. SANGER.

Alfreston, October 23.

SORE NIPPLES.

LETTER FROM DR. ROSE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having of late been repeatedly harassed by patients (chiefly primipara) with sore or tender nipples, I have been induced to try all the mechanical appliances that are to be found in the extensive repertory of nursery requirements, with a view to shield the nipple from the irritation produced by the secretions and friction of the infant's mouth. Their number is legion. The success attending the use of those

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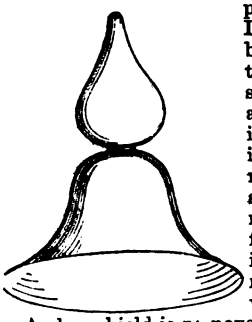
generally to be found is so very uncertain, and too frequently entirely unattainable, that I have been endeavouring to fill the void by suggesting some improvements in their construction. Having succeeded beyond my expectations, I am desirous to impart to others who may be equally annoyed by this apparently trifling matter, how it may be avoided.

In the first place, I modelled a shield in gutta-percha, based upon the following principles: 1st. That the cylindrical portion should be long enough to ensure a space, or vacuum, between the end of the nipple of the mother when fully drawn out, and the end of the shield, (the prime error generally being that this cylindrical portion is made too short, the nipple is consequently drawn up to the top, entirely filling it, and the ducts are therefore blocked against the hard substance of the instrument). 2nd. That the shield should be unyielding so as to avoid friction; and, 3rd, To procure such a substance for the child's mouth as shall most closely resemble the parent's nipple, so arranged that it cannot collapse and allow the child to suck in air.

All these indications are entirely fulfilled by the accompanying glass appliance, which I have had made by Messrs. Gilbertson, of Ludgate-hill. A calf's teat, or piece of wash-leather, is simply tied over the cone-shaped appendix, or mouthpiece, which the infant readily takes, and when not in use it should all be kept immersed in cold water, and occasionally renewed. I have not yet met with a single case where it has failed to answer the end for which it was designed, and I believe their more general adoption would prevent many cases of "bad breasts."



A glass shield is no novelty, but I have never met with one constructed upon the above principles, and the teat or india-rubber nipple without support collapses, and the infant frequently draws in air, which is often followed by considerable distress.

This is apparently a trifling matter, but every successful attempt to alleviate the sufferings which are too commonly met with among nursing mothers will be duly appreciated.

Hampstead, October 25. H. Cooper Rose, M.D.

DIGITALIS IN LARGE DOSES.

Letter from Dr. Armstrong.

[To the Editor of the Medical Times and Gazette.]

Sir,—The interesting letter of my friend Dr. Barker on the toxic effects of digitalis on animals reminded me of a case which came under my notice some thirty years ago; and, as it may serve as a caution to some gentlemen who are using that drug in heroic doses, with your permission I will very briefly state it.

About the years 1831 and 1832 a Dr. S. came to London and published several papers in the journals, on the curative effects of digitalis in epilepsy. These papers excited considerable attention in the Profession; and among them persons who either suffered themselves from that disease, or whose friends were afflicted with that distressing complaint. Among the persons who heard of these papers and cures was a patient of the late Mr. Hunter, of Islington. This lady was the daughter of a highly respectable gentleman, who had everything tried for his daughter, but, as is so frequently the case, to no good purpose. The young lady was anxious to have Dr. S. called in, and he met Mr. H. He proposed to give ʒss. of the inf. digit. 4tis horis, and to increase the dose daily. Mr. H., like a cautious and prudent man, told the family he would be no party to this treatment, and Dr. S. took the whole responsibility on himself. The infusion was prepared with the utmost care, and was faithfully administered, Dr. S. seeing the case as often as he deemed necessary. On the fourth day the dose was ʒij 4tis horis. After taking the second dose, about three p.m., she became suddenly faint, tremulous in the limbs, said she could not see, fell back, and was dead in an instant. A hurried message was sent to Mr. Hunter, and I hastened to the house: life was quite extinct, and the family, I need not say, in the greatest distress. From that time to the present I have been very shy of digitalis, and I shall be much surprised if the reckless administration of two-drachm doses of the tincture does not result in serious consequences some fine day. I am, &c.

Gravesend, October 22. J. Armstrong, M.D.

UNIVERSITY OF ABERDEEN.

Letter from Mr. Thomson.

[To the Editor of the Medical Times and Gazette.]

Sir,—My attention having this day been directed to a note at page 311 of the number of your Journal of September 29, and to the article headed "University and King's College, Aberdeen," at page 313,—I have to request that you will have the goodness to insert in the *Medical Times and Gazette* the following brief explanation as to the present position of University matters in Aberdeen, particularly as regards the Medical Department.

An Act of Parliament, passed in the year 1858, enacted, among other provisions affecting the Scottish Universities, that "from and after such date as may be fixed by the Commissioners hereinafter appointed, by special ordinance approved by her Majesty in Council, the University and King's College of Aberdeen, and Marischal College, and University of Aberdeen, shall be united and incorporated into one University and College in all time coming thereafter, under the style and title of the University of Aberdeen." By an ordinance of the Commissioners dated January 10, 1860, and approved by her Majesty in Council on June 30, September 15 last was fixed as the date at which the union in question was to take effect.

Accordingly there will be henceforth but one Medical School at Aberdeen, of which, by ordinance of the Commissioners, the classes will be taught in the buildings formerly occupied by Marischal College, by gentlemen holding the full status of Professors, the Crown having recently made four appointments so as to complete the staff, as noticed in your Journal of the 29th ult. at page 311.

Full details of the present composition, regulations, fees, etc. of the University, are contained in an advertisement which appeared in the *Medical Times and Gazette* of that date.

The Universities Act of 1858 provides that Graduates, whether of King's College or of Marischal College, shall be regarded as Graduates of the University of Aberdeen. All persons, therefore, holding a Degree in Medicine from either of the former Institutions, must now style themselves M.D., M.B., or C.M. (as the case may be) of the University of Aberdeen.

In conclusion, I would beg particularly to state that, by the regulations now in force, no person whatever can be admitted to a Degree in Medicine at the University of Aberdeen, who has not passed two of the four years of the Medical curriculum at a University, and one of them, at least, at this University.

I am, &c.

October 17. David Thomson, M.A., Secretary.

Sir H. Holland, says the *Times'* correspondent, writing from Baltimore, October 9, "who as a personal friend of the President, was invited out to meet the Prince at the White House, returns again to England by this mail."

Fiske Fund Prize Essays.—The subjects for 1861 are: 1. "Aneurism, its Varieties and their Appropriate Treatment." 2. "Ozone, its Relations to Health and Disease." The prizes are 100 dollars, and the dissertations are to be sent, post-free, to Dr. Arnold, Secretary to the Fiske Fund Trustees, Providence, Rhode Island, before May 1, 1861.

The Wounded at Naples.—The *Morning Post* of Oct. 22 has the following:—"The whole of the things confided to Dr. ——, who is not an English (but a German) Jew, and who represented himself to Garibaldi as a Surgeon (a falsehood), are either lost or——. They were mostly costly instruments; splints, bandages, plasters, etc. The generality of the wounded are doing well, but the wounds are of the severest kind. There are a few good operators among the Surgeons, but it is pure French Surgery, and most of them still retain that prejudice against lint that Surgeons who have studied abroad have doubtless remarked."

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REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, OCTOBER 16, 1860.

MR. FERGUSSON, President, in the Chair.

The PRESIDENT, in his opening address, congratulated the Society on its continued prosperity. He believed that the interest which the members of the Society had maintained in the proceedings for so many sessions would increase even more. The past session had been one very markedly successful, and he had no doubt the commencing one would not fail to equal it. The volume of the Transactions for last year was ready, and although less bulky, it contained even more material than its predecessor, and the communications generally were of a superior order. He would also allude to another circumstance, although he wished it to be remembered that he did not do so officially—viz. that steps were being taken to consider the propriety of uniting the various Medical Societies of the metropolis, so as to form one large Society. The Pathological Society was highly interested in this proposal.

Dr. PEACOCK exhibited a portion of the Lung (with Microscopic Demonstrations) of a man who had died from

MILLSTONE-MAKERS' PHTHISIS.

The man was 48 years of age, and was admitted at St. Thomas's Hospital on August 3. He had been apprenticed to the trade of a miller, and had taken to the millstone-making ten years before his death. His illness commenced with the ordinary symptoms of cold three years before, and he had been much worse since the previous October. He suffered from cough and expectoration and dyspnœa. The sputum was copious, and of a dark colour, and occasionally tinged, but he had never spat any considerable quantity of blood. His voice was husky and weak; the pulse not much accelerated, but very feeble. The skin was harsh, and he was not troubled with night perspirations. He was much emaciated. On auscultation, the usual signs of chronic bronchitis with consolidation of the lungs at the apices, were detected. He died on August 30. *Autopsy.*—The lungs were generally sparingly crepitant, and at the apices were much contracted, of a deep black colour, and in places solid; and smaller or larger gritty masses were interspersed through different parts of both lungs, but were especially large and frequent at the apices. The bronchial glands were hard and black. There were was no true yellow tubercle, and no ulceration or softening had occurred in any part. Portions of the gritty masses were picked out from the lungs, and on being exposed in the flame of a spirit-lamp till they were reduced to a white ash, were boiled in nitric acid, a residue was left in considerable quantity, which was gritty, and closely resembled the dust from the workshops, except in being finer. The microscopic drawing and demonstrations, prepared by Tuffin West, displayed—1. The lung teazed out in water to show the particles of mineral matter in the tissue. 2 and 3. The same in glycerine and Canada balsam. 4. The gritty matter after maceration in cold nitric acid for some hours. 5. The dust from the shops.

Mr. FERGUSSON asked Dr. Peacock if he considered that the man died from disease produced by the inhalation of siliceous material, or from the bronchitis accompanying it?

Dr. C. J. B. WILLIAMS said that in these cases there was inflammation of the bronchial tube, and, as the consolidation showed, inflammation of the parenchyma of the lungs as well. In the cases which he had seen, these consolidated portions occupied the central, rather than the upper or lower part of the lungs, being in the position at which the inhaled material could be the soonest deposited. Some cases were puzzling, it being difficult to be certain whether there was deposition of tubercle, or grey hepatization, especially when active mischief had commenced. He believed that in persons predisposed to phthisis the hepatization would rapidly degenerate to tubercle; but in others, death might ensue before this took place.

Dr. LEARED thought that the main element of the disease was the infiltration of the lung with the siliceous matter. He had at one time many cases under his care, all from one firm. He mentioned one case which was similar to the one from which the specimen was taken. In this case there was also emphysema, which he believed hastened the fatal issue. He was supplied by this patient with statistics bearing on his occupation, and the length of life of persons engaged in it. They confirmed Dr. Peacock's results, that life was seldom prolonged beyond the age of 40.

Dr. RISDON BENNETT agreed with Dr. Williams that it was difficult to be sure in such cases as these whether the disease was due to tubercle or grey hepatization. He had found that there was often gritty matter in one part of the lung, and none in another.

Dr. PEACOCK also exhibited

A HEART, IN WHICH MITRAL AND AORTIC REGURGITANT MURMURS HAD BEEN HEARD DURING LIFE.

The patient from whom this specimen was removed was a man, aged 43. He was a steamboat fireman, admitted into St. Thomas's Hospital on Jan. 14, and had served in the army for ten years, but had never been in India, and had never suffered from acute rheumatism, inflammation of the chest, or serious accident, and had, indeed, enjoyed good health until the commencement of his present illness, three months before. He suffered from dyspnœa and cough, but with little expectoration. He had swelling of the lower extremities and of the abdomen, and his urine was scanty, specific gravity 1012, and contained about one-sixth its bulk of albumen. His pulse was 98, and jarring. The pericardial dulness on percussion commenced at the level of the fourth costal cartilage, and extended from the left side of the lower part of the sternum, to near the line of the nipple; a loud systolic murmur was audible over the pericardial region. It was much the most intense below the nipple, and thence in a line extending towards the left axilla. It was heard also at the lower angle of the scapula, and feebly at the base, but was inaudible at the top of the sternum. There was also a loud diastolic murmur, of a musical character, heard at the base. There was deficiency of resonance on percussion in the dorsal regions, and subcrepitation was audible on auscultation. He was taken with profuse epistaxis, followed by hæmoptysis, and died on July 5. The heart weighed twenty ounces, and was generally hypertrophied and dilated, but especially on the left side. The edge of one of the aortic valves was retroverted, and the overlapping portion hung loosely down, and was fringed with vegetations; the cordæ tendineæ attached to one of the fleshy columns were entirely destroyed, so that the free fold of the mitral valve was entirely unattached on one side. There must thus have been regurgitation from the aorta into the left ventricle, and from the ventricle into the left auricle. The kidneys were intensely congested, and weighed together nineteen ounces.

Mr. SEDGWICK exhibited a drawing of the

TRUE CHELOID.

It was the form of Cheloid first described by Dr. Addison, and by him distinguished from the Cheloid of Alibert. All Dr. Addison's cases (four in number) were females. The patient from whom the drawing was taken was a girl, aged four years, of strumous and delicate constitution. The disease commenced at the age of two years. It began as a round, whitish patch, which was soon encircled with a red halo. The patch then became raised, and became in the centre hard and horny. The disease began on the back, and there are now fourteen patches. There is one on the left side of the tongue. Mr. Sedgwick believes that a case of cheloid has never before been recorded in which it has attacked a mucous membrane.

Mr. FERGUSSON asked if the cheloid occurred in cicatrices.

Mr. SEDGWICK replied, that the patches were not in any way connected with cicatrices, nor did they appear to have followed any injury. The patient had club-foot, and had been several times operated on for that deformity, but there was not the least appearance of cheloid about the cicatrices.

Mr. SEDGWICK also exhibited drawings from a case of

ICHTHYOSIS SIMPLEX,

and gave the following details of the disease existing in the family of his patient. He stated that he believed the

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hereditary tendency of the disease was only to attack the males. The grandfather of his patient was now living, and was the subject of the disease. He had six children,—three boys and three girls. The disease re-appeared in the children of the females. As it was more allied to a congenital malformation than an actual disease, Mr. Sedgwick did not believe that treatment had any material influence over it. He had observed that, as the disease was absent in the parts ordinarily exposed, as the face, hands, etc., so it disappeared if other parts affected by it were exposed. The old man, who was a coachman, was obliged sometimes to do groom's work, and thus expose his arms for most of the day. The disease would then disappear, and return again when he returned to his ordinary work. Mr. Sedgwick said that in some cases ichthyosis had disappeared under courses of mercury, and it had been known to go away during an attack of small-pox.

Mr. T. Holmes showed a specimen from a case of

FRACTURED LOWER JAW, WITH DISCHARGE OF SERUM FROM THE EAR.

He brought forward the specimen in order to illustrate one of the origins of serous discharge from the ear. The patient was admitted into St. George's Hospital last summer, having, while intoxicated, fallen out of a loft. It was not known whether he was more insensible than could be accounted for by drink, but when admitted he was apparently only very much intoxicated. His right jaw was fractured just below the condyle, and he suffered from other extensive injuries, of which he died in four days. During that period he lost several ounces of fluid from the ear. He was not seen by Mr. Holmes during life, but it was ascertained that the discharge for the first day was chiefly blood, and for the next two days, serum tinged with blood. After death it was found that the lower fragment of the fractured jaw was displaced into a fissure between the cartilaginous and osseous meatus. The membrana tympani was slightly ruptured, but this was no injury to the petrous bone or to the base of the skull. At this point there was a large clot. Mr. Holmes believed that the serum from the clot was the fluid procured from the ear during life. He alluded to a specimen exhibited by Mr. Gray, in which serous fluid was discharged from the ear, and which Mr. Gray believed to have come from the lining membrane of the middle ear, there being no injury to the petrous bone, though there was fracture of the base of the skull. Mr. Holmes did not think the fluid in the present case could have had such an origin, as the lining membrane of the middle ear was quite healthy.

Mr. Toynbee said that sometimes there would be a discharge of several ounces of fluid from the external meatus in a period of a few hours. It would occur after an inflammatory attack, and would be attended by a gradual cessation of the pain. Its appearance was a pure, limpid serum. He had never analysed it.

Mr. Spencer Wells said the specimen suggested a question of great practical importance. In some cases of injury to the head, accompanied by welling of serous fluid from the ear, it was easy to determine that there must be a fracture of the base of the skull, because the fluid presented all the characters of the cerebro-spinal fluid so well described by Mr. Prescott Hewett. In other cases the fluid was evidently nothing more than the serum of the blood, and here there need not be any fracture of the skull. But he hardly thought that in Mr. Holmes's case such a coagulum as could be found in the auditory passage would satisfactorily account for any considerable amount of serum.

Mr. Holmes said no chemical examination of the serum had been made. Very considerable violence had been exerted; there was considerable extravasation around the injured parts; and as the fluid consisted rather of bloody serum than of blood, he thought the explanation he had given was correct.

A gentleman who had seen the case said there was quite enough fluid to wet the patient's pillow.

Mr. Toynbee then showed a specimen of a

MOLLUSCOUS (SEBIPAROUS) TUMOUR,

developed in the external auditory meatus, causing absorption of the petrous bone, and abscess in the cerebellum. The patient from whom the diseased parts were removed was a woman, aged 24, under Mr. Toynbee's care in St. Mary's Hospital. She had been subject to a discharge from the right ear for five years, and to severe pain for seven weeks. These symptoms increased, accompanied by extreme pain in the head, and she died on the third day after her admission. On dissection, an abscess as large as a walnut was found in the right hemisphere of the cerebellum close to the petrous bone. On examining the petrous bone an orifice was observed in the posterior part of the external meatus, three-quarters-of-an-inch long, and half-an-inch broad. This communicated with a cavity which was distended by layers of epidermis, and having all the characters of the contents of a molluscus tumour. This matter extended posteriorly, causing an aperture as large as the external one, in the posterior wall of the petrous bone. This aperture was covered by dura-mater of a darker colour than natural, which separated the cavity in the bone from the abscess in the cerebellum. If the tumour had been removed from the ear in early life, instead of its being treated as a case of "otorrhœa," the life of the patient would probably have been saved.

Mr. Fergusson asked if there was not some danger of extension of mischief to the brain in the removal of such a tumour from the ear.

Mr. Toynbee stated that he should have merely recommended evacuation of the contents of the tumour.

Mr. W. Adams then showed a specimen of

TUMOUR OF THE LOWER JAW.

A man, aged 48, applied at the Great Northern Hospital with a large swelling about the angle of the lower jaw. It projected internally, and as there was fluctuation there, the House-Surgeon punctured it, and evacuated some pus. The pus continued to discharge, but, in addition to the abscess, there was evidence of morbid growth, and as it was increasing, Mr. Adams, in consultation with his colleagues, decided to remove it. The glands were very little enlarged. After removal the bone was found infiltrated by morbid growth towards the symphisis, and at the position of the angle it was almost destroyed. The patient was doing well after the operation. The microscopical examination of the tumour presented several interesting features, the details of which Mr. W. Adams laid before the Society.

Dr. Wilks and Mr. Holmes were appointed to report further on the specimen.

Dr. Murchison exhibited a specimen of

CANCER OF THE PERITONEUM.

It was taken from a woman, aged 78, who died in the Middlesex Hospital, with symptoms of disease of the stomach and ascites. There was found after death extensive cancerous disease of the peritoneum, but no deposit in any other organ. The specimen was chiefly interesting as illustrating one mode of formation of gastro-colic fistula. Many of these fistulæ would begin by an ulcer in the stomach or in the colon; but in others the origin of the communication was in sources exterior to both. In the specimen, the stomach and transverse arch of the colon were matted together, and Dr. Murchison believed that, had life been prolonged, a fistula would have been formed between these two cavities, followed by the characteristic symptoms, viz. vomiting of fæcal matter, and the passage by the stools of undigested food soon after it was taken.

Dr. Murchison also exhibited a specimen of

CYST OF THE KIDNEY.

It was as large almost as the kidney itself, but was attached to it by a very narrow pedicle. The fluid in the cyst was straw-coloured, and not urinous. There was no other cyst in or on either of the kidneys. Dr. Murchison believed that the cyst was formed by a dilatation of one of the calices. If a probe were passed into one of the calices, it passed quite up to the surface of the kidney, nothing more than a mere boundary intervening between it and the attachment of the pedicle. He believed that at this point communication had been cut off subsequently to the formation of the cyst. This view he believed to be confirmed by finding in the other kidney that one of the calices was prolonged quite to the surface. The cyst had no connexion with the peritoneum.

Mr Spencer Wells then exhibited an

OVARIAN CYST,

which he had removed that morning from a lady, aged 53. It was multilocular, consisting of one very large cyst, which

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had contained between forty and fifty pints of fluid, and of a number of groups of smaller cysts, growing in and from the walls of the principal cyst, and weighing about eight pounds. The existence of these smaller cysts had led him not to inject iodine when he tapped the patient for the first time, six months ago. They had grown rapidly since the tapping, although the large cyst had filled slowly. The parietal adhesions were very firm; but the whole of the tumour had been withdrawn through an incision hardly four inches long. The patient was going on well. In reply to a question from the President, Mr. Wells stated that the peduncle was long, and easily fixed outside the wound in the abdominal parietes. The clamp was used to secure the peduncle until the cyst was removed and the wound closed; but it was taken away as soon as a ligature had been applied. The clamp was only of temporary utility. If left on it was uncomfortable to the patient, and caused unnecessary dragging upon the peduncle and uterus.

OBITUARY.

DR. CHAPIN HARRIS.

Dr. Harris was born in Western New York, in 1806, and having graduated in 1829, devoted himself entirely to the study and practice of Dental Surgery. To his continued efforts and scientific bias of mind, is especially due the high position which the Dental Profession now holds in the United States. As the head of the Baltimore College of Dental Surgery, and by means of his writings, he has been one of the chief instruments in improving the educational attainments of the present race of Dentists.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following Members of the College having undergone the necessary Examinations were admitted Licentiates in Midwifery at a meeting of the Board on the 17th inst.:—

Name.	Residence.	Member's Diploma dating
Coleman, Alfred	Wandsworth	April 20, 1860
Cooke, William	Tunbridge, Kent	April 5, 1822
Crawford, Cooper Hayes	Stafford	March 7, 1856
Dawson, Frederick	Islington	April 19, 1860
Farringdon, William H.	Ottery St. Mary, Devon	April 15, 1859
Grabham, Charles	Rochford, Essex	April 11, 1859
Harris John Charles	Chipping Norton	April 18, 1859
Hawes, Richard Metcalfe	Wensleydale	April 13, 1860
Iliffe, Robert	Coventry	August 2, 1860
March, Henry Colley	Rochdale	April 20, 1860
Nell, George Michael	Colombo, Ceylon	March 14, 1859
Richards, John Smith C.	Bedford-square	August 1, 1860
Spaull, Barnard Edward	Hammersmith	April 6, 1856
Williams, William	Penrhyn, Holyhead	November 12, 1858.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, October 18:—

Bailey, Frederic Charles, Norwich
Lancaster, William James, Barnsley, Yorkshire
Onwin, Thomas William, Birmingham
Thomason, William James, Royal Navy
Watts, Frederic Hase.

The following gentleman also on the same day passed his First Examination:—

Savage, James, Hull School of Medicine.

APPOINTMENTS.

Carter.—Dr. T. A. Carter, of Leamington, has been elected Honorary Physician to the Warwick Dispensary, in the place of Dr. Allanby, who has recently resigned.

Wollaston.—Dr. Robert Wollaston has been unanimously elected Physician to the South Staffordshire Hospital.

DEATHS.

Parsley.—October 19, at Woodborough, Somersetshire, Samuel Parsley, formerly of Worle, Somersetshire, aged 82.

Trestrail.—August 1, at Bathurst, West Coast of Africa, of yellow fever, only nine days after his arrival, William Mitchell Trestrail, Staff-Assistant Surgeon in the Army, aged 28.

Blindness and Lunacy.—An interesting paper was lately read at the Academy of Medicine of Paris, by Dr. Bouisson, on a curious case of blindness and lunacy in the same individual, in which the cure of the former infirmity had brought on the cure of the latter. A year ago a man aged, about fifty, a native of the Department of the Gard, was brought to the Hospital. His eyes, upon examination, were found to be both affected with cataract, and his incoherent answers to the questions addressed to him sufficiently revealed his state of mind. An operation being resolved upon, Dr. Bouisson ordered the patient to be anæsthetised; to be secured with a strait-jacket—a precaution which was continued after the operation had been performed. On the tenth day the patient, who until then had not had the slightest idea of what had been done, was allowed to see the light. A stupid smile gleamed on his face for an instant, and he exclaimed, "I can see!" These were the first coherent words he had uttered since his arrival at the Hospital. He was now daily subjected to those trials which were requisite to ascertain the complete success of the operation. With his recognition of the objects around him his mental faculties seemed also gradually to revive. First he named the things he wanted and stretched out his hands for them; then he began to appreciate distances and dimensions correctly; his memory returned next with considerable rapidity; and in the course of a few days intellectual spontaneousness began to manifest itself. He asked for more food, wanted to get up from his bed, and desired to be allowed to go home, which boon, however, was refused. His ideas soon became clearer, his speech more intelligible, and his recollections of the time when he could see, before he was attacked with cataract, became brighter. Vain endeavours, nevertheless, were made to ascertain the period when he lost his reason; all he could state was that he had been blind three years. After a stay of six weeks at the Hospital he returned home an altered man, enjoying both his eyesight and intellectual faculties.

Death from an Over-dose of Colchicum.—An inquest was lately held at Bristol, on the body of a woman who had died at about ten o'clock on the previous night. The husband of the deceased deposed that she suffered from an affection in the head, which was relieved by occasional bleedings at the nose, and from rheumatism in her hands, for which she took tincture of colchicum, which had benefited him when he had taken it after suffering rheumatic pains at sea. He told her his dose was thirty drops, and knew there was a small portion remaining in the bottle he had brought from sea, though he did not know how much it was. On Sunday night his wife took the bottle, drank all that it contained, and went to bed. In the night she was affected with sickness, which turned to a bowel complaint. She vomited during the night, and again on the following day, and thinking the symptoms extraordinary, as the medicine had never so operated upon him, he sent for a Surgeon. The evidence of the Surgeon, Mr. Omerod, was to the effect that the symptoms were such as would be caused by an over-dose of the tincture of colchicum. He saw her five times—twice on Monday and three times on Tuesday. She died shortly after he saw her for the last time. The Coroner, in summing up, said it seemed perfectly clear that the poor woman swallowed the tincture of colchicum as a medicine, and not with any other intention than to benefit herself, and in hope of obtaining relief from her pain; but, from a want of discretion as to quantity, she took too much, and it brought on her death. The jury returned a verdict that the woman "Died from taking too large a dose of tincture of colchicum, without Medical advice."

Middlesex Hospital Medical Society.—The first meeting for present Session was held in the Board-room of the Hospital, on Thursday evening, October 18, the Treasurer, Mr. Flower, in the chair. After the minutes of the last meeting had been read by the Secretary, and several new members proposed, the Chairman briefly addressed the assembly. He congratulated them on the success which had attended their efforts during the past year; alluded to the advantages naturally accruing from a Society like theirs; urged the necessity of not only becoming members, but of entering warmly into the discussions, stating it as one of the best and quickest means, in his opinion, of gaining information. He likewise impressed on the minds of his hearers the comparative ease with which papers might be produced,

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owing to the proximity of the wards, and the numerous illustrations contained therein. Dr. Cobbold read a paper "On Tapeworm, its Prevention and Treatment." The very interesting observations of recent naturalists upon the development of tapeworm, and their relationship to the cystic entozoa were pointed out, and illustrated by diagrams and specimens. The author then remarked, that to harbour parasitic beings appears to be an almost universal and normal condition of existence. He had himself dissected upwards of six hundred animals belonging to the different vertebrate classes, and had in almost every instance found some form of internal parasite, often many different species, and innumerable individuals inhabiting the same creature. Upwards of twenty species of Entozoa are known to infest the human body; of these, four belong to the Tæniadæ, or Tape-worm family, viz. Tænia solium, t. mediocanulata, t. nana, and bothriocephalus latus. The means of prevention are to avoid the introduction of the creature in its undeveloped, or cystic, condition into the system. In this state it has received the name of Cysticercus Cellulosæ, and exists frequently in the muscular tissue of the pig, producing what is commonly known as "measly pork," and which, if eaten in an imperfectly cooked state, will infallibly give rise to tape-worm. The treatment recommended was half-a-drachm of ætherial oil of male fern, mixed with an ounce of honey, half to be taken at night fasting, the other half the next morning, followed in two hours by a brisk purgative. A cordial vote of thanks was accorded Dr. Cobbold, for his highly instructive paper, and the meeting then adjourned.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The half-yearly general meeting of the Members of this Society was held on October 10. It appeared that during the first half of this year, thirty-eight widows and twenty-two children of former members had received half-yearly grants amounting to £869, besides grants towards self maintenance to two children, of £45. A grant was specially made by this meeting of £30 towards apprenticing an adult, deaf and dumb, son of a late member. Dr. John Clarke having withdrawn from the office of Acting Treasurer, a warm vote of thanks was passed to him for his valuable services during the past five years. The following members were then elected Officers and Directors for the ensuing year:—*President*—Thomas Arthur Stone, Esq. *Vice-Presidents*—Martin Ware, Esq.; Everard A. Brande, Esq.; John Nussey, Esq.; Sir B. C. Brodie, Bart., F.R.S.; Peter M. Latham, M.D.; John Bacot, Esq.; Thomas Turner, M.D.; D. Henry Walne, Esq.; A. J. Sutherland, M.D., F.R.S.; Edward Tegart, Esq.; Edward Stanley, Esq., F.R.S.; George Burrows, M.D., F.R.S. *Treasurers*—John Miles, Esq.; James T. Ware, Esq.; G. Hamilton Roe, M.D. (Acting.) *Directors*—Robert Nairne, M.D.; William Cathrow, Esq.; Edgar Barker, Esq.; James Paget, Esq., F.R.S.; John Adams, Esq.; Fred. J. Farre, M.D.; A. B. Barnes, Esq.; Edward Dew, M.D.; John Love, Esq.; H. A. Pitman, M.D.; Charles Collambell, Esq.; Benjamin Travers, Esq.; B. G. Babington, M.D.; J. Wetherfield, Esq.; John J. Sawyer, Esq.; Thomas Brown, Esq.; C. J. B. Aldis, M.D.; William Dickinson, Esq.; J. C. Salisbury, Esq.; Henry Blenkarne, Esq.; T. King Chambers, M.D.; John Clarke, M.D.; Daniel Scannell, Esq.; and Prescott G. Hewett, Esq.

THE EMPLOYMENT OF IMPERFECTLY-DISGORGED LEECHES IN FRANCE.—As long as the supply of leeches in France was derived from natural marshes little notice was taken of the quantity of blood they might contain; but since that source of supply no longer sufficiently meets the demand, artificial marshes have been formed so as to produce as rapid a reproduction of the annelide as possible. They are there fed by means of worn-out horses driven in among them. When they have reached a saleable size they are transferred to a special depôt for purification and disgorgement, whence after a while they are delivered over to agents for sale. Desiring to turn their capital over more speedily, and to avoid their serious losses from escapes and depredations, the speculators have not infrequently sold out leeches still containing much blood, even sixty per cent. of their weight. So considerable had this abuse become, that the authorities have some time since interfered and prohibited the sale of any leech containing more than fifteen per cent. of undigested blood. The inspectors take any leeches they choose as samples from the receptacles in the shops, or elsewhere, and having well dried them, weigh them. They then plunge them for two minutes into a tepid saline solution, and having forced out by means of longitudinal pressure, all the blood they contain, again weigh them to ascertain the per-centage of such blood. Several *Pharmaciens* have of late been fined for having in their possession leeches containing more than fifteen per cent. of blood, and it has become a matter of difficulty for them to keep a suuply of the animal at all without incurring the risk of such fines. Indeed, although some leeches may be found which do not contain any appreciable quantity of blood, it is stated that were all leeches to be rejected which contain more than fifteen per cent., the necessary supply could never be kept up. In fact, nothing is more irregular than the disgorging process. If the leeches are fished after remaining in the basins several months for this purpose, while some contain no blood, others still contain more or less considerable quantities. If the sojourn be still further prolonged, numbers of the leeches will die, and this, together with the losses from other causes, will greatly raise their price. It may be said that the leech farmer should replace those leeches which contain more than the fifteen per cent.; but how is he to put this to the proof in the case of thousands upon thousands of leeches. All he can do is to determine by a well-experienced eye when the leech is fit for Medical use, and it is very rare that factors will sell leeches with a guarantee that they do not contain more blood than the fifteen per cent., and some of the best merchants threaten to abandon the employment or only sell to foreign customers who are less particular. In point of fact, numerous trials have shown that leeches from the Gironde, which furnish thirty per cent. on expression, are far better adapted for Medical purposes than are leeches emaciated by long fasting. Whenever we only find black blood in part digested in a suspected leech, while its physical qualities are good otherwise, it is quite fit for use. For use a vigorous, well-nourished leech, in all the plenitude of its powers, is far preferable to an exsanguineous, half-starved annelide.—*Journal de Chimie Médicale*, 1860, p. 425

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 20, 1860.

BIRTHS.

Births of Boys, 939; Girls, 861; Total, 1800.
Average of 10 corresponding weeks, 1850–59, 1576·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	534	582	1116
Average of the ten years 1850–59	509·8	510·2	1020·0
Average corrected to increased population..	..	..	1122
Deaths of people above 90	1	4	5
Deaths in 15 General Hospitals	28	17	45

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	9	8	2	6	2	4
North ..	490,396	8	8	6	1	3	5	7
Central ..	393,256	..	8	6	8	7	7	5
East	485,522	3	12	11	2	5	13	8
South ..	616,635	2	19	18	..	7	4	10
Total.. ..	2,362,236	9	56	49	8	28	31	34

BOOKS RECEIVED.

Curiosities of Civilisation. By Andrew Wynter, M.D. Second Edition. London: 1860.

A Book about Doctors. By J. C. Jeaffreson. London: 1860.

On Neuralgia. By T. Inman, M.D. Second Edition. London: 1860.

Headaches, their Causes and their Cure. By H. G. Wright, M.D. Third Edition. London: 1860.

On the Natural Constants of the Healthy Urine of Man—Physiological Experiments on Strychnine and Nicotine. By the Rev. S. Haughton, F.R.S. Dublin: 1860.

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The Climate of Brighton. By W. Kebbell, M.D. London: 1860.
Hospitals and Convalescents. By J. Adshead. Manchester: 1860.
Hints for the Cure of Consumption. By J. Kellie, M.R.C.S. London: 1860.
Our Holiday at Laverstock. London: 1860.

TO CORRESPONDENTS.

Inquirer.—For the distinction between blood and the menstrual discharge see Taylor's "Medical Jurisprudence," Sixth Edition, pp. 315 and 587.

J. F. S.—We should advise our correspondent to go to the Library of the College of Surgeons, where he will find a number of works on the Pelvis, by Camper, Monro, Houston, Maygrier, West, with illustrations, etc.

J. M. N.—We believe the Sixth Volume of the New Sydenham Society's series is nearly ready.

What is Gastric Fever?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The term "gastric fever" is used so differently, and applied to such very different diseases by Medical men, that I am anxious, with your permission, to ventilate the subject through the medium of your columns, with the hope of eliciting the opinions of practical men, and of obtaining a clear definition and description of the disease to which the term "gastric fever" is applied by the majority of Practitioners in this country.

Many authors use the term "gastric fever" as synonymous with "typhoid fever," and this, I believe, is the most correct (and indeed the original) meaning of the term.

But it is well known that by many Practitioners the term "gastric fever" is used not as a convertible term for "typhoid," but as another name for acute dyspepsia or even muco-enteritis. In fact, when the diagnosis of febrile disturbance is obscure, "gastric fever" appears to be the refuge to which the Practitioner resorts, when hard pressed by the friends of the patient to name the disease from which he suffers.

I do sincerely hope that your readers will respond to this appeal, and I trust that this very indefinite term may be either expunged from the Medical vocabulary, or used only as the name for a well-defined set of symptoms.

I have no theory on the subject, and only wish to see it fully and fairly discussed, for at present "gastric fever" is the most indefinite term in Medical nomenclature. I am, &c. J. M.

October 24.

Will Charcoal prevent Beer from Turning Sour?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Knowing the value of charcoal as an antiseptic, I have recently tried its power in preventing beer from passing from the vinous to the acetous stage of fermentation. My experiments, however, have been of a very limited kind; but satisfying myself that malt liquor may be preserved for a greater length of time by introducing several pieces of very *dry* or *recently burnt* ligneous charcoal into casks of beer before the acetous fermentation has commenced, will, to a great extent, arrest that process. My experiments require to be tried upon a larger scale, and in different localities of various degrees of temperature; hence the suggestion (if hitherto unknown) may be worthy of publication, connected as it is with health as well as economy. I am, &c.

October 18. Henry Osborn, M.R.C.P. Lond.

Medical Titles.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Letters frequently occur in the daily journals, signed by a "*Licentiate of the Royal College of Physicians.*" I need hardly say that the Profession knows well enough that such a signature is *prima facie* evidence that the writer does not belong tot he London College. But the public is not initiated into the fact that there are various Colleges of Physicians; and that the Edinburgh College, for example, admits to its Licence those who are excluded from the London College, as being makers-up of their own medicines, and as not possessing the degree of M D. I think I have, as a Member of the London College, a right to ask for some protection, when I find men with the signature above referred to, writing letters, such as I am sure would not be signed by Members of the London College. I appeal to you, Sir, if it is not fair, that the public should have means of distinguishing between the Licentiates of different Colleges.

October 23. I am, &c. M.R.C.P.L.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have once written to you, giving my reasons for thinking that all Licentiates of the Royal College of Physicians of Edinburgh should adopt the prefix "Dr." to their names. It is a courtesy title, heretofore conceded to all Licentiate Physicians, and I deem those uncourteous who refuse, as such, to acknowledge it. I should not have again troubled you, but I see men are claiming the academical title of "M.D.," while possessing only the L.R.C.P. Edin.

I was one of the earliest to pass the sound practical examination required of the Edinburgh Licentiates, and I was led to assert my right to the title of "Dr.," in consequence of the discourteous language and conduct of those members of the Profession who desired wholly to ignore the proceedings of the Edinburgh College.

I cannot, however, agree with those who assume a right to the affix of "M.D.," as I am clearly convinced they are wrong in so doing, and will thereby damage the position of other Licentiate Physicians.

A great deal has been said about a Licentiate's preparing his own medicines, but not a word against the propriety of an M.D.'s so doing; and yet it is well known that nine out of every ten Graduates in the country do it; and this with no other Medical qualification than that derived from a University. When all drugs are pure, and all druggists thoroughly honest, all General Practitioners will be prescribing Physicians, but not before.

I enclose my card, to prove that I have no desire to sail under false colours. I am, &c.

October 22. Dr. ——, L.R.C.P. Edin.

The Title not the Degree of Doctor.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In reference to my former communication, in which I expressed an opinion that the Licentiates of the Colleges of Physicians being clearly "Doctors of Physic" were *bona fide* M.D.'s, I meant to say that the title, *not* the degree, of Medicinæ Doctor,—*Anglice*, Doctor of Medicine or Physic,—was virtually, if not formally, conferred by those learned bodies on their Licentiates. By making this necessary distinction between the words Title and Degree, I consider the charge of misrepresentation would be quite untenable; and moreover that the assumption of the title of M.D., with R.C.P. appended, would be free from any reasonable objection, inasmuch as the latter initials indicate the source from whence the title is derived, thereby distinguishing it from a University Degree. I shall, therefore, by way of example, subscribe myself Yours, &c.

2, China-terrace, October 22. J. E. Smyth, M.D.R.C.P.E.

The Compressed Air-Bath.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—"A Subscriber" asks for information regarding the treatment of phthisis, chronic bronchitis, and asthma by means of compressed air.

A patient of mine, a clergyman, affected with what is termed "clergyman's sore-throat," consulted me some few years since on the propriety of visiting a Water-cure Establishment, where he might try Compressed Air-baths, and put into my hands a French work recommending them.

The thing appeared to me absurd; and I warned him, as his lungs were weak, not to risk the Compressed Air-bath, telling him that it was likely to cause hæmoptysis, but could do him no good. To the Water-cure Establishment he went. The first day he tried the compressed air, no effect followed; but on the second day, while sitting in the little room breathing the compressed air, he suddenly felt something coming into his mouth, and, putting up his handkerchief, he found he was spitting blood. He lost no time in leaving the Water-cure Establishment, and has tried no such pranks again. I am, &c. Chirurgus.

The Medical Societies.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have read with much pleasure your remarks on Mr. Charles Hawkins' excellent scheme of uniting different Societies under one head; but I write to ask, What is the Council of the Royal Medical and Chirurgical Society about, that they do not convene a meeting of the Fellows, to give Mr. Hawkins the opportunity of more fully explaining his views, and the Society the opportunity of coming to a decision on what, I think, will prove to be the most important move made in favour of "Professional Unity" in our time? I am, &c.

October 20. Unionist.

COMMUNICATIONS have been received from:—
Professor Simpson; Dr. Goodfellow; Dr. Bell, Glasgow; Dr. R. Lee; M. Bonnet; Dr. Mackenzie; Mr. Le Gros Clark; Mr. Wekden Cooke; Mr. Henry Thompson; Mr. J. Z. Laurence; Dr. Baines; Dr. Armstrong; Dr. Osborn; Mr. Marshall; Dr. Wollaston; Mr. Smith; Registrar-General; Mr. Sedgwick; Mr. Young; Mr. French; Mr. Heron; Mr. Waite; Messrs. Morgan; Mr. Thorley; and Mr. T. C. Agnes.

APPOINTMENTS FOR THE WEEK.

October 27. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

29. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Dr. H. Hyde Salter "On the Nature and Cause of the Respiratory Murmur."

30. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

31. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Hunterian Society, 8 p.m.

November 1. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

Harveian Society of London, 8 p.m. Mr. Sedgwick "On Sexual Limitation in Hereditary Disease."

2. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

Western Medical and Surgical Society of London, 8 p.m. Council Meeting at 7 p.m. Mr. Prescott Hewett, F.R.C.S. "On a Case of Purulent Infection in connection with Discharge from the Ear."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) at 2 o'clock:—

By Mr. Fergusson—Lithotomy; Nævus; Club-Foot; Fistula in Ano; Operation on Diseased Carpus.

Westminster Hospital.—The following Operations will be performed on Tuesday next:—

By Mr. Holt—For Ununited Fracture of Humerus; Onychia. By Mr. Holthouse—Radical Cure of Hernia.

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No. 1, 2, 3, is J. Alderman's Patent

Graduating Elastic Spinal and General Invalid Couch, which is fitted up with two, three, or four distinct graduating actions, so that an Invalid can be adjusted imperceptibly to any position without being touched by the nurse, and free from all pressure, that being avoided by his Elastic Ventilating Mattress and his Patent Elastic Adjusting Foundation, so that a patient cannot become bedsore by long confinement.

No. 4, 4, is J. A.'s improved Spinal and General Invalid Couch and Carriage. The Couch has three distinct movements, so that a patient can be placed in any position; it has also a Shifting Stand for the room, upon large easy castors, so that the Invalid can be lifted with the couch from its stand, placed upon the Carriage, and go out for an airing when required, without being touched.

No. 5, 5, is J. A.'s Patent Graduating Elastic Self-adjusting Invalid Chair. This Chair, like the Couch, is made to follow Nature in every respect, as the back, the arms, the seat, and the leg-rest are made to work at the same time, so that not a muscle of the patient need be disturbed. The arms are also made to put on and off in an instant, so that the patient can get on and off from either side while the leg-rest is out.

No. 6 is J. A.'s improved Self-propelling Chair, which renders an Invalid perfectly independent, being able to run from room to room without any assistance.

COMFORT FOR INVALIDS

BY HER MAJESTY'S ROYAL LETTERS PATENT

J. ALDERMAN, 16, Soho-Square,

LONDON.

No. 7 is J. A.'s improved Exercising

Horse, which he fits upon a variety of ways, so as to give any amount of exercise.

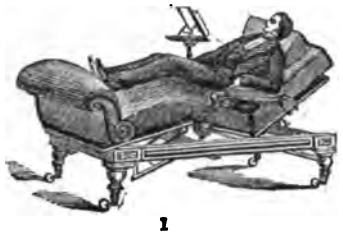
No. 8, 8, 8, is J. A.'s Patent Portable Equilibrium Carrying Chair, which enables an Invalid, however weighty, to be carried up and down stairs with perfect ease and safety; the Chair always adjusting itself, enables the two persons who carry to walk up and down stairs in the usual way, quite erect, with their arms straight down, which avoids any strain upon their muscles. It is also a perfect Easy Chair for the patient to sit in during the day, the carrying handles being made to hook on and off in an instant.

No. 9 is J. A.'s improved Four-wheel Albert Chair, fitted for hand or pony. The body is mounted upon C and under springs behind, and elliptic springs in front, so that it makes a most elegant and easy Carriage, free from all oscillation.

No. 10 is J. A.'s improved Four-wheel Brighton Chair, which is mounted upon C and under springs both back and front, together with his new wrought-iron perches or cranes, instead of the old-fashioned wood perches. It is also fitted for hand or pony, and is the most elegant and easy Carriage in use.

No. 11, 11, is J. A.'s improved Three-wheel Albert Chair, with and without a hood. It is elegant and easy.

No. 12 is J. A.'s improved Three-wheel Garden or Bath Chair, with or without a hood.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NOTICE OF REMOVAL.

W. LADD, MANUFACTURER of MICROSCOPES, IMPROVED INDUCTION-COILS, and PHILOSOPHICAL INSTRUMENTS of every Description, begs to inform the Scientific Public that he has REMOVED to more Extensive Premises, situated at

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DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of Dr. De Jongh, of the Hague. "I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as Dr. De Jongh. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best Medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guara to be preferable to any other kind as regard genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

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ANSAR, HARFORD & CO., 77, Strand, London, W.C.

WATER BEDS.—EDMISTON and SON, 5, Charing-Cross, beg to call

the particular attention of the Managers of Hospitals and Dispensaries, and the Medical Profession generally, to the prices and quality of their Hot or Cold Water Beds. The prices hitherto charged being so high as to limit the sale of such articles to the affluent, they are induced to offer them at such prices as will enable the public generally to realise the advantage and comfort to be derived from their use.

WATER BEDS, £4 4s., £5 5s., and £6 16s. 6d.

Water Pillows and Cushions, 7s. 6d. to 21s. Urinals, from 2s. 6d. to 12s. 6d. Cotton Elastic Stockings, 4s. 3d. Silk, 5s. 3d. Knee Caps, Leggings, Anklets, &c.

BED SHEETS, ACCOUCHEMENT BELTS, &c.

India-Rubber Chamber Utensils for Lunatic Asylums, 7s. 6d. each, or 75s. per dozen.

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Surgeons, and others, can be supplied with the best

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Travelling Urinals	from 12s.
Brass Enema Syringe, in Case ..	7s. 6d.
Elastic Stockings	5s.
Case of Amputating Instruments	£3 15s.
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Wooden and Artificial Legs, Crutches, Bandages, &c., at greatly reduced prices.

Inventor of the new Bullet Forceps and Lithotomy Forceps with Vulcanised Sheaths; also, of a new Truss; all of which have been approved and ordered by the Army Medical Board.

PRATT, SURGICAL INSTRUMENT MAKER, 420, Oxford-street

Health, Fresh Air, and Pure Water.

—By Her Majesty's Letters Patent.—CONDY'S FLUID contains NASCENT OXYGEN, *Nature's true and only purifying agent;* instantly removes all offensive smells; renders impure water fresh, and the air pure; when diluted for use, is of a beautiful rose-colour, not soiling the finest linen; is harmless, and particularly adapted for toilet use, being both refreshing and exhilarating. The Medical Profession have expressed their unqualified approbation of its merits. One gallon makes 200 gallons adapted for use. The cooling, healing, gently stimulating and invigorating properties of this Fluid render it, when diluted, a lotion possessing peculiar and valuable characteristics, whether for bathing the bodies of invalids, incorporating in poultices, or washing and healing wounds, or for general purposes of ablution when in health. Patronised by the Board of Health, and most public departments, Hospitals, schools, and adopted by the India Council in preference to all other disinfectants. In bottles, 6d., 1s. and 2s.; stronger and purer, 1s., 2s. and 4s.

CONDY'S PATENT HEALTH POWDER also contains NASCENT OXYGEN, is odourless, and destroys all smells. Sold in bottles, 1s. 6d. and 3s.; and in casks of 1 cwt. 36s.

Agents: John Bell and Co., 338, Oxford-street, London; P. Squire, 277, Oxford-street; Morson and Son, Southampton-row; Bond-street; T. Standring and Son, 1, Piccadilly, Manchester; T. B. Furness, 2, School-lane, Liverpool; the Apothecaries' Company, Glasgow; J. Robertson and Co., 35, George-street, Edinburgh; J. Mackay, 121, George-street, Edinburgh; Grattan and Co., Belfast; Butler, 54, Lower Sackville-street, Dublin.

Chemical Works, Battersea, S.W.

Professors of Anatomy and

Students are invited to inspect the Stock of SKELETONS, Separated Skulls, Vertebræ, Hands and Feet on catgut, and various loose Bones; which are well prepared, perfectly white, and free from grease or smell.

The selection of this stock having been made by a good Anatomist, W. Matthews can confidently recommend them as being perfect bones, well marked, and at low prices.

W. MATTHEWS,
Surgical Instrument Maker to King's College Hospital, 8, Portugal-street, Lincoln's-inn, W.C.

Human Osteology from France.

RAGINEL, 38, Ludgate-hill, City, E.C, London. Patronised by the Royal College of Surgeons of England. Illustrated Osteology on the bones themselves. Very large Stock on the lowest possible terms. Disarticulated Skulls, in twenty-two pieces, in box. All the bones of the disarticulated skulls will be fitted in right order in the presence of the purchaser so as to show that every bone of each set belongs to the same Skull; it will be the same for all other disarticulated pieces. Skulls with Sections. Hands and Feet on catgut. Disarticulated Skeletons, quite complete, with the Skull same body. Articulated Male Skeletons, the bones very well marked.

STUDENT'S CASE OF OSTEOLOGY, COMPLETE.
Splendid Pieces for Lecturers and Museums.

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SPIRITS of all SHIPPERS.—Her Majesty's Wine Merchant—(Established 1811)—JAMES MARKWELL,—Cellars, 35 to 40, and 45, Albemarle-and 4 and 5, Stafford-streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s.; Madeiras, 42s.; Moselles and Hocks, 40s.; Sparkling Hocks and Moselles, 48s.; ditto St. Péray, 54s.; ditto Burgundy, 60s.; Clarets, 23s.; Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; ditto Yquem, 80s.; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liquors. Particulars and direct shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xeres-Viejo, and Manzanilla.—J. M. is Agent for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schappes; Peach Brandy; Gin Slings; Brandy Cocktails; &c. &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount.—Stock, 16,000 dozen. Cash or reference. Bankers, Sir Claude Scott, Bart. Price-lists on application.

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SEAFORD, near NEWHAVEN. Established for the purpose of affording Sea Air and Bathing to the Poor Convalescent of the Metropolis, &c.

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TREASURER—The Viscount Raynham, M.P.

This Hospital is now open for the reception of patients. Additional SUBSCRIPTIONS and DONATIONS are urgently requested, and will be thankfully received by the Viscount Raynham, M.P., Treasurer, No. 6, Stratford-place, W.; Messrs. Coutts and Co.; and by the Secretary, W. H. Maitland, Esq., 10, Duke-street, St. James's, S.W. Donations of Books and Clothing solicited.

National Medical Registration

ASSOCIATION.—OFFICES: 5, CHARING-CROSS, S.W.

The Subscriptions for the current year are now over due, and will continue to be received at the above Offices between the hours of 12 and 3 o'clock.

Members will please observe, that the only Authorised Agent to receive Moneys for the Society, is the "Assistant-Secretary, who will furnish a printed receipt countersigned by the Treasurer, John Lavies, Esq.

By Order of the Committee,
E. BECKER, Assistant-Secretary.

N.B.—The Annual Meeting of this Association will take place in November, of which due notice will be given.

Glasgow Lying-in Hospital, Head of

NORTH PORTLAND-STREET. (Established in 1835.)

This Hospital contains 20 beds for In-patients. The number of Women who were confined in the Hospital last year was 369, and at their own houses during the same period, 635; making a total of 1004 Women who received the benefits of the Hospital.

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STUDENTS' FEES.—For Six Months' Attendance (including Certificate), £1 1s.

Hospital for Sick Children.

—CLINICAL LECTURES by Dr. MATTHEWS DUNCAN, will be Commenced on SATURDAY the 3rd November, at One p.m., and continued weekly.

Daily Visit in the Wards at One p.m.

Edinburgh, October, 1860.

Surgery.—Dr. Watson, F.R.C.S.,

Assistant-Surgeon Royal Infirmary, Surgeon to the Edinburgh Eye Infirmary and New Town Dispensary, will COMMENCE his COURSE of LECTURES upon the PRINCIPLES and PRACTICE of SURGERY, at No. 4, HIGH SCHOOL YARDS, on TUESDAY, November 6, at Ten o'clock a.m. This Course qualifies for all the Public Boards.

10, Charlotte-square, Edinburgh, October 1860.

Surgery.—Mr. Edwards will commence

his LECTURES on the PRINCIPLES and PRACTICE of SURGERY, at No. 5, HIGH SCHOOL YARDS, on TUESDAY, November 6, at Ten o'clock a.m.

Edinburgh, October 1860.

Nervous and Mental Disorders.—

SHILLINGTHORPE HALL, near STAMFORD.—Dr. GARDINER HILL, formerly of Lincoln, and late of Wyke-House, Isleworth, has fitted up the above residence, with its extensive and park-like pleasure grounds, for the reception of Ladies and Gentlemen mentally afflicted, who will reside with his family, and be under his immediate superintendence. For Terms, apply as above.

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Further information may be obtained from the Rev. John Hattersley, 32, Haute Plante, Pau, Basses Pyrénées, or from Messrs. Williams and Norgate, Booksellers and Publishers, Henrietta-street, Covent-garden, W.C.

Oil of Horse-chesnuts. — Caution.—

Messrs. ANDERSON were the first and original Introducers of this preparation into England, the immense demand for which has tempted several spurious imitations to be made, the most flagrant being a compound of potash, ether, and mucilage, which, if allowed to stand, throws down an alkaline deposit. Anderson's Oil of Horse-chesnuts is receiving the approval of the first members of the Profession, who state that it is the most valuable external application in cases of Gout, Rheumatism, Lumbago, Neuralgia, Toothache, &c.

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EXTRACTS AND EDITORIAL NOTE FROM THE "NEW YORK JOURNAL OF MEDICINE."

"March 1, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

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"JOHN PURSELL, M.D., F.R.C.S.E.

"Kennington Park, Surrey, February 12, 1857.

"To Mr. T. B. Brown."

"Army Medical Department, January 16, 1847.

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GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D., Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"—

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol. i. p.* 319.

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Attendance from 11 till 4.

Christian Medical Association.—The ANNUAL MEETING is proposed to be held at the FREEMASONS' HALL, GREAT QUEEN-STREET, LINCOLN'S-INN-FIELDS, on TUESDAY, October 30, at Eight p.m., C. J. B. WILLIAMS, M.D., F.R.S., in the Chair.

All Members of the Medical Profession, who take an interest in the proceedings of the Society, are invited, and they will be admitted on presenting their private cards at the door. Medical Students are earnestly requested to attend, and they will be admitted on exhibiting their Hospital or Lecture cards.

S. O. HABERSHON, M.D. } Hon. Secs.
CHARLES H. MOORE. }

General Council of Medical Education and REGISTRATION of the UNITED KINGDOM.

32, Soho-square, London, W., October 22nd, 1860.

NOTICE,—The copy of the MEDICAL REGISTER to be printed and published in 1861, as directed by the 27th Sect. of the Act, will contain those names only which appear on the General Register as existing on the 1st day of January, 1861.

It is particularly requested that claims for the Registration of first, or additional qualifications, and notices of Alteration of Residence, may be sent to this Office as soon as possible.

King and Queen's College of PHYSICIANS in IRELAND.

OFFICERS ELECTED on ST. LUKE'S DAY, 1860.

PRESIDENT—Dr. Dominic John Corrigan.

VICE-PRESIDENT—Dr. John Moore Neligan.

CENSORS—

Dr. J. Moore Neligan, | Dr. Edward B. Sinclair,
Dr. J. F. Duncan, | Dr. W. Barker.

TREASURER—Dr. Henry Law Dwyer.

REGISTRAR—Dr. William Moore.

LIBRARIAN—Dr. George Alexander Kennedy.

PROFESSOR OF MIDWIFERY—Dr. Fleetwood Churchill.

PROFESSOR OF MEDICAL JURISPRUDENCE—Dr. Thomas Brady.

EXAMINERS IN MIDWIFERY—Dr. Henry Law Dwyer, Dr. John Ringland, and Dr. Atthill.

INSPECTORS OF APOTHECARIES' SHOPS—

Dr. Robert Travers, | Dr. M'Cready,
Dr. John Ringland, | Dr. Atthill.

REPRESENTATIVE ON THE GENERAL MEDICAL COUNCIL—Dr. Aquilla Smith.

EXAMINERS IN ARTS—Dr. Steele, Dr. Travers, Dr. Moore, Dr. Atthill, and Dr. A. Smith.

Royal College of Surgeons of England. —Notice is Hereby Given, That the next PROFESSIONAL EXAMINATION for the FELLOWSHIP of this College, will be held on Tuesday and Thursday, the 27th and 29th of November next: the Examination to commence at Ten o'clock a.m. each day. And that the next PRIMARY or ANATOMICAL EXAMINATION for the Diploma of MEMBER, will be held on Monday the 5th of November next, and subsequent days. Particulars relating to these Examinations may be obtained at the College.

October 24, 1860. EDMUND BELFOUR, Secretary.

King's College, London.—Evening CLASSES.—PROFESSOR RYMER JONES will DELIVER, on THURSDAY EVENINGS at Six o'clock, a COURSE of LECTURES on ZOOLOGY, in preparation for the Examination for the Degree of Bachelor of Science at the University of London. For particulars, apply to J. W. Cunningham, Esq., Secretary.

R. W. JELF, D.D., Principal.

Surgeons' Hall, Edinburgh.—Winter SESSION, 1860-61. The INTRODUCTORY ADDRESS will be delivered by Dr. SANDERS, on MONDAY, November 6, at One p.m. The prospectus may be obtained on application to Mr. John Struthers, Secretary to the Medical and Surgical School.

Urine.—Professor Harley will COMMENCE his WINTER COURSE of DEMONSTRATIONS on the URINE and URINARY DEPOSITS, for Medical Practitioners, on SATURDAY, October 27, at Ten a.m. Fee, £2 2s. The Class meets once a Fortnight, and Instruction is practically given in the Application of the Microscope, and of Chemistry to the Detection and Treatment of Disease. Physiological Laboratory, University College, October, 1860.

To Medical Students, Lecturers, &c.— To be Disposed of, a Number of MEDICAL WORKS, DIAGRAMS, SKELETON, &c. Address, O. Gachés, Machinist, opposite the Hope, Acre-lane, Brixton.

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Office Hours, from 11 till 4.

King's College, London.— Office of ASSISTANT PHYSICIAN to KING'S COLLEGE HOSPITAL.—One of these Appointments being now VACANT, the Council are ready to receive applications from gentlemen desirous of offering themselves as Candidates. For particulars, apply to J. W. Cunningham, Esq., Secretary

Chester County Asylum.—Wanted, for this Institution, an ASSISTANT MEDICAL OFFICER. He must be a Member of the Royal College of Surgeons, and a Licentiate of the Apothecaries' Companies. Salary, with board and lodging, £80 per annum for the First year, and £100 for the Second. Testimonials to be sent in, addressed to the undersigned, on or before November 15.

J. E. EDWARDS, Clerk to the Visiting Justices.

Chester, October 23, 1860.

Bristol General Hospital.—Wanted, an ASSISTANT HOUSE-SURGEON. Board and Lodging will be provided in the House, but no Salary given. Candidates are required to produce satisfactory Testimonials of ability and good moral conduct. Applications to be addressed to the Secretary, at the Hospital, on or before the 12th November.

By Order of the Committee,

W. J. BURGESS, Secretary.

The Hospital contains 127 Beds, and is recognised as a School of Medicine.

The Norwich Public Dispensary.— RESIDENT MEDICAL OFFICER.—The Office of RESIDENT MEDICAL OFFICER being VACANT, Candidates, Licentiates of the Apothecaries' Company, are requested to send their Testimonials to Henry Browne, Esq., Treasurer, Norwich. The Salary is £100 per annum, with an allowance for Coals, &c. of £12. The Officer is provided with unfurnished Apartments in the Dispensary. He must visit the Patients as often as the Physicians may think proper. He must not employ himself in any private Practice, nor absent himself from the Dispensary without leave obtained from the Committee. The Election will take place at a General Meeting of the Governors, to be held at the Dispensary, St. John's Maddermarket, on Tuesday, the 20th November, at Twelve o'clock.

HENRY BROWNE, Treasurer.

Oxford, Cambridge, Dublin, and DURHAM MISSION to CENTRAL AFRICA. — WANTED, IMMEDIATELY, a Skilful MEDICAL MAN to accompany this Mission. He must be a faithful Member of the Church of England, of good character, ready to do his part in the great work of Evangelising the Heathen, as well as perform diligently his Professional duties, whether amongst the Natives or Members of the Mission. He will, like the other Members of the Mission, live free of any expense to himself, and will receive in addition, an annual sum of £100. Letters to be addressed to the Committee of the Central Africa Mission, care of the Rev. W. T. Bullock, 79, Pall Mall, London, S.W.

An Unqualified Gentleman, aged 25, the Son of a Deceased Surgeon, desires a RE-ENGAGEMENT as VISITING, DISPENSING, and MIDWIFERY ASSISTANT Out-door preferred. He is an experienced Accoucheur, and can produce testimonials of high order. Address, Alpha, Post-office, Ramsey, Huntingdon.

Wanted, by a Young Man, aged 22, a SITUATION as ASSISTANT or DISPENSER, either in a Retail Establishment or some Hospital. He has served Five years' apprenticeship to a Chemist and Wholesale Druggist, and has also attended a Winter and Summer Session at the University of Edinburgh. Address, A. T. L., College of Surgeons, Edinburgh.

A M.R.C.S., L.S.A., and L.M., *late a* House-Surgeon at one of the Borough Hospitals, at present holding an Appointment at a Provincial Dispensary and Infirmary, wishes to meet with a Gentleman who requires ASSISTANCE, with a view to PARTNERSHIP. Address, R. H., care of Mr. Monson Hills, Guy's Hospital, Borough.

London: Printed by CHARLES REED and BENJAMIN PARDON, of 1, 2, and 3, Lovell's-court, Paternoster-row, in the City of London, and Published by JOHN CHURCHILL, at the Publishing Office, No. 11, New Burlington-street, in the Parish of St. James, in the City of Westminster.—October 27, 1860.

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MEDICAL TIMES & GAZETTE

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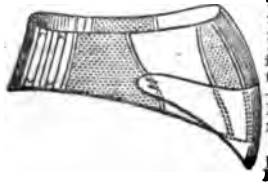

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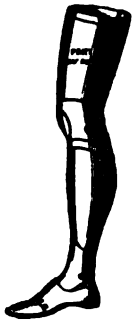

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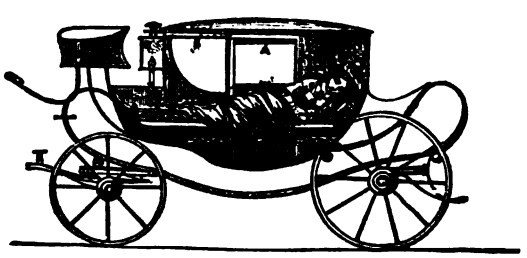

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ORIGINAL LECTURES.

LECTURE

ON THE REVIVAL OF THE

TURKISH, OR ANCIENT ROMAN BATH,

DELIVERED AT

The Grosvenor Place School of Medicine.

By T. SPENCER WELLS, F.R.C.S.

Lecturer on Surgery, Surgeon to the Samaritan Hospital, etc.

GENTLEMEN,—During some part of the Course of Lectures on Surgery, I have always been accustomed to describe to you at some length the uses of heat and cold in the treatment of various diseases. I have endeavoured to impress upon you the important lesson that all you have learned of the physiological actions of heat and cold upon the human body, or upon certain organs or tissues of the body, must become your guides in daily practice. I hope you have followed the very precise details I have given of the various modes of applying heat and cold locally—the use of cold water, iced water, and evaporating lotions by means of wetted rags, and by irrigation—the application of ice in bladders, and Dr. Arnott's method of producing local anæsthesia or congelation by the freezing mixture of ice and salt. Then as to heat: the means of applying it by flannels simply heated, or soaked in hot water, or hot decoctions—or by hot poultices, simple and medicated, or india-rubber bags of hot water; and lastly, the various modes of cauterization, either by the moxa, or the hot iron, or the galvanic cautery.

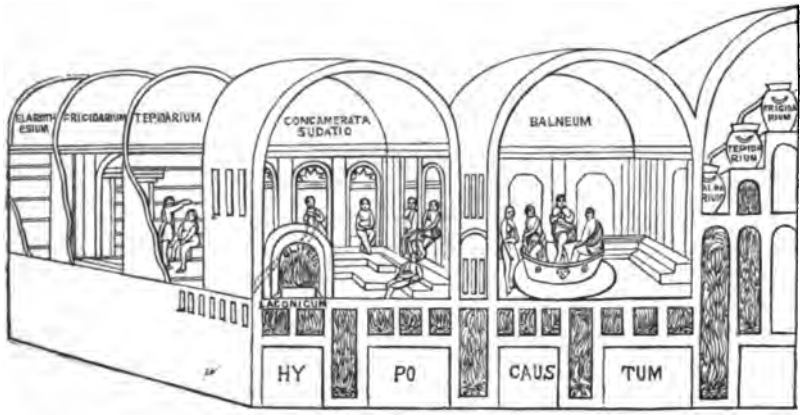
I hope I have also explained in sufficient detail the indications which should guide you to the decision to use either hot or cold applications—to change one for the other—or to keep up an alternation of both. So that what we may term the *local* view of this subject is complete, but the *general* view has still to be taken. I do not think that there is any tendency in the present day to overlook the physiological aspect of Surgery. Since the days of Abernethy, there has been no tendency to underrate the frequency of the constitutional origin of local disease. Indeed, it is only lately that we have learned from Virchow and his school, how frequently we ought to recognise the local origin of constitutional disease. You find rules carefully laid down as to diet and regimen, cleanliness, the uses of acid or alkaline medicines, purgatives, narcotics, and specific remedies, in all good works on Surgery. But action on the skin has attracted comparatively little attention. You see the word "diaphoretic" occasionally, but this means for the most part a dose of Dover's powder, or some antimonial, with hot drinks, an extra blanket, a foot bath, or, at most, a warm bath. I have always gone a step beyond this; and have shown you how to make a vapour bath by covering up your patient in blankets, or by a waterproof cloak, and surrounding him by the vapour of water from a kettle through a tube, or from a pail containing water and a hot brick, or by the vapour from burning spirit. This was nearly all we thought of, unless we sent the patient to one of the establishments where a vapour bath can be had, such as Mahomed's, or the Argyll Baths, or the Marylebone Baths and Washhouses. Until lately these vapour baths were the utmost means at our command for inducing a profuse perspiration. But this year a very important addition has been made to our means of preventing and treating disease by the revival of the Turkish, or Ancient Roman, hot *Air* Bath. Our baths hitherto have been water or watery vapour; now we have hot air. You will see at once the great importance of this distinction, when you reflect that, in the one case, the heated body is surrounded by dry air, which must favour the exosmosis of the watery portion of the blood through the coats of the cutaneous capillaries, and the endosmosis of oxygen, and at the same time must favour evaporation; while, in the other case, the body is either immersed in water, which would be absorbed in place of oxygen, while evaporation would be checked,—or it is surrounded by watery vapour, which has more or less of the same effect, or by the mixture of vapour and carbonic acid evolved from burning spirit. In the one bath you have exosmosis of water, and absorption of oxygen; in the other bath you have neither the one nor the other. We shall see presently that dry air can be supported to a far higher degree of heat than air which contains much moisture, so that we can order baths of far higher temperatures than we ever thought of before. All this you should be acquainted with, or you will find your patients know more about it than you do yourselves, and nothing can be conceived more damaging to your prospects of professional success. If you hope to succeed, you *must* keep ahead of your patients in the knowledge of everything relating to their health. Now that hot air baths are springing up in all directions, the public are crowding to them, and crying out for information about them. The first erected in this country was near Cork. Several have been put up since in different parts of Ireland, and in some of the large towns of Lancashire and Yorkshire. Latterly we have had them in London. The first was a private bath, but lately public baths have been opened in Bell-street, Edgware-road; Palace-street, Pimlico; Golden-square, Somerset-street, and other places. In this, as in many other things, our large Hospitals, with their princely revenues, have remained years behind the time. For two years the Newcastle Infirmary has had one of these baths, and has supplied us with some of the most trustworthy information as to their effects; yet, in London, we are left to the mercy of private speculators, while these richly-endowed institutions float tranquilly along the dull stream of routine, until they are roused by a lady, or by fears of successful rivalry, to advance with the increasing knowledge of the age.

Let me now describe to you the

BATHS OF ANCIENT ROME,

premising that you are to lay aside the impression that a bath must be a water bath, and remember that it may be an air bath as well. The Lacedæmonians seem to have been the first to put this distinction into practice. The Greeks, from the earliest period of their history, bathed both in salt and fresh water, and in the *Thermæ*, or natural warm springs. They also took warm and cold baths in succession, taking a warm bath at home after returning from bathing in the sea, or plunging into cold water after a warm bath. The Spartans, who looked upon warm bathing as effeminate and enervating, and practised daily bathing in their rivers, used the dry sweating bath in a room heated by a stove, called after them by the Romans, *Laconicum*. The Athenians had public baths, *Loutrones*, as part of the gymnasia; but these seem to have been water, not air, baths, for the λουτήρ or λουτήριον was a large round or oval basin, in which the bathers sat or stood. The Romans seem to have used the warm water baths long before the Spartan Laconicum was introduced, and the latter was first adopted in private houses, but by the time of Cicero public and private baths, both of water and air, had become general and magnificent. In one of Cicero's letters to his brother, he tells him that he has directed the *assa* (vapour bath) to be moved to the opposite corner of the *apodyterium* (undressing room) because the *vaporarium* (flue) was ill-placed. Cicero also speaks of the baths open to the public on the payment of a quadrant, the smallest piece of coined money extant. The practice of bathing in cold water after the excessive perspiration of the hot air bath seems, according to Pliny, to have been introduced by Musa, the Physician to Augustus, who derived so much benefit from it that it became quite the fashion. Musa was afterwards accused of causing the death of Marcellus by the same treatment. In the First Book of Celsus you will find a great deal said about the succession of warm, tepid, and cold bathing. Galen advised first the hot air (ἀέρι θερμῷ) then the warm water, then the cold, and afterwards friction and anointing with oil. Celsus prescribes first the Tepidarium, then the Calidarium, then to have a quantity of warm, tepid, and cold water in succession, poured over the head and body. Afterwards the body was to be well scraped with the *strigil*, then rubbed dry and anointed. This practice, introduced into Turkey by the Romans of the Lower Empire, is that still universal in the East, and is now being revived here.

The diagram I now show you is copied from a fresco painting found upon the walls of the Thermæ of Titus at Rome:—



The room marked *Balneum* seems to have been a large vaulted chamber with seats around the walls, and a large marble basin in the centre supplied by pipes with running water, in which the bathers, after going through the sweating process, washed themselves. This chamber was called *Lavatorium*. The *Tepidarium* was used to prepare the body for the sweating chamber, and on returning to moderate a too sudden change into cold air. In the baths uncovered at Pompeii a number of small recesses or dressing-rooms are attached to the Tepidarium. The Calidarium, or Sudatorium, or Concamerata Sudatio, is the heated chamber in which the freest perspiration is promoted. In one corner of the chamber you see a sort of section of a smaller chamber, marked *Laconicum*, with a domed top, and dotted lines for chains. This is evidently a mere attempt of the artist to show on a larger scale one part of the heating apparatus. No such contrivance has been found in any bath, and it corresponds exactly with a description of the Laconicum by Vitruvius. He advised that the hot chamber should be circular, in order that the warm air from the Hypocaust might surround it more easily; and that an orifice should be made at the top, which could be left open, or be wholly or partially closed by a bronze shield (clipeus) attached to chains by which it might be raised or lowered. Some of the hot chambers which have been discovered exactly correspond with this description.

The furnace and Hypocaustum you see represented below. You see how the flues are applied to heating caldrons of water—one for hot water being directly over the furnace, one further removed for tepid water, and one still further for cold water. In this way, by means of pipes, water of different temperatures could be obtained, and the caldron of hot water could be filled from the tepid without much lowering of temperature. You see how the air in the hollow cells which constitute the Hypocaust can pass round the chambers to keep up their temperature.

The Frigidarium in some cases was a mere cooling or dressing-room; in others it contained a large plunge bath. The Eælothesium, or Unctuarium, or anointing-room, was the place where the aliptæ, or unctores, anointed the bathers after the bath. In the British Museum you may see many of the ampullæ, or small glass bottles to contain oil for the inunctions, and some containing oil mixed with fine African sand, which were found in the Baths of Titus, and which used to be employed for anointing the bodies of the athletes.

I have spent many an hour in Rome among the ruins that still remain of the magnificent edifices known as the Baths of Titus, Diocletian, and Caracalla, and have been struck with wonder at the story they tell of the manners of the Empire. Public and private thermæ, dressing-rooms attached to them, squares for atheletic exercises and sports,—corridors for walking, theatres for public lectures, seats for the spectators and philosophers, and libraries for the learned,—the walls covered with fine paintings, precious marbles, and the walks and shrubberies adorned by fountains and sculpture. Such were the Baths or Thermæ of the Roman Empire, and something like this may still be found in the East. At Constantinople and Cairo, the Baths are nearly as fine edifices as the mosques,—some of them magnificent domed buildings which would shame many of our churches. I have had a tolerably extensive experience of them, for I have taken baths not only at Athens, Constantinople, Smyrna, Alexandria, and Cairo, but also far up the Nile within the Tropics, close to the first Cataract, where, amid the mud huts of Assouan, the Roman Thermæ may be seen in their simplest form. However varied in size or detail, the essential parts of the Bath are ever the same. A chamber filled with heated dry air, or Sudatorium; a cooler but still warm chamber, or Tepidarium; and a third of the temperature of the outer air, or Frigidarium, with attendants who cleanse the skin, rub the surface of the body, press or knead the muscles, and apply douches of water of various temperatures. All this has been described over and over again by travellers, and every guide-book contains some account more or less interesting according to the ability of the writer. But no one attempted of late to introduce the Oriental Bath into this country, until Mr. Urquhart, by his writings, and lectures, and personal example for some years past, has led to a revival which is rapidly bringing it to the position of a national institution, and we are likely before very long to see something like the luxury and splendour of the Imperial Roman edifices arise again. I said of *late*, because in 1679 some Turkish merchants opened a Turkish Bath in Bagnio-court, Newgate-street. It had a domed roof, marble steps, and walls of Dutch tiles. The Court has been called Bath-street since 1843. In the *Spectator* another Bagnio in Chancery-lane is alluded to. The Hummums in Covent-garden was formerly a Turkish Bath, and took its name from the Arabic *Hammam*, a Bath. For a hundred years or more the bath has been neglected here, but at length fine buildings, erected at a cost of several thousand pounds each, may already be seen in or near Cork and Dublin, and in other parts of Ireland; and smaller, but still considerable, establishments are in full force in Manchester, and several other large towns in the North. In London, the first public bath was opened by Mr. Evans, in Bell-street, Edgware-road. He has lately opened another and larger establishment, in Golden-square. There is also a large establishment in Palace-street, Pimlico. Mr. Mahomed has one in Somerset-street. All these I have seen, and I have always found them either crowded or well-filled with bathers. Others are heard of as springing up in all directions to supply an ever increasing demand, and many gentlemen are erecting them in their own houses. I need not repeat, therefore, that it is high time you should make yourselves masters of the subject.

The first of these Baths that I took in England was at the house of a gentleman, who—next to Mr. Urquhart perhaps—has done more to popularise the Bath here than any other—I allude to Mr. Witt, a Fellow of the Royal Society, who has converted a back room in his house in Princes-place into a Bath, where week after week during the past season I had the pleasure of passing an hour or two on Saturdays in the Calidarium and Frigidarium, in company with Lord Denbigh, Mr. Lawrence, Mr. Churchill, Mr. Erasmus Wilson, and other gentlemen, well-known members of the Church, the Senate, and the Bar, and representatives of the literature or science of the age. I show you here a drawing of this private bath which Mr. Witt has published to show how a gentleman's morning-room may be converted into such a Bath as may be seen amid the ruins of Rome or Pompeii, or in some of the remains of ancient Roman edifices in this country.

His room was just such a back room as you may see in five London houses out of six,—twelve feet high, ten broad, and twenty in length, with a window looking out upon a lead flat. There was not space for three rooms here, so he had to dispense with a tepidarium, and simply divide his room by a wall into a sudatorium and frigidarium. A pavement of ornamental tiles bedded in concrete formed the floor, and a furnace below opening on to the lead flat and heating a flue which runs round the chamber and afterwards upwards

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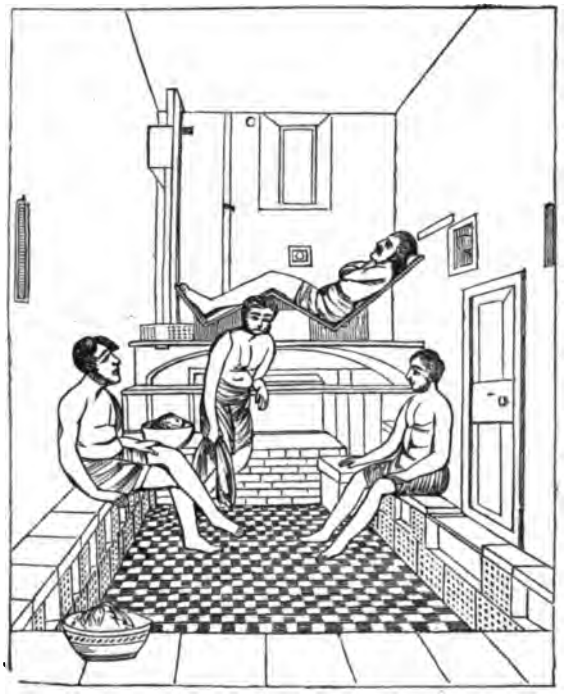
and across it to a chimney, complete the erection. Around the flue, as in the Roman Hypocaust, a hollow space is left for the circulation of the heated air, and other openings are made for ventilation. The room is lighted by means of a thick plate of glass, and over the flue are seats (as you see) and a reclining couch—the *dursta*, or wooden chair of the Ancient Roman Baths.

The temperature of this room was generally about 135° Fahrenheit. At Golden-square and Pimlico, where they have two heated chambers, the outer one is generally about 120° and the inner 160°. In Turkey I have never seen the inner one above 140°, and the outer one is usually about 110°. The air is also moister than in the English bath. At Mr. Witt's the frigidarium also serves as a dressing room. At the public baths there are small curtained recesses separated from the cooling room. In either case, after undressing and putting on either a pair of bathing-drawers, or tying a piece of red calico round the loins like a kilt, you enter the hot room. At Mr. Witt's we passed at once into a temperature, as I told you, of 135°. To those who do not perspire readily the sensation of oppression in breathing and heat of the head is sometimes unpleasant for the first few minutes, but as this passes off the warmth becomes delightful, — one forgets the cares and anxieties of life, fatigue disappears, and one listens, while calmly reposing, to the conversation of the "Companions of the Bath." After perspiring for half-an-hour, a good wash down with soap and douches of tepid and cold water prepare for the repose of the cooling room.



THE CALIDARIUM.

At the public baths you first enter the tepidarium. Here the air being slightly moistened, and the temperature at 120°, perspiration is very soon induced, and without any feeling of heat or fulness of head, or oppression of breathing. When perspiration has commenced you pass into the sudatorium, where the air is drier and the temperature 160°. Remaining here some time, occasionally passing to the tepidarium for a few minutes and back again, very free perspiration is kept up. It stands out on the skin in clear drops, and runs down in dripping streams. This is encouraged by drinking copious draughts of cold water, and then one is ready for the shampooing. In Turkey and Egypt this process is performed in the hot room, as I am told it is in some of the baths in Ireland and the North of England; but in the London baths it is done in the outer room, or tepidarium. The bather reclines while an attendant rubs and kneads limbs and body until all superfluous epidermis and a quantity of sebaceous matter is thoroughly cleansed off, and the circulation in the skin becomes very free; the rosy tint of the capillary plexus glowing through the transparent covering, the white marks

THE FRIGIDARIUM.

traced by the pressure of the fingers being instantly reddened by the returning rush of the arterial current. I remember Mr. Liston, in his latter days, testing the freedom of his capillary circulation by pressing the end of one or other of his nails, and watching the return of the blood to the capillary plexus beneath the nail. An experienced eye can generally detect a "companion" in the bath by the rosy tint and free circulation in the skin, which is very different in the uninitiated. Of course you must make allowance for the natural difference between fair and dark people; but those who do use the bath habitually are certainly remarkable for clearness and ruddiness of complexion and of the skin generally. Opaque epidermis is removed; choked-up sebaceous follicles are cleared; the sweat ducts become quite free; the subcutaneous cellular tissue becomes pliant, admitting that free motion of the skin on the subjacent tissues which is the reverse of what jockeys call "hide-bound;" superfluous fat disappears; the elastic and contractile structures of the skin regain their normal properties, and the ultimate nervous fibrils their normal sensibility.

One of the most common objections raised to the Bath is the fear that the transition from a heated room to the open air may give cold. But experience proves that this fear is groundless, provided ordinary precautions be taken; and a little reflection will show you *why* it is groundless. The skin of the face, which we habitually leave uncovered and exposed to rapid alternations of heat and cold, receives no unpleasant impression from a current of cold air after leaving a hot room. But the rest of the body is kept covered up from the light and air and unnaturally heated, and, therefore, loses its normal sensibility and its natural power of supporting changes of temperature without discomfort or injury. The habitual use of the bath tends to restore the normal properties of the skin. When the body is thoroughly heated, it is enabled to resist cold; when perspiration is going on freely, a stream of cold water is only a pleasant mode of producing contraction of the structures of the dermis. Any feeling of chilliness passes off at once on returning for a few minutes to the hot room; and then, as perspiration again commences, the bather may pass to the cooling-room with perfect impunity, and with a skin which with each succeeding trial becomes more and more habituated to alternations of temperature,—in other words, with unnatural susceptibility to cold corrected. Something of the same sort might be said of the mucous membranes of the air-

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passages, so that persons who have been subject to colds or bronchitis on the slightest exposure to a draught or cold air, do not suffer at all from such exposure after the use of the Bath.

I shall not trouble you with many remarks on the physiological action of the Bath. What I have said of the effects is enough to show you that the action of the heart is accelerated, and that the circulation in the skin becomes very active. I need not tell you how very important is the eliminating function of the skin to the health of the body. The excretion of the skin ought nearly to equal in amount that of the kidneys. In twenty-four hours the skin should throw off from the adult body an average of about 33 ounces of water, 80 grains of saline matter, and about 100 grains of highly nitrogenized organic matter with some volatile acids. Now, when the action of the skin is suspended or sluggish, a large quantity of water, and saline matter, and organic matter, which ought to be drained off from the blood through the sweat-ducts, is retained, and the kidneys are called upon to fulfil not only their own function, but that of the skin also. If they do it, they suffer from the extra work. If they do not, then the blood remains charged with an excess of effete matter, and the whole nutrition of the body suffers. Then, with regard to the fatty matter secreted by the sebaceous follicles, and the scales of epidermis, let me read you a few lines from a book I published six years ago, on "Gout and the Treatment of Stiffened Joints," to show you that I am not insisting upon all this because it is now becoming fashionable to do so.

"It is evident," I wrote, "that by the three outlets afforded by the sudoriferous glands, the sebaceous follicles, and the epidermoid desquamation, the blood is cleared from a very considerable quantity of water and animal matter. The quantity varies with the temperature, degree of moisture in the atmosphere, food, and activity of other secreting organs, but in a most important degree also with the cleanliness of the skin itself. If the solid matter left by the watery vapour as it passes off be allowed to remain and collect on the skin, it not only impedes the exhalation of more vapour, but also interferes with the desquamation of the epidermis. Again, if the scales resulting from this desquamation be not repeatedly removed, similar impediment to exhalation results. If the secretion of the sebaceous follicles be allowed to collect, the ducts of these follicles become choked up, the secretion collects in the sac of the follicle, and causes a sort of pimple or small boil. If some parts of the surface of the body be kept perfectly clean, while other parts are left comparatively uncleansed, the skin of the former has extra work to do, and it compensates by increased activity for the forced inaction of other portions. It cannot do this without more or less derangement; and, consequently, we see pimply eruptions, increased vascularity, and irregular scaly desquamation on the exposed parts of the skin, which are simply the result of over-work, and which disappear when other parts of the skin are made to resume their functions."

We may regard, then, this purification of the blood by the elimination of the watery, saline, organic, and fatty excretions of the sudoriferous and sebaceous glands of the skin, as one of the most important of the physiological actions of the bath. The increase of the absorbing function of the skin is probably of considerably less importance. It is certain that oxygen and other gases are absorbed by the skin, and we know that it absorbs water. This leads me to notice again the great difference between the vapour and warm water and the hot dry air bath. In the one case water is absorbed by the skin. We know perfectly well that thirst is thus allayed by immersing the body in either fresh or salt water. In the other case, instead of water from without being absorbed, water from within is poured out in great abundance. Again, evaporation from the skin exercises a regulating influence on the temperature of the body. Suppose one person to be in a vapour bath at 120°, and another in a chamber of dry air at the same temperature. The general circulation is quickened in both. The blood-vessels of the skin in general, and those of the sweat-glands in particular, receive more blood. More perspiratory fluid is secreted in both. But here the resemblance ends. In the dry air the exhalation rapidly passes off by evaporation, and the body is cooled; but in the vapour bath there can be no evaporation, and the regulating influence upon temperature is lost. Thus, *providing perspiration is established*, a person feels much cooler in a dry air bath at 120° than in a water or vapour bath at the same temperature. People are apt to make a mistake here if they judge by their sensations on first going into the bath. The moist air at first appears the more pleasant. Moistening the skin brings on perspiration more quickly. Until perspiration commences the dry air may be oppressive; but once established, and evaporation commences, the verdict is always in favour of the dry air. Hence the propriety of introducing a little vapour into the tepidarium. I say little about what is termed "the respiratory function of the skin," because I have never seen any very definite account of the relative share of the lungs and the skin in the oxygenation of the blood. But it is very clear that by increasing the cutaneous capillary circulation, exposing the whole body to the air, and removing all superfluous layers of epidermis, we must favour most materially the respiratory power of the skin. In cases where the lungs or the bronchial mucous membrane are diseased, and the heat and nutrition of the body are suffering from defective arterialisation of the blood, the skin may thus become a compensating organ for the faulty lungs. Perhaps this, together with the soothing effect of the moist air of the tepidarium upon the air-passages, may explain some of the good effects witnessed in consumptive cases by the use of the Bath. A very excellent paper was read at the Harveian Society, by Dr. Toulmin, of St. Leonards, on this subject (see *Medical Times and Gazette*, April 14, 1860); and I was lately informed by a gentleman recently returned from Australia, that a relative of his, undoubtedly in an advanced stage of consumption, had recovered to a most extraordinary degree under the use of the Bath and a life in the open air.

But before I say more of the Bath as a therapeutic agent, let me say something as to its importance in

Physical Education, or Training.

Some enthusiastic people talk as if the Bath were to supersede the necessity for exercise, and some time ago we were gravely told that race-horses sweated in the Bath need not take their gallops. When Thormanby won the Derby we were assured that his only sweats were in the Bath. This was repeated so constantly that I took the trouble to inquire into the matter, and I found, as I expected, that he had taken the usual gallops, and that his only experience of the Bath was once when he had a cold. It did him a great deal of good, and I am told that it is coming into use among trainers, but certainly not to supersede exercise. Do not then bring a useful institution into ridicule by over-praise, or expecting too much from it; give their due importance to pure air, exercise, wholesome diet, and temperance in physical education, and also look to the purifying influence of the Bath in this age of physical Puritanism. The working-classes are already finding out the cleansing powers of hot air. In some of the Northern towns Baths have been erected by co-operative societies of working men; and I was told the other day that a gentleman who went to the bath in Bell-street, at the hour when it is opened at a very low price, saw a young sweep and a butcher-boy there, rubbing off the soot and grease from their bodies as it was loosened by the streaming perspiration, and exclaiming that it was "much easier to get clean there than at the Baths and Washhouses."

Before I conclude I must briefly allude to the

Bath in the Treatment of Disease;

and I shall say nothing of what I have *read* or *heard*, but confine myself strictly to what I have *seen* among patients whom I have recommended to take the Bath.

I have advised three of my gout patients to take a course of these baths. If you will look at the book I before alluded to, you may see that at pages 209 to 212 I have insisted on the utility of the vapour bath as a means of depuration by increasing cutaneous exhalation. The hot air bath answers this purpose far more effectually than the vapour bath. One of the cases I alluded to, a nobleman who had formerly been in the habit of taking the lamp bath, has quite given it up, and has derived so much benefit from the air bath that he is erecting one at his country seat. In a second case, it has also been useful in prolonging the interval between the attacks. In a third, the patient, although he perspires freely, continues to prefer the vapour bath; but I cannot help thinking that this is because the bath he went to is small and imperfectly ventilated. I have also watched the effects in two ladies, members of gouty families, who suffer from

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defective circulation in the skin, deranged action of the kidneys, and many of those curious nervous symptoms which in the female are the manifestation of an abnormal amount of uric acid in the blood, just as the joint symptoms are characteristic of the same condition in the male. Both these patients have derived great advantage from the Bath.

In three cases of chronic rheumatic arthritis, two affecting the knee-joint only, and one the knee, ankle, and other joints, great benefit has been derived; the least in the last case, the patient being very pale and feeble, and disposed to faint in the bath.

In two cases of sciatica, the one rheumatic, the other the result of an injury, great relief was obtained, which I hope may prove permanent.

In one case of fibrous tumour of the uterus, surrounded by a quantity of ascitic fluid, the patient was convinced that the fluid was diminished, but other circumstances prevented her from going on with the bath.

In one case of prurigo senilis, the itching completely disappeared after a single bath. Two cases of obstinate chronic eczema are still under treatment. In both the general health has improved, but there has not been any very marked effect on the eruption. One patient, who had had a succession of boils, has had none since he began the baths twice a-week. Another has only taken two baths, and has still an open boil. One gentleman, with syphilitic lichen, who had taken several mercurial vapour baths with some little good effect, has also taken some Turkish baths, but still (he writes) without much effect. This is a very obstinate case—the first I remember to have seen which has resisted the bichloride of mercury lotion. Another gentleman, who had syphilitic psoriasis, got quite well while taking biniodide of mercury and a Turkish bath twice a-week. The biniodide would have cured him alone, but I think the baths hastened the cure very much, and he got well with less of the medicine than I think he would otherwise have required.

In two cases of obstinate acne—one the acne punctata, the other acne rosacea—the face has been cleared wonderfully. We know very well that acne may be cured easily enough as a general rule, by clearing away, with a rough towel and hot water, the sebaceous matter which obstructs the ducts, and then using some local application of sulphur or mercury, or better still, a combination of the two; but every now and then you meet with a case which resists everything,—which may yield for a time, but always returns sooner or later. Two of these I have sent to the Bath, and both are well pleased with the result. Whether the good effect will be permanent, time alone can show.

In one case of irritation of the bladder dependent on the presence of ammoniacal urine, and this upon partial retention caused by enlarged prostate, the general health has improved very much. Perhaps the local benefit has been owing to the daily use of the catheter; and constitutional irritation depending on local irritation has been diminished in the same way; but the free action of the skin kept up by the bath has certainly tended to relieve the kidneys, and assisted in the treatment.

In another case of irritation of the bladder with ammoniacal urine depending upon weakness of the coats of the bladder co-existing with imperfect paraplegia, the patient has derived undoubted benefit from the bath and shampooing. The atrophied lower limbs are becoming decidedly more muscular, and there is unquestionably a steadier gait in walking, and more power of balance.

I have recommended the Bath to several friends and patients who, although not suffering from any special disease, have still felt "out of order,"—have been getting too fat, have lost their appetite, become pallid and flabby, have suffered more or less from the common result of modern life in large cities, where men exercise the mind too much and the body too little, live in close hot rooms, eat and drink too much, and take a great deal too much medicine,—in a word, have suffered from the "cachexia Londinensis," as it has been called. These are just the cases where the bath is likely to be of the greatest advantage. Those who can take sufficient exercise to keep the sweat-ducts free, who keep the skin perfectly clean and healthy by a daily sponge-bath, and wear porous clothing do not stand in much need of anything more. But when we have to treat the "cachexia Londinensis," depend upon it the Bath is the remedy from which the greatest good can be expected.

I must not conclude without one or two cautions as to the mode of using the Bath. It should be taken after a light, not a full, meal; and about two hours after eating, otherwise digestion may be disturbed and headache follow. Any heat of the head in the bath is corrected by a wet cloth, or wetting the hair with tepid water. Any oppression of breathing or palpitation is at once relieved by a few minutes in the tepidarium or in the cooling-room, or even by lying down in the hot-room. A draught of water soon relieves any feeling of faintness. But these are sensations of the uninitiated, and are never felt by those who habitually use the Bath.

As to the effects of the Bath upon national character, you will hear the most opposite opinions expressed. One party will tell you that the decline of the Roman Empire dated from the period when, soon after the reign of Nero, the practice of bathing was discontinued, and the physical condition of the people became as much deteriorated as their moral and intellectual character. Others will argue that the excessive use of the Bath led to the enervation and effeminacy of the Romans, and was a chief cause of their decline. So with the Turks. One Author holds up this people as models of beauty and strength, and attributes their high physical condition to the Bath. Another thinks the Bath is used in excess, and anticipates the decline and fall of the Turkish Empire as a direct consequence. And so people argue of the prolonged fasts of the Mohammedan religion, the abstinence from wine and spirits, the practice of polygamy and infanticide, and the use of tobacco and opium. Some find nothing but good in these things; some nothing but evil. Only the minority endeavour to ascertain what are the real facts of the case,—whether the real condition of the Turk is that of physical deterioration or the reverse, and what share each of the circumstances under which he lives may have on his condition and future prospects. I hope you will not be led to take any such limited view, but will ascertain what are the real effects and uses of the Bath; what good it may do if properly used, and what evils its abuse might entail upon us. I have given you my reasons for believing that it may become an important agent in the physical education of our nation, and an important aid to us in treating various forms of disease; and I trust we may see before very long some public edifice arise worthy of the Metropolis of the greatest Empire the world has ever seen.

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

PART I.—THE HANWELL ASYLUM.

No. X.

By JOHN CONOLLY, M.D.

THE specimens given in my last paper form but a very small portion of the correspondence ever passing through my hands when I resided under the roof of the Hanwell Asylum; but they show that the letters written by insane patients are generally illustrative of their actual state of mind. To this there are, however, occasional and curious exceptions. Both the conversation and the correspondence may be calmly conducted, although the general conduct and actions of the patients may be extremely irrational; and in these cases great difficulties and disputes sometimes arise as to the actual state of the patient's mind, and the measures proper to be adopted, and the validity of proceedings relative to property. Men accustomed to transact responsible business, and possessed of money and estates, can often write letters of a clear and rational character, and give judicious directions to others; although in their own personal demeanour, in their conversation and habits, they exhibit hourly proofs of disordered judgment, are unable to control themselves, and even affected by many delusions.

Generally, however, the insane who write letters express their inmost thoughts in them, exhibit very strikingly the want of coherence in their ideas, or the sense of their supposed wrongs, or their morbid impression of their own rank and importance, or the profound depression and hopelessness under which they labour.

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There are always to be seen in the galleries of our asylums patients who regard every visitor as an intruder, and every word addressed to them as a kind of liberty taken with them; disdaining to reply, and even walking away with an air of offended dignity. These imaginary great people seldom condescend to speak of their own position; they consider it as not unknown, but merely disregarded: and yet now and then they address a formal appeal in writing to some influential personage, commonly an ambassador or a prince, in which they fully reveal the delusions that occupy them. One of the female patients at Hanwell exhibited these peculiarities for many years: she sat in one particular place, on one particular chair, generally regarding those about her with an expression of conscious superiority; and she was always particularly interested in the foreign intelligence in the *Times* newspaper. If persons of title were among the visitors she generally contrived to learn their names, and made especial requests to them to represent her condition and her wrongs to Continental potentates. Her agitation on the occasion of a visit made by the late kind-hearted Duke of Cambridge was excessive. She had dressed herself with unusual care: stood up on his entrance, and in a solemn voice, and the manner of an injured gentlewoman, addressed a somewhat long and very puzzling harangue to him, from which, with all his good nature and experience, he found it not a very easy matter to make a creditable retreat. On another occasion the princes of a dethroned family passed through the wards, whom she addressed in a language they only imperfectly understood, on subjects quite incomprehensible to them, although oddly enough allied to their own destiny; representing herself as also dethroned, her property confiscated, her rank denied, and her residence in England as a calamity and a wrong. There was indeed enough of obscurity in the history of this poor lady to build conjectures upon. That she was a lady was unquestionable, although her appearance had been rendered singular by long insanity. Her figure was short and not very shapely; her complexion was indicative of Southern extraction; but her features were unmistakeably aristocratic. She bore the name of an old English family, and there was every reason to believe that she had been dexterously thrown upon the county funds to relieve some connexions of one of her parents from an inconvenient burthen or from troublesome appeals. Her general disposition was not attractive; she was exacting and selfish, and despised her pauper neighbours, for whose afflictions she showed no sympathy. Now and then she addressed letters to the Commissioners in Lunacy, written very temperately, but strictly in accordance with confused impressions apparently made on her mind in childhood, and cherished in subsequent years of discomfort and privation. The style of these letters was usually like that of the following, which was addressed to Dr. Turner, then a Commissioner; and was marked "Private."

"Sir,—I am truly grieved that Dr. Hume and the Commissioners who saw me last year should not have restored me to my Civil Rights, by throwing my affairs into Chancery, but I suppose the greatness and power of the Superior Conspirators appals them, and had the Austrian and Portuguese Embassies done their duty to me without being *Anglicised* I had never come in contact either with Parochial or County authorities. I am, Sir, etc., etc., etc., Catherine ——." To this a postscript was added—"The fairest way is for both Parish and County to stand trial that the Truth may be ascertained. Those who are coming *ad interim* in lieu of Ambassador are *not* to be *depended* upon. I wish the Commissioners to take a good first-floor for me in the Parish under their Protection, with running cash paid *into my own hands* with a receipt from me for it. Proper officers from the Parish to take me out as soon as possible, for I am truly ill and a mere wreck of myself. In my case *no* Medical discharge is *requisite from the Doctors here.*"

No ambassadors, however, and no friends, ever came to visit this deserted patient. Year followed year, and her thoughts remained unchanged, and her expectation of liberty and redress unabated. Gradually her strength declined, and at length death ended her monotonous and discontented life; her latest intelligible words referring to her wrongs, real or supposed, and to their redress by ambassadors.

It is related of an eminent statesman of the reign of George III. that when violently offended he used to write a letter expressive of his anger and of his contempt for the offender, and then throw the letter into the fire; his composure being restored by the mere expression of his feelings. This is undoubtedly the case with many mad people. They are in a state of chronic discontent, and have paroxysms of impatience; but pen, ink, and paper contribute to their relief: the pauper patient abuses the parish officers; ridicules the Doctors, finds fault with the food, but gives the letter to the Physician with perfect good humour, as if the sense of wrong was much alleviated by writing it. Among the female patients at Hanwell, such instances were not uncommon. From one of them, accustomed to the indulgences of some of the working classes of London, I used, not unfrequently, to receive an epistle like the following; the subject seldom varied, and the expressions were always very nearly the same: it was addressed to the Doctors:—

"Gentlemen,—To the Medical Department, in complaint of the distressing dreamy effects of the Dietary.—It must be—distressing dreams are unnatural to me. The visionary arts I begged to be exempted from—lang syne—shadowy as bad here as at Finch's and at the workhouse,—since the Patients only were fixed upon me nightly *in lieu* of the Housekeeper which with me solely occupied the sleeping apartment, front view the palace of Queen Victoria's birth; excluded 21st of June 1842, the Doctor's dwelling-house carried out from thence, and two patients one acting servant fixed in the room. The Art Pauper I complain of introduced with the second Medical Doctor from Nottingham the treatment of Insanity. And I repeat my complaints require the *Art* corrective in the Doctor's power, and to be liberated. Should like a chaise to go to town and see about my son, etc. and to seek a home for 'tis poison to me—unhealthy—and I am very feeble internally—too much worry and too *Puoros* in every way. Want my comforts, etc. Written this day, Dr. Hume and Mr. Campbell. I have no enemy that I know of amongst them. E. S. H." *Postscript*—"Feel a hollow chilliness—excavated—Scouring the Diet. I always had two pints of beer or more daily, tea and coffee, and wine and eggs; 'tis shocking. I ought to see my own Medical man and Mr. H."

Another occasional correspondent of mine was an elderly Scotchman, shrewd, observant, generally reserved; perfectly satisfied that he was the undisputed head of his clan, and seldom appearing disturbed by the agitation of the commoner herd of men about him; not even joining in the occasional evening festivities, but so struck with the tranquil nights ensuing on these gaieties as to recommend us to give orders that "those rebels" should have a supper every night. His manner was generally very calm, and if he addressed advice to the Medical officers, which he often did, his earnest face and uplifted forefinger evinced his steady conviction of his own sagacity. He seldom condescended to write; but he patronised a countryman in the same ward with him, and encouraged several ingenious suggestions in the shape of letters, addressed to the First Lord of the Admiralty. Both of them, I believe, had been sailors; and it will be seen that their ideas were only a little in advance of those so frequently to be found in the columns of our newspapers. One of these letters I thought worthy of preservation; and the following is a copy of it:—

"My Lord,—Just having laid down the *Morning Chronicle* of the 10th inst. (1848), where the Editor starts a Bugbear in his remarks, also finding fault with the Editor of the *Times* for treating the present state of England so lightly under its present threatened position, I myself give him credit for it. Let us Never meet Trouble ½ way. The number of Her (I mean France) Maritime Force he lays great stress on. He seems to have forgot how oft our by-gone Heroes have Beat them over and over again with ¼ the ships and men they brought into action. Trafalgar will not be forgot by them. Such an Upshot as Jonville may Imagine he can do and is going to do Wonders. Let him him Try. He shall find to his dear experience that those Heroes left Sons behind them (or some of them) and that they have got Fathers' experience and their own to add to—at least those whose Heads are screwed on the Right way! To say Nothing of the humble individual who again addresses your Lordship, my apprenticeship or rather Time is *just on* the expire, and am at the service off my country in more ways than one. My Lord, I did suppose that the Submarine Telegraph I gave you notice of would have been worthy of your notice, at

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least to have seen me on the subject to ascertain wether my Plan was tangible! practicable! or of any service to my country. I know it is! But that God who rules all will Guide and Protect the rulers of our Sea-girt Isle, the Nursery off the Spirit for the propagation of the Gospell. My Lord, you know not with what he has inspired he who now addresses you. I only wish for an interview with both Naval and Military officers, I will soon give them my Plans. I shall be Both happy and willing on the very earliest opportunity to undergo an Examination. I will give you an outline of those most essential under existing circumstances. I will undertake to form a Troop of men and the apparatus that in whatever harbour or roads will destroy or sink them and afterwards raise them, and if needs be will form and complete a Railway on the top or under the water—a Railroad from Dover to Calais—a stupendous undertaking it appears, but hear the mode before you condemn! I will produce Guns for Ships that shall not be perceptible—approach the enemy and destroy. This is soon proved and numerous others. But give me the meeting and judge for yourselves. Send me the certificate for my liberty and I will call on your Lordship," etc., etc., etc.

It often appeared to me that the letters of patients obtained less attention than they deserved: not on account of their being, like that just quoted, prolific in advice, but because being generally written without any intention to deceive, they conveyed the clearest revelations of the writer's mind, and sometimes such as led to a more accurate knowledge of the opinions or the delusions constituting important results of the malady which the Physician undertakes to cure or relieve. Approach may sometimes be made to gaining the confidence of a patient, and clear indications derived for what may be called the *mental* part of the treatment from an attentive perusal of such productions. The great variety of characters to be met with in Asylums near large cities, and especially near so busy a capital as London, their difference as respects education and station in life, and the degree to which they are educated by circumstances, and rendered intelligent and sensitive, affords an extensive field of observation and study, which cannot but multiply the resources of the Physician who earnestly endeavours to understand his patients, and to enter into their feelings and thoughts, in order that he may discover the best means of putting himself in such a communion with them as to lead them back to reasonable regard and just conclusions. Animated with such a wish, the Physician derives a more intense interest from the study of individual cases. Every newly-admitted patient becomes a new subject for study; and a kind of pleasure is the consequence, which makes those once devoted to this branch of practice so attached to it as to submit to many useless and embarrassing formalities and legal interferences from which all other classes of Practitioners are free.

In the course of my own asylum duties, which were certainly always pleasant to me, and to which I often yet look back with pleasurable remembrance, I was for a time at a loss as to the manner in which I could get on friendly terms with a pale and melancholy artist, whom malady had thrown for a time into the habitation of insane paupers. He seemed full of perplexities and trouble, but shrunk from the ordinary attentions of the officers, as if doubtful of their appreciation either of his feelings or his position. After several efforts, they succeeded in making acquaintance with him, and he became accustomed to look forward to their visits as opportunities for conversation. Gradually he put more and more trust in them, and imparted to them, with injunctions not to betray his confidence, that he had for some time been surrounded by foes, especial enemies to the fine arts, who contrived to ruin his character, and by their ingenious persecution filled his mind with terrors. He imagined himself at the same time to have undertaken various professional commissions for different members of the Committee, and was persuaded to address the following statement to the respected Chairman:—

"Honoured Sir,—I regret to say that in consequence of a violent cold which has put me to much inconvenience I have not been able to complete my engagements with two or three gentlemen members of the Committee, who I trust will receive my sincere apologies for the unavoidable delay and apparent neglect emanating from any thing rather than disrespect on the part of their humble servant, whose intentions remain unchanged towards them, that is to perform my promise as soon as health permits and quiet be *instituted*. I now beg to be permitted the opportunity of saying a few words by way of explanation respecting some very unjust and unfounded reports which have been in circulation of late throughout this Establishment.

"1st. That I had kept an improper house.	I never did.
2nd. That I had been a pugilist .	I never was.
3rd. That I had ridden in dung-carts	Was not my practice.
4th. That I committed a robbery .	I never did.
5th. That I had changed my opinions	I have not.
6th. That I was guilty of malpractices	I am not.
7th. That my brother-in-law labours under delusion .	He does not.
8th. That I wish to be troublesome either to the magistrates, the Church, or Government . . .	I do not.
9th. That I have designs and speculations . . .	I have not.
10th. That I have been a theatrical	I was not.
11th. That the room I slept in is a condemned cell . .	
12th. That I am doomed to death.	
13th. That all I do will be opposed, etc. etc. . . .	

"With a thousand insults and remarks, too numerous and painful to mention. Not wishing longer to trespass upon you valuable time, I have the honour to remain, Honoured Sir, Yours most obediently and truly, W. G.

"*Note.*—Honoured Sir, This is what I have been obliged to listen to. And how I know the personality is by the Individual's insulting allusion to Oil Painting!!! This they call the Wunnners Arks, at Doors and Windows, Air-Holes, &c. &c. Night and Day Work. Extra Duty, etc. etc.

"*Remarks.*—They are frequently talking of Revolutions! which are quite opposed to my opinions and principles. Honoured Sir, they have attempted to throw the hands of *Charmpets*, as they are called, over my head, merely to excite me, besides all manner of secret annoyances to the prejudice of the paintings for the remaining members of Committee."

This epistle reflects the state of the writer's mind very exactly. At first, his calmness is preserved and his language is not unreasonable, although he is affected by at least one delusion. As he proceeds, the sense of his supposed wrongs becomes greater, and he alludes to many imaginary charges against him, which have flitted through his mind at various times, and are not forgotten. When he has made the exertion of bringing his letter to a conclusion, he has become more excited, and his delusions have spread out more widely and more wildly. His probable struggles as an artist have filled his thoughts with the idea of plots and struggles, intended to impair his character, to baffle all his efforts, and especially to interfere with his oil-paintings. These confessions of his secret griefs proved eventually useful and salutary, and he at length returned to his vocation, leaving the Asylum with a grateful and quiet mind.

In the same manner as the Physician gathers from those consulting him for bodily ailments, divers aids to his diagnosis and treatment, from their verbal explanations, so does the Physician of an Asylum for the Insane pick up hints of value from the written testimony of many of those under his care, who, incapacitated by their malady for rational replies and ordinary conversation, record their inmost fancies or distresses in writing, and only in moments of transient energy. The Physician, accustomed to read these records, and able to separate the grains of wheat from the bushels of chaff, walks through the wards with multiplied sympathies; not less attentive to his more lively and communicative patients, but in a constant communication of soul with the more silent and reserved, who make up the crowd, and who, absorbed in their own reflections or their particular woes, neither claim nor expect his regard. Let no young Physician forget this truth, or think his duty limited to the curable. Members of committees, seldom prepared by education to understand the varieties of disordered mind, measure the requirements of Medical aid by the small number of patients in their crowded wards who are pronounced capable of entire recovery.

Official visitors require that manual labour should be carried on to a large extent, and demand that every wall of every gallery or day-room should dazzle the wandering eye with pictures. The Physician must take enlarged views, yet views more moderate and sober; not neglecting the physical causes of the malady, or anything conducive to cure; but not negligent of the majority in all large asylums for whom a complete cure is impossible, yet the whole colour of whose remaining life is in his power. It is a great privilege, and should always be kept in his memory: respect for it will not be lost in that of the afflicted whom he cares for,—*In humilitate nostra memor fuit nostri.*"

PARTIAL TURNING.

By JAMES SEDGWICK, M.R.C.S., L.M.

Mrs. A., a short, muscular woman, aged 37, sent for me on December 2, 1858, to attend her in labour of her tenth child. Her former Medical attendant told me that previously her labours had been tedious on account of small pelvis, and that three times cross presentations necessitated turning, but that nothing unusual occurred.

At two p.m. pains set in, and at seven p.m. I saw and examined her. The os was fully dilated, the membranes entire, and the perineum perfectly dilatable: the hands presented with a shoulder. Having determined that the feet were placed posteriorly in the uterus, I turned the child immediately with my left hand; bringing only one foot to the vulva, I endeavoured by gentle traction (several times repeated) to bring it further, but was unable to do so. The pains continued about an hour without causing any apparent progress, so the patient was allowed to leave her bed. Shortly the pains became much stronger and very urgently complained of, and on examining her when again in bed, I found the head occupying the brim of the pelvis, but prevented entering it by the foot already at the vulva. I at once used constant gentle pressure on the foot and pushed it above the head, when a few strong pains completed the delivery the occiput being directed anteriorly; in fact the child was born as in perfectly natural labour.

The child did not breathe naturally until the warm bath was used, and artificial respiration had been used for about half-an-hour. Marshall Hall's plan was adopted.

Remarks.—Probably some of your readers may have had similar cases, though no Medical friend of mine has, and I find no record of such a case. The case was evidently not one of spontaneous evolution as ordinarily interpreted, but very probably one in which the body of the child was doubled on itself by strong uterine contraction. I believe this to have been the case because the foot could not be brought externally, and because artificial respiration was required for so long time on account of impeded circulation. On this supposition the breech could not enter the pelvis, on account of the head continuing to occupy a lower position in the uterus, and by such a position it would check the circulation through the placental cord when traction was made at the foot and with uterine action.

Topcliffe, Thirsk.

ON A NEW FORM OF INSTRUMENT FOR VACCINATING.

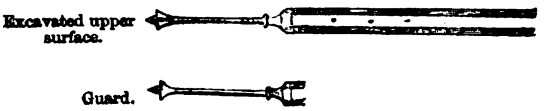
By SAMUEL SPRATLY, M.R.C.S., L.M., and L.S.A.

Member of the National Vaccine Establishment.

The operation of vaccination, though one of exceeding simplicity, has frequently failed, not so much from the imperfection of the material employed, as from a want of attention on the part of the Practitioner to the simplest points calculated to ensure its success.

The most important of these, and one least attended to, is making the incision too deep, and causing thereby considerable flow of blood, which prevents the inserted virus from being absorbed, and produces a good deal of pain to the little patient. It occurred to me that these inconveniences might be avoided by an instrument so formed that the incision in the arm could be reduced to a minimum, and little more than a minute drop of blood follow its withdrawal from the wound.

The instrument which is figured in the annexed drawing



consists of a small lancet-point of triangular form, of about the twentieth of an inch in length, the upper surface being formed by the base of the triangle, and the under by the two sides and apex: the upper surface is carefully hollowed out both to the edge and point, this serves for the reception of a moderate quantity of lymph. On the under surface is a small guard, which projects from each of the two sides of the triangle which form the under surface: this prevents the point entering the skin beyond a certain distance. It is mounted on a small steel stem, and inserted in an ivory handle, or may be made to fold up like an ordinary lancet, according to wish. When about to be used the excavated upper surface is filled with lymph, either from a fresh vesicle or from some preserved in Dr. Husband's admirable capillary-tubes, and inserted diagonally beneath the skin; this forms a little valvular wound into which a minute drop of matter flows, and no more blood follows the operation than would be caused by puncturing the skin by a fine needle. I have now used this instrument for more than five months, during which time I have vaccinated nearly 800 children, in each case by the directions of the National Vaccine Board. Four punctures are made in one arm of the child, and to vaccinate four children I have never found it necessary to charge the lancet more than once. To Practitioners who, like myself, vaccinate large numbers in the shortest possible time, this little instrument will be a great boon, as well as a great saving in lymph.

Mr. Matthews, of Portugal-street, London, who is the maker of this instrument, has taken considerable pains to follow out my instructions, and has produced it in several neat and portable forms to suit the requirements of the Practitioner.

Tamworth.

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

A CLINICAL REPORT ON EPITHELIAL CANCER.

(Continued from page 406.)

HOSPITAL FOR DISEASES OF THE SKIN.

EPITHELIAL CANCER OF THE EAR—CURE BY ESCHAROTICS.

(Under the care of Mr. STARTIN.)

John B., a labourer, aged 70, a very healthy-looking and florid man, and looking much younger than he was, was admitted July 4, 1853. Two years before a warty growth had commenced on the left ear. He picked it; and then it became sore, and for a year was subject to darting pain, often sufficient to keep him awake at night. He had not lost flesh or health. He had never, in his work, been exposed to soot. It was an elevated softish lump situated in the curve in the upper part of the ear, a quarter of an inch in length, and half-an-inch in breadth. It was scabbed over, but the scab separated very easily, leaving an eaten-looking surface, with white shreddy portions adherent to it. It was treated by the very free application of caustic. On July 18 it was almost cicatrised.

THE LONDON HOSPITAL.

EPITHELIAL CANCER OF THE TONSIL AND PHARYNX.

(Under the care of Mr. ADAMS.)

Elizabeth B., aged 50, a married woman, mother of several

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children, of good general health. Eleven years before she had a severe sore-throat, which lasted for several weeks. One year ago, having suffered from dyspepsia for several years, she observed an enlargement on the left side of the pharynx, attended with pricking sensations. The pain was worse at night, and became lancinating. There was no family history of cancer, and she had never smoked. She was admitted on January 11, 1853. She was then sallow, cachectic-looking, and emaciated. Extending over the left half of the soft palate, and to its right margin, was a large ulcer, with small hardened granulations, and an everted margin. It was sloughy-looking in some parts, and was much swollen. She was deaf on this side, probably from obliteration of the orifice of the eustachian tube. The only passage into the pharynx was on the right side. She was obliged to be fed on spoon diet.

GUY'S HOSPITAL.

EPITHELIAL CANCER OF THE CHEEK, INDUCED BY THE IRRITATION OF A BROKEN TOOTH—EXCISION.

(Under the care of the late Mr. BRANSBY COOPER.)

A farm labourer, aged 49, admitted in 1852 for cancer of the inside of the cheek. He was a man of very sober habits, and had never smoked. For several years he had a sharp tooth in the lower jaw, which had been liable to prick and irritate the cheek. It often made it bleed. There was no family history of any malignant disease. One year before he first noticed a little spot in the middle of the inside of the left cheek. He did not seek Medical advice until the month preceding his admission, when the offending tooth was removed. A firm growth sprung up soon afterwards in the socket. The operation was performed on October 31. Three days after the operation erysipelas came on, and the wound gave way. It, however, healed again; but at the time of the last note there was a rather irritable scab, on a purplish, swollen, and angry-looking surface, and he had a darting pain in it.

ST. GEORGE'S AND ST. THOMAS'S HOSPITALS.

EXCISION OF CANCER OF THE LIP—RETURN OF THE DISEASE IN THE GLANDS.

(Under the care of Mr. JOHNSON and Mr. MACMURDO.)

William B., aged 73, had the greater part of his lower lip excised by Mr. Johnson, in St. George's Hospital, in 1858. The disease, which was an extensive epithelial cancer, had existed for eighteen months. There was no history of cancer in his family. At the time of the operation there was a slight degree of swelling of some of his submaxillary lymphatics. The lip healed well after the operation.

On January 14, 1855, I met with this man in St. Thomas's Hospital, under Mr. Macmurdo's care, on account of enlarged glands under his jaw. He stated that after the operation he had remained well for about six months, when the glands began slowly to enlarge. During the last five months the increase had been rapid, and he had greatly lost flesh. He was now very ill and cachectic, and there were very large glandular lumps under both sides of his jaw, which were firmly fixed to the bone.

THE LONDON HOSPITAL.

CANCER OF THE LIP—EXCISION—RETURN IN THE GLANDS—SECOND OPERATION.

(Under the care of Mr. CURLING.)

William N., aged 49, was admitted in July, 1853, with a large cancer of his lower lip. He had been a great smoker, and had had an irritable crack on the lip for a long time, but the disease had only been well marked for about two months. During the last few weeks the ulceration had been spreading rapidly. A sister of his had died of "cancer of the cheek." He was of dark complexion and had the appearance of good health. Occupation, that of an engineer. The whole front part of the lip was excised by semilunar excision in July 1853, and the wound healed quickly. On February 1, 1854, the man was re-admitted with an enlarged gland under the side of his jaw. The gland was as large as a walnut. He said he had first noticed it within a few weeks of the excision of the lip. It had caused him but little pain, and he had continued his occupation. On February 2 Mr. Curling excised the diseased gland. The operation was attended by rather free hæmorrhage, but the man recovered well, and was afterwards lost sight of.

ST. BARTHOLOMEW'S HOSPITAL.

CANCER OF THE LIP—EXCISION—RECURRENCE—SECOND EXCISION—RECOVERY.

(Under the care of Mr. LLOYD.)

Daniel P., a florid man, aged 52. He was not a smoker, but was accustomed to carry a small brush in his mouth. He was admitted for return of cancer of the lower lip in the cicatrix from a former operation. It first commenced twelve years before, and eight years ago was removed. It returned in the cicatrix in a month and was re-excised. It remained well for four years, and then it once more returned. Nothing was done to it for four years, *i. e.* until his admission under Mr. Lloyd. Mr. Lloyd then cut it away. It quickly healed. The man said that he had never had much pain in it. There was never any enlargement of the glands, and no history of hereditary tendency to cancer was obtained.

Mr. Lloyd's last operation, the third to which the man had submitted, was performed on December 12, 1854. At the present date (October, 1860) the man is in good health, and free from any recurrence of the disease.

METROPOLITAN FREE HOSPITAL.

CANCER OF THE LIP—EXCISION—RAPID RETURN OF THE DISEASE IN THE GLANDS.

James M., aged 71, was admitted August 31, 1856. A cancer of his lower lip had been excised in another Hospital one year before. He stated that he had had it three months before the operation. The disease had returned in the submaxillary lymphatics six months after the operation; and there was now a large glandular tumour, which had suppurated in the centre. The tumour was too diffused and too extensively adherent to permit of excision; and after a few weeks' attendance the man was, unfortunately, lost sight of.

ST. BARTHOLOMEW'S HOSPITAL.

CANCER OF THE FEMALE GENITALS—RAPID EXTENSION.

(Under the care of Mr. PAGET.)

The following case illustrates the rapid progress of cancer of the female genitals. Harriet K., aged 39, was admitted into St. Bartholomew's Hospital on July 15, 1852. She was of dark complexion, formerly very stout, and had enjoyed good health. For about three months before admission she had noticed discharge from the vagina, and had experienced a pricking pain in the left side of the vulva. A week or two after this, a warty growth formed, which ulcerated and rapidly spread upon the thigh and pubes. At the date of her admission, although within three months of the first symptoms, the disease had spread extensively in the parts mentioned.

THE LONDON HOSPITAL.

EPITHELIAL CANCER OF THE HARD PALATE.

(Under the care of Mr. CURLING.)

Henry A., aged 54, admitted on September 1, 1854, a tall, stout, florid man, had applied at this Hospital on account of rheumatism, and attention was only by accident drawn to his mouth. He had had toothache for six weeks, and had observed a growth for four weeks, and for three had had some discharge. The tooth was decayed. There was no family history of cancer. Gout was hereditary in his family. He was accustomed to live freely, and smoked moderately. The whole of the right half of the hard palate was involved in a warty growth of epithelial cancer, which was in parts ulcerated and ragged. The cheek was œdematous. The whole gum was destroyed or involved in the disease. There were no enlarged glands. He was only in the Hospital a few days. No operation was performed.

METROPOLITAN FREE HOSPITAL.

CANCER OF THE TONGUE, EXTENDING TO THE TONSIL.

Mary Ann B., an unmarried woman, aged 43, was admitted under my own care, on August 22, 1856, for cancer of the tongue. It was situated on the right side, and extended far back. It was ulcerated with sinuous margins, sloughy surface, and had a fetid smell. There was much induration in the substance of the organ, but it was not well defined. It was somewhat fixed, both below and to the tonsil. The tonsil was enlarged. The disease had begun six months before. She had a sharp tooth, which irritated the tongue,

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and was therefore removed. She had not had much pain in the tongue, until the last two months, and it had been more a soreness than of a shooting character. Her health used to be good, but since the tongue became affected she had lost flesh; but she was, however, still moderately florid.

In this instance, although the disease had existed but little more than six months, yet it had advanced so rapidly that all operative interference was out of the question. I shortly afterwards lost sight of the woman. It is not probable that she lived more than six months longer.

ST. THOMAS'S HOSPITAL.

CANCER OF THE LIP IN A WOMAN ACCUSTOMED TO SMOKE—EXCISION—PERMANENT CURE.

Julia C., then aged 52, a woman who got her living by working in the market gardens at Deptford, and who was accustomed to smoke, was admitted into St. Thomas's Hospital in August, 1853, with a cancerous sore on the left side of the lower lip. There was no history of family predisposition to cancer. She was of brown complexion and healthy aspect. The ulcer on the lip was of four months' duration, and presented the usual features of epithelial cancer. It was excised by the V incision, and the wound soon healed.

October 21, 1860.—This woman was seen to-day (seven years after the operation), and was ascertained to be still quite free from recurrence. The scar in her lip is now supple and free from irritation, and there are no enlarged glands. She is in good general health. She has continued her habit of smoking up to the present time.

In such a case as this, with so long an interval, in spite of continuance in smoking, we may fairly consider the cure as permanent.

ST. BARTHOLOMEW'S HOSPITAL.

CANCER OF THE LIP—RAPID PROGRESS.

(Under the care of Mr. STANLEY.)

William D., aged 53, a farm labourer, came under care in May, 1852, for a very extensive cancer of his lower lip. He had been a great smoker, and stated also that he had had many blows on the part. The sore had commenced only eleven months before. Almost the whole of the lower lip was now destroyed, and the disease had extended from the left commissure to the upper lip, and nearly to the median line of the latter. The edges of the ulcer were jagged and irregular, its base was indurated and firmly glued to the jaw. The glands under the symphisis were enlarged and hard. The man still had a fairly healthy aspect.

GUY'S HOSPITAL.

EPITHELIAL CANCER OF THE INSIDE OF THE CHEEK, EXTENDING TO THE JAWS AND THE SOFT PALATE—REMOVAL.

(Under the care of Mr. HILTON.)

A man, aged 41, was admitted, a few weeks ago, for epithelial cancer of the inside of the left cheek, extending to the gums of the posterior molars of both upper and lower jaw, and also encroaching a little on the left velum. On the cheek it was the size of a crown-piece. The patient had first noticed the disease eight months before. Mr. Hilton decided on removing the whole of the disease. Chloroform was given, and it was therefore expedient to prevent as much as possible the entry of blood into the mouth during the operation. Mr. Hilton made an incision from the angle of the mouth to the anterior edge of the masseter, leaving at first the mucous membrane intact. Having ligatured all the bleeding vessels, he then divided the mucous membrane, and extirpated the whole of the disease. The dissection was carried as far back as the pterygoid processes of the sphenoid. The edges of the cheek were brought together by hare-lip pins. The patient has recovered well from the operation, and no deformity has resulted: there is now, however, an enlarged gland below the angle of the jaw, which is becoming hard, and is evidently secondarily affected.

CANCER OF THE TONGUE—EXCISION—RAPID RETURN OF THE DISEASE.

(Under the care of Mr. BRYANT.)

James G., aged 51, a shipwright, was admitted, under the care of Mr. Bryant, for cancer of the tongue. He was apparently, in other respects a healthy man. There was a cancerous tubercle on one side of the dorsum, and extending through the whole thickness of the tongue. It had been first noticed six months before. Mr. Bryant removed the diseased part, the patient being under the influence of chloroform. He passed a double ligature through the tongue behind the disease, and then, an assistant dragging it forwards, he cut out the diseased portion. The wound healed quickly, and the man was discharged well. He was again seen on September 20. The disease had returned in the scar, and also in the other side of the tongue. There was also one enlarged gland under the jaw. His general health was still tolerably good. Mr. Bryant does not contemplate any further operation.

THE YORK COUNTY HOSPITAL.

EPITHELIAL CANCER OF THE CLITORIS AND NYMPHÆ—EXCISION—RETURN OF THE DISEASE—DEATH.

(Under the care of the late Mr. H. RUSSELL.)

E. H., aged 50, a tall stout woman of lymphatic temperament, was admitted into the York Hospital in May, 1849. The clitoris and commissure of labia minora were involved in a warty and florid growth of epithelial cancer about the size of a crown-piece. The disease had commenced about four months before her admission, and had latterly been attended by severe pricking pain. The urethra was not involved, and the inguinal glands were not enlarged. The hymen was perfect, and extended so far forwards that the opening into the vagina only admitted a full-sized catheter. The woman had been a housekeeper in a nobleman's family, and had lived comfortably.

After a week or two spent in preliminary treatment, in the hope of improving her general health, Mr. Russell excised the diseased part, leaving the wound to heal by granulation. She left the Hospital with a sound cicatrix on July 28, six weeks after the operation.

On November 23, information was received that she was suffering from shooting pain in the cicatrix. She was re-admitted a month later, when a large cancerous ulcer was found to exist. She was much out of health, and the glands in the groin were swollen. The disease now rapidly advanced, and she died a few months later,—about fifteen or sixteen months from the commencement of the disease, and ten from the date of the operation.

HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

NOTES OF A CLINICAL LECTURE DELIVERED BY DR. BROWN-SEQUARD,

OCTOBER 22, 1860.

Dr. Brown-Séquard commenced by stating that in the previous Lecture he had divided paralytic affections into four groups—First, those arising from lesion, situated in the muscles, as wasting palsy; second, of the motor nerves; third, injuries in the nervous centres; fourth, those produced by irritation propagated by sensitive nerves. He would now remark, that there were three kinds of paralysis from injuries to the nervous centres. There were, he said, in the brain and spinal cord, the two kinds of nervous fibres which were found in the nerves—viz. nerve-fibres coming to the nervous centres, and nerve-fibres going from them. Paralysis might be due to lesion of either of these in the brain or spinal cord. In the first of these varieties of paralysis the motor fibres could not influence the muscles; in the second, irritation propagated by the sensitive nerve-fibres, produce paralysis by reflex action. The third cause of paralysis was a defect in the will. It was impossible to point out the precise place of the will in the brain, but nevertheless it was quite certain that paralysis did result from deficient exercise of this faculty. Thus a person might, by extraordinary influence, or by confident assurance, rouse hysterical women to move limbs which had been paralysed for years.

It was a remarkable fact, that irritation of the periphery of a nerve, from which irritation was most easily propagated, was far more frequently the cause of reflex paralysis than irritation in the course of the nerve-fibres, or an affection of the cord itself. It was this fact that accounted for the frequency of the propagation of irritation from the skin,

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mucous and serous membranes, and also, as he would further illustrate, from the dura mater. Occasionally, however, irritation would be propagated from the spinal cord, as in myelitis, to other parts, as the retina and produce amaurosis, by influencing the vessels of that tissue; but, as a rule, it would appear that the spinal cord had little power of producing affections of other organs by reflex action. For instance, the number of cases in which paralysis of the muscles of the face was ascribed to affections of the lower part of the cord were so few, that it became doubtful if the connexion could be held to exist.

Tumours of the brain in contact with the dura mater, and especially near the crura cerebelli, about the origin of the trigeminal nerve, would often produce reflex paralysis. They could only produce paralysis either by direct irritation of the brain-substance, or of the dura mater. Irritation of the surface of the cerebral lobe would often not produce paralysis, when the slightest injury to the dura mater would do so. Dr. Brown-Séquard believed that irritation of the dura mater was the most frequent cause of paralysis in intra-cranial tumours. Injury of the deeper-seated parts of the brain, however, produces reflex paralysis; but he was not sure that this was not by implication of the membranes lining the ventricles, when the nerves, as in other membranes, are in a terminal state.

Excentric irritation might produce very various forms of nervous disorders. It might be reflected on the blood-vessels of the cord itself, as when the irritation of a stricture produces paraplegia. Suppose a man has gonorrhœa and stricture, he may begin to have spasms in his lower limbs, and next, on trying to get out of bed, may find that he cannot move them. The treatment of such a case being directed to the removal of the local irritation of the stricture, would clearly show its origin. In a case of this kind, the vessels of the cord would be contracted, and give rise to the paralysis by diminishing the supply of blood. Now strychnia, a remedy which causes dilatation of the vessels of the cord, cures this form of paraplegia, by reversing the condition induced by the irritation propagated from the stricture. Again, dilatation of the stricture, or the application of anodynes by injection, would cure the paralysis. By such treatment a paralysis thus arising would often get well in a few days. These cases have been observed by many credible observers. Mr. Stanley was one of the first to draw attention to them. The connexion of the amount of irritation with the degree of the paralysis was so marked, that a constant ratio was observable. When the irritation was less, the paralysis subsided; and when it increased, the paralysis got worse. An irritation might be reflected on the blood-vessels of the base of the brain, in parts connected with the special senses. In irritation of the dura mater, there is produced contraction of the blood-vessels somewhere. It might result in hemiplegia, paralysis of a sensitive or motor nerve of the face, throat, iris, etc. Reflex paralysis was very common in children, being, in fact, the commonest form of paralysis. It would also occur in old people. It rarely caused paralysis in adults, except the form of paraplegia just alluded to, induced by irritation propagated from the genitals.

In disease of the brain, there are produced, in addition to paralysis of motion, paralytic affection of the nerves of special sense. These cases, however, are extremely rare. Thus, in one hundred cases of hemiplegia from hæmorrhage or softening, not more than ten per cent. would suffer from defects in sight or hearing, and in taste a still smaller proportion. In fact, an implication of the sense of taste in hemiplegia was extremely rare indeed, while sight was the oftenest affected of them all. Could this be explained by the fact that the nerve-fibres of the optic nerve were more widely diffused in the brain, or that the paralysing lesion was in a part of the nervous system connected with the function of sight? The part of the nervous centre connected with the special sense of sight is, however, very rarely affected: there are special reasons for this. Thus, affections of the cerebellum would produce defects in sight. In these cases, the nervous centre connected with vision is not at all disturbed. They probably produce their effects on the retina by reflex action on its vessels. He had seen several cases in which pain in the back of the head, with slight vertigo, was attended with sudden bleedings, lasting during the continuance of the vertigo and the pain. This would occur in epilepsy. An epileptic would have an attack of temporary bleeding attended by vertigo. He had tried to produce in animals loss of sight by puncture of the crus cerebelli, taking care not to puncture too near the pons varolii, for fear of producing rotatory movements consequent on injury to that part. Convulsions about the eye would ensue, and when they had ceased, there would be found a diminution of sight. This would be caused by irritation propagated to the blood-vessels of the retina, as the cerebellum was a part of the brain which had no connexion with the fibres of the optic nerve. He stated also that it was not rare for temporary deafness, and defects in sensibility of other parts of the body, to attend epileptic vertigo. Thus, an epileptic might, while eating, experience a little vertigo, attended with paralysis of the muscle of the face and a complete loss of taste.

Dr. Brown-Séquard then alluded to the significance of various symptoms as indications of the central lesion being inflammatory or not. Thus in cases in which there was spasm of the muscles of the face, or rigidity of the muscles of the limbs, the affection would be inflammatory. The analogous symptoms in sensation here would be the feeling known as "pins and needles," or formication, or again morbid alterations in temperature.

In reference to the affections of parts of certain nerves in cases of hemiplegia, Dr. Brown-Séquard remarked that the fibres of those nerves which have their apparent origin nearest the brain, do not go highest in it. Thus the ophthalmic and superior maxillary division of the fifth, and the greater part of the inferior maxillary division, do not go to the brain; and therefore in disease above the pons Varolii, there would be no pain, or sensation of "pins and needles," or altered temperature of the parts of the head and face supplied by these nerves. A few fibres of the inferior maxillary, forming the mental branch, and a very few of those of the infra-orbital branch of the superior maxillary, passed to the brain. The parts to which these fibres were distributed would then be the only parts of the face affected as regards sensation in paralysis from disease of the brain. The motor division of the fifth supplying the muscles of mastication, was also not affected by such a lesion, as the fibres of this part of the nerve also do not go higher than the pons Varolii. The nerve-fibres from the arm go high up into the brain, and spread largely in it. Those from the lower limbs go higher than the pons Varolii, but not so high as those of the arm. It was for this reason that the arm suffered more from spasm, pain, etc., than the leg.

Dr. Brown-Séquard then brought forward a man, whose history he briefly related:—He was past middle-age, and had been the subject of severe epilepsy. The fits were always preceded by an aura starting from the great toe of one foot. The patient himself had found out that by grasping his leg tightly he could prevent the fit. Dr. Brown-Séquard had applied the actual cautery to the part, and with the happiest result. The man has now no true fits. He had the "shakings" of the leg, which he said always preceded the fits; but he said "they never go higher than the leg." He has so great faith in the remedy that he had himself applied the actual cautery to his toe. Dr. Brown-Séquard stated that in a future lecture he would enter into the details of this case.

The case next the subject of Dr. Brown-Séquard's remarks, was that of a man, aged 67, who had had myelitis for nineteen years. This disease was often very slow in its progress. He had seen one case in which it had existed for twenty-one years. The patient was now somewhat improved since his admission, had fewer cramps, and could walk better. Dr. Brown-Séquard believes that the case might, even after such a lengthened time, terminate in cure. The imperfect gait of the man was due, Dr. Brown-Séquard said, quite as much to deficient sensation, as to loss of motor power. The motor power might be perfect, and yet walking would be almost impossible, if sensation were much impaired, and if the patient did not look at his feet, and direct his motions by sight. In this case, Dr. Brown-Séquard said, that there was probably some effusion into the cord itself, and if by treatment, the effusion was absorbed, the disorganised nerve-fibres might be repaired, and recovery to a great extent follow.

The next case was that of a man, aged 40, who had had an attack of hemiplegia ten years before. Dr. Brown-Séquard would give no opinion as to the nature of the local injury, whether it was softening or hæmorrhage. The case was

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interesting, he said, on account of its duration. Patients would seldom live ten years after an attack of hemiplegia, when the hemiplegia did not pass off soon after the attack. Another circumstance in the case was worthy of attention, viz. that the paralysed muscles had not wasted, showing that the part of the brain affected was not a part from which arose the nerves supplying blood-vessels. The arm was contracted, while, again, the leg was quite lax. He had also had no pain in the limb.

The next case was also one of hemiplegia. It was of the right side, in a woman, aged 30. Her right arm was stiff and rigid, and was very much colder than the left; and the pulse too at the right wrist was smaller and feebler than on the other side. In this case, the nerves supplying the vessels were evidently affected. The arm, too, was painful. Thus there was lesion of the motor nerves, the nerves of sensation, and the nerves supplying the blood-vessel.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF PELVICE ABSCESS.—CLINICAL REMARKS.

(Under the care of Mr. ERICHSEN.)

A man, aged 19, was admitted under Mr. Erichsen's care, a few weeks ago, with a swelling in the right iliac region. It was at that time clearly fluid, and occupied a position bounded above by about the level of the superior spinous process of the ilium. It passed down under Poupart's ligament into Scarpa's triangle. The man did not ascribe it to any injury. He said that the first thing that drew his attention to it was a pain commencing suddenly while walking in the street. The severity of the pain passed off, but he had more or less of it ever since; he indicated the position of the pain as somewhere in the region of the hip and right side of the pelvis. Mr. Erichsen, in his remarks at the bedside soon after the man's admission, stated that the case illustrated one form of origin of disease of the hip-joint. He believed that the disease had not as yet any connexion with the articulation, but that it was due to necrosis of the inner surface of the pelvis, at a point corresponding to the acetabulum, and would probably in time terminate by disease of the joint.

The swelling subsequently increased and extended upwards to a level with the umbilicus, about one-quarter of the abdominal surface being dull on percussion, and giving evidence by fluctuation that there existed an intra-pelvic accumulation of pus. As the swelling was then increasing, and as the patient suffered much pain, Mr. Erichsen decided to evacuate the contents. On Wednesday, October 10, Mr. Erichsen made an incision in Scarpa's triangle, which was distended to the outer side of the vessels, and evacuated a large quantity of pus (about a quart). The pus passed down under the ligament, and the swelling subsided.

Mr. Erichsen, after the operation, delivered a clinical lecture on the case, as illustrating the diagnosis of swellings in the right iliac region. From the first it was clear that the swelling was an abscess; but the causes of abscess in this position were various. He would not allude to superficial abscesses from suppuration of the glands, etc., as their diagnosis would present no difficulty. A chronic abscess in the iliac region might be the result of inflammation of the subperitoneal cellular tissue in the part, just such an abscess as occurs in similar structures elsewhere, as in the axilla, and cold abscesses generally, being attended with no pain. Collections of matter thus arising did not pass down under Poupart's ligament, but generally pointed about half-an-inch above it. It might, on the right side, be due to inflammation of the cæcum or the vermiform appendage, such as occurs frequently in dysentery or from fæcal accumulation, or from the presence of an impacted foreign body in this portion of the intestinal canal. Here there would be a tenderness somewhat diffused, and like that of peritonitis from implication of that structure. The swelling would be hard; and, again, the general symptoms would point to some previous intestinal derangement. These features were not presented by the case of the patient under care. Abscesses commencing in the cellular tissue about the kidneys might give rise to accumulations of matter in the iliac region. The inflammation around the kidney would be followed by suppuration, and the pus gravitating in the cellular tissue around the ureter would accumulate in the iliac fossa. Pain in the loins and renal symptoms would establish a diagnosis in this case. The matter, however, might, although extremely rarely, have a source yet more distant. Thus, an empyema would occasionally, perforating the pleura and passing down through the diaphragm and under the peritoneum, gravitate to the iliac fossa. But in this instance, too, the previous history of the symptoms of pleurisy, fluid in the chest, as well as its gradual course, would show its true origin. The remaining sources of abscess in this position were the two forms of psoas abscess, and the condition under which he believed the patient to labour, viz. necrosis of the pelvis at the part corresponding to the acetabulum, the forerunner of what he would call acetabular disease of the hip-joint. The simple form of psoas abscess, due to inflammation of the sheath of that muscle, invariably presented below Poupart's ligament, while the iliac abscess presented above. Psoas abscess from disease of the vertebra would also point below the ligament, and there would be, in addition, symptoms of disease of the spine. In both forms of the disease pain is an early symptom, and the patient's position would be characteristic,—when up, his trunk would be bent, and his thigh slightly flexed; and when laid on his back, the thigh would be flexed and the leg raised; these positions being assumed to prevent the psoas muscle being on the stretch. The remaining condition alluded to was the only one of which the patient's symptoms would establish the diagnosis. Caries of the hard pelvic bones was not common; but necrosis frequently occurred. In such a case as the present Mr. Erichsen believed that the necrosis of the bone was followed by suppuration in the superjacent cellular tissue, and that the pus pushing forward the peritoneum produced a tumour under the abdominal wall, also and passed down under Poupart's ligament, where, as in the present case, it might be evacuated.

EXCISION OF THE ELBOW-JOINT.—CLINICAL REMARKS.

(Under the care of Mr. ERICHSEN.)

On Wednesday, October 17, Mr. Erichsen resected the elbow-joint of a boy, aged 11. The lad had suffered from the disease for five years and was failing in health. There were no sinuses, but the joint was generally swollen, and there was fluctuation to the radial side. Mr. Erichsen, in his remarks in the theatre previous to the operation, stated that he did not expect to find the disease involving the whole of the joint. He should, however, remove the ends of all the bones entering into its formation, as it was found that otherwise it was difficult to get proper union, and even if union were obtained, it was usually by bony anchylosis instead of by fibrous tissue. The operation was performed by the single longitudinal incision, as practised by Professor Langenbeck. It was to be preferred, Mr. Erichsen remarked, to the T or H incision, as the wound made was not so extensive, and it did not result in a cicatrix across the joint. The removed joint was found much disorganised. The cartilage on the inner surface of the olecranon was destroyed and replaced by a red fibro-plastic material. The surface of the greater sigmoid notch was almost destitute of cartilage.

In some subsequent clinical remarks Mr. Erichsen remarked that in extensive disease of the elbow there were three courses open to the Surgeon. He might attempt to cure the disease by rest and attention to the general health, and thus get anchylosis. Amputation might also be resorted to, but this was now quite discarded in cases both of injury and disease, and the third course, excision, was the operative procedure generally resorted to. This latter operation was one which seldom ended fatally, except by death from pyæmia, and such other causes as are common to all operations, and did not apply to this more than to any other. Mr. Erichsen stated that he had known death follow in one or two instances in which the operation was performed when the disease was in an acute stage. The ultimate result obtained was generally very satisfactory, all the motions of the joint being preserved,—pronation, supination, flexion, and extension. In reference to operation in a case in which, as in the present, there were no sinuses leading to the diseased joint, he stated that as a rule it was better not to operate. In this case the swelling was limited, had existed for a long time, and was always tender; and again the laxity of the joint pointed to implication of the ligaments, and rendered the diagnosis of extensive disease more certain.

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In reference to the after treatment, he thought it better not to put the limb on a splint with the joint flexed, but at first nearly straight, and after two or three days to place it at a right angle, betwixt pronation and supination.

THE YORK DISPENSARY.

INFANTILE IRITIS FROM CONGENITAL SYPHILIS.

(Under the care of Mr. S. W. NORTH.)

The following case, for the particulars of which I am indebted to Mr. North, the Surgeon under whose care it was treated, illustrates the importance of always examining the state of the eyes in syphilitic infants :—

A female infant, aged seven weeks, was brought to the York Dispensary on account of rash on the nates, etc., respecting the nature of which no doubt could be felt. Its mother was not in the least aware that anything was amiss with its eyes ; but, on examining them, Mr. North found that the left iris was inflamed. The iris near the pupil was muddy and tumid, and the pupil itself was irregular. The congestion of the tunics was so slight that it would have escaped notice unless specially looked for. The other eye was not affected. Under treatment by mercurials, the iris, in the course of a few weeks, regained its natural brilliancy, the child meanwhile having improved in health, and got rid of its rash.

It is a noteworthy fact in this instance, that, as in a large majority of the cases of infantile iritis hitherto recorded, the patient was a girl. Respecting its mother's history, Mr. North ascertained that she had formerly been a prostitute, and had on two occasions suffered from venereal affections. Since her marriage she had borne five children, of whom the patient was the last and only living one. The other four had all been still-births, and in a state of commencing decomposition at the time. The mother was still very cachectic, and suffered much from periosteal pains : she had formerly had a syphilitic rash.

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Medical Times and Gazette.

SATURDAY, NOVEMBER 3.

THE INDIAN MEDICAL COUNCIL.

If we are to believe a paper which lies before us, the Indian Medical Service is in a bad condition. Early in this year Sir C. Wood told the Commons that there were more vacancies than applications in that branch of the Service. Sir J. Outram also refers to a Medical Competitive Examination for Medical appointments, where the vacancies were 50, and the competitors 43 ! And all the while Medical candidates for the Royal Army are steadily on the increase ! Dislike to the Service is also universally and deeply felt by its present members. The writer, if his premises are correct, has reason enough to say that such a state of things demands inquiry. Justice to the Service requires it ; for what can be more absurd than to speak of competition when the rewards are more numerous than the competitors. There must be something wrong when such a state of things prevails. Three chief grievances are prominently complained of :—1st. The progressive increasing period of service before promotion to the rank of Surgeon. 2nd. The long period of service before a pension can be obtained adequate to permit of retirement to Europe. 3rd. The superior advantages of the Royal Service, in respect of quick promotion and larger retiring pensions after shorter periods of service.

At the beginning of this century an Assistant got his Surgeoncy, on an average, in eight years ; he now gets it in fourteen. And in this respect things are daily becoming worse : "The eight officers senior in the present list of Assistant-Surgeons having completed periods of service varying from fifteen to seventeen years." In the Royal Medical Service the average period of promotion is at the present time eight years. Contrast enough ! Unpleasant enough for the contemplation of the Indian Medical officer. Several reasons are given for this lengthening of the years of service of Assistant-Surgeons, and one in particular, viz. :—

"The enforcement of the Regulations of 1842, under which the privilege granted by Government to Military Officers, of retiring at their option upon the pension of their rank, or according to length of service, has been withdrawn from its Medical servants. This may, perhaps, be made clear by an example : Drs. Bird and Rooke, a late, and the present head of the Medical Department, entered the Service—the former in the year 1818, the latter in 1827. Dr. Bird, after a period of twenty-nine years' service, retired, under the Old Regulations, upon a pension of £700. Dr. Rooke, after a service of thirty-three years, is still in the Department, and unable to retire, as, under the New Regulations, he is only entitled to a pension of £365 per annum."

The authorities have a mind to exact their full penny's-worth of Medical services ! Again, the Medical man is placed on a much worse footing than military officers ; the latter can get the pension of a Lieutenant-Colonel at 48, while the former must wait for it until he arrives, if fate permit, at 54. Then, again, the late Company seem to have played a shabby trick on their officers in reference to the Retiring Fund ; and also (no doubt for economy's sake), have of late increased the number of Assistant-Surgeons, without making a proportionate increase of Surgeons. In respect to pensions, also the Indian Medical officer is in a bad way in comparison with his Royal Army brother. The Royal Service man may claim a pension as high as £574 per annum, after twenty-five years' service ; while the Indian Service man must labour on for seven more years to attain such a monied height. After thirty years the Royal's pension is not less than £455, and may be as high as £684 ; but the Indian's can, under no circumstances, be more than £365. Every way the contrast and comparison are odious to our Indian Army Medical brethren. If from ill-health, or wounds, etc., a Royal Army man retires after fifteen years' service, he has a pension of £246 ; but the Indian Army man, under like circumstances, must be contented with £73. On what grounds of equity can this be ? Other facts besides those which are here mentioned, clearly show that the Indian Service has become a very inferior appointment to the Royal Army Medical Service. No wonder men rush to the latter and shun the former. The subject ought to be brought prominently before the attention of Government, and pressed upon their attention. We should hope, at all events, that an investigation into this unfair condition of things must be a thing of course, because of necessity. If the Indian Army cannot get a supply of Medical men, they will be driven to seek out the cause and remove the obstruction ; and so the evil will cure itself. As the writer of this pamphlet truly says :—

"The arguments which were used in favour of improving the pensions of Medical Officers of the Royal Service are

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a fortiori applicable to the Indian Service. Persons who are compelled to pass the best portions of their lives in an uncongenial climate, may fairly claim to be placed in as favourable a position, as regards retiring pensions, as those who have the opportunity of serving, for a time at least, in some of the best climates of the world; or, in other words, the retiring pensions of officers of the Indian Service should, as a mere matter of justice, at least equal, if they do not exceed, those of the Royal Service."

The following is a summary of the particulars in which the Royal Medical Service is superior to the Indian Service:—

"1st. In quickness of promotion from one grade to another. 2nd. In the rates of pension, and in the shorter periods of service required to qualify for them. 3rd. In being allowed better furlough allowances when absent on sick certificate. 4th. In having the privilege of promotion for distinguished service to the substantive rank of Surgeon. 5th. In the higher grades of service being more numerous, and consequently the prospect of reaching them being greater in the Royal Service."

DRUNKENNESS AND INFANTICIDE.

The chief characteristic marks visible on the dark side of our modern civilization appear to be the drunkenness of our working classes and child-murder. With regard to the first of these vices the following facts are to be noted:—Last year coroners' inquests returned verdicts on 306 persons who died from excessive drinking; 206 were males and 100 females; and it is shown by statistics that last year there were 89,903 charges in England and Wales of drunkenness or "drunk and disorderly." We have on several occasions shown how our present reckless system of gratuitous Medical advice, as given at Hospitals, assists in this work of demoralisation. We hear much of charity: would we could hear something of that wise charity which teaches providence, instead of engendering habits of recklessness and improvidence, and their invariable attendant—vice! Our Hospitals and Dispensaries, as now administered, have much to answer for in this respect. Few of the Governors of these Institutions, it is to be feared, are aware of the fact, that a very large per-centage of their charitable donations are spent in relieving the diseases and indirect evils which result from drinking; and that, therefore, these Institutions are, in a certain sense, actually encouraging this fearful vice and its melancholy consequences. Surely the time has arrived when we may most justly demand of the working classes, who spend such enormous sums in drinking, whether their means are not now sufficient to enable them in their days of health to make some provision for the inevitable hour of sickness. We learn from Social Science records, that about £45,000,000 per annum are spent by the working classes of this country on beer, spirits, and tobacco—more, in fact, than one-fourth of their entire income! Have we not a right to demand of them some portion of this enormous sum, a large portion of which is notoriously turned to such bad purposes? Just consider how drunkenness peoples our Hospitals! In the Surgical wards we find numbers of cases the direct results of drunkenness; this our Hospital records show clearly enough. The drunken man injures himself or is a cause of injury to others. Then, if we look into the Medical wards, we find liver, kidney, brain, and heart diseases all clearly traceable to this abominable passion for drink. Then, again, in the Out-door Department of Hospitals and Dispensaries, we have a large per-centage of wretched women and children, suffering, not from the effects of disease, properly so called, but from the consequences of bad food and clothing; and in these cases we can generally trace the cause up to the drunkenness of the father and husband. We see by the daily papers, that some benevolent gentlemen are about to organise themselves into a body, in order to attack the gangrenous spots of our social life; and we wish to call their special attention to *this* side of the question of misery and want. It is assuredly not the mere want of money which presses so hard on the poorer classes, as the reckless extravagance and immorality practised in expenditure. The right efforts of benevolence, if they are to be of any avail, we are fully satisfied, must be directed towards that great lesson of moral control. Everyone who has been engaged in acts of benevolence must be well aware how difficult is the task of giving wisely and well. We admit, of course, that in the face of an instant and overwhelming misery, men cannot stand and argue on abstract questions. We must relieve at once. But we can, and are bound to, exercise the superior intelligence which our position in society has given us, in endeavouring to anticipate the occurrence of such misery, when it is the certain result of vicious habits recklessly indulged in. In this respect our Medical Charities do nothing. They make ample provision for all the diseases which result from these vicious habits; and they increase their provision as the habits increase. This is surely something like the wisdom of providing numerous Fever Hospitals for a foul city, instead of rooting up the evils, or attempting to do so, which supply those Hospitals. It is demonstrable that our present reckless system of gratuitous Medical advice actually fosters the vice of drunkenness and its innumerable attendant horrors and miseries. We earnestly hope, then, that if the body of philanthropic gentlemen above alluded to be actually organised for work, they will keep this great fact prominently before them in their effort.

THE WEEK.

J. Kellie, M.R.C.S., a retired Surgeon of the Indian Army, has some "Hints for the Cure of Consumption" to give us. He is satisfied that he has discovered why the treatment of the disease is usually so unsuccessful. He candidly admits that, "from long residence in India my opportunities of treating consumption have been comparatively limited;" but as he has long thought on the subject, he feels satisfied that "the suggestions he has made will be found useful when tested by his Professional brethren." Elsewhere, we find Mr. Kellie recommending treatment on the credit of others: "Although I am unable to speak, from my own observation, of the curative effects of either chlorine or iodine, I believe the principle of treating consumption at this stage, etc., by inhalation to be a sound one." Mr. Kellie's novel theory is this: Consumption is not a constitutional malady; nor is the stomach the *fons et origo mali:* "it arises from the accumulation of effete matters of the blood, occasioned by respiring a vitiated atmosphere, or from an inactive state of the depurating organs; and acquired consumption is often a purely local malady." We suppose, therefore, that our author considers the disease a purely Surgical one. His treatment is founded apparently on that adopted by the gentlemen whom he quotes—Drs. Wilson and Balbernie on the Water Cure, and "Cottereau, Scudamore, and Madock, the undisputed evidence of the efficacy of inhalation in whose hands" satisfies Mr. Kellie that the Profession are neglectful of a great remedy. We wish Mr. Kellie had enlarged his experience before he published his Hints.

Mr. Joseph Gamgee, of Edinburgh, has written a letter about vivisection in France, and has made some remarkable statements which we hope will meet with a reply from the Professors of the London Veterinary College. He says:—

"But for the labours of the French, where should we have derived the knowledge that has sprung from experimental research? The French experimentalists have been to a great

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extent the workers for the scientific world. We have not been without our cultivators in this field, and among them some of the greatest men. John Hunter sometimes transposed a part of one living animal to that of another, thence drawing important conclusions in his inquiry; and Davey, like Matteucci, experimented on his fish, and, in order to find a supply, took up his residence on the shores of the Mediterranean. But it is not alone where an observation would involve pain to an animal that the London Veterinary College has stood in the way; we may refer to two recent instances within our own knowledge.

"Firstly, An eminent Physician in London, desirous of studying some phenomenon in connexion with horses whilst sleeping, or in a quiescent state at midnight, a student under the same Physician, who was at the same time a qualified student at the Veterinary College, suggested to his master that the College Infirmary stables would furnish the desired means. Permission was asked that the Physician, with his young friend, might be allowed to visit the Veterinary College stables at night, and peremptory refusal was the result.

"Secondly, A Veterinary Surgeon, formerly a pupil at the London College, after many years' assiduous work in an extensive practice, was sojourning for a time in London, with some leisure disposable time on hand, and wishing to prosecute researches in unexplored parts of veterinary science, was desirous to dissect portions of the horse for the purpose, which not being practicable in a house, application was made to be allowed to do so in the dissecting-room of the Royal Veterinary College. That application was made by addressing a note to Professor Spooner, who seemed to take no heed of it until about two months had elapsed, when a note arrived by post addressed to Mr. ————, to the effect that his note of application had been laid before the Governors of the Royal Veterinary College at their recent meeting, and that he Mr. Spooner had to inform Mr. ———— that his request could not be granted, and that his being a former pupil at the College gave no present or future right there.

"In these two cases, taken from many similar, no torture, no cruelty to animals was involved; the cruelty was all on the side of the refusal. In the one case direct good was sought to be done in the advancement of science, which in its application was to relieve the suffering poor of the great Hospitals of London, representing millions of people, and in the interest of science for future time and all countries. The second case of refusal applied to an effort to promulgate knowledge and devise means to obviate and relieve the sufferings of animals, which in its bearing also involved the question of an important source of the nation's wealth."

We trust the Veterinary College will give a better answer to this charge than a Physician to one of our Hospitals can to the charge of a brother Physician, who asked for a pint of the diabetic urine of a patient, for experimental purposes, and was refused.

We have received a sixpenny pamphlet written by R. B. Grindrod, M.D., LL.D., F.L.S., G.S., R.G.S., etc. Author of "Bacchus," the Prize Essay; "Wrongs of our Youth;" "Hydropathic Notes and Cases;" etc. The author dates from Malvern, and, as we find from an advertisement at the end of his *brochure*, is preparing for publication "Mild and Rational Water Treatment;" also "Hints to Dyspeptics," of the same series as the "Compressed Air-Bath." All we have now to do is to show what the air-bath has done and can do, according to this popularised little duodecimo. Dr. Grindrod draws his inspiration from France; his three prophets being M. Tabarié, Dr. Milliet, and Dr. Bertin. It is from their writings that the aforesaid duodecimo is chiefly compiled. For instance, he copies Dr. Milliet's cases of cure, and remarks thereon: "The above letters and cases include only a portion of a large mass of similar evidence in the possession of the author." He does not say why he publishes Dr. Milliet's instead of his own cures. However, here are a few of them; and enough, we think, to show the nature of the thing:—

"*Nervous Asthma.*—An unmarried female, aged twenty-nine, cured after taking one hundred baths.

"*Pulmonary Phthisis* in the second degree.—An unmarried female of twenty-two years of age. Sixty baths effected a complete cure.

"*Phthisis* in the second degree with cavities in the top of the right lung.—The patient, twenty-seven years old, was comparatively cured after sixty baths.

"*Pulmonary Emphysema.*—Sir Culling Eardley, fifty-three years old, occupied with mental pursuits, obtained a cure after fifty-two baths.

"*Pulmonary Obstruction* on the right side and at the base of the organ.—After the fiftieth bath, the patient, aged twenty-two, was entirely cured.

"*Pulmonary Phthisis* of the first degree.—A young girl, fourteen years old, completely cured after thirty-five baths.

"*Pulmonary Catarrh.*—A boy of eight cured after thirty baths.

"*Chloro-Anæmia.*—An unmarried person of twenty-two, completely cured after twenty baths."

What real virtues, or if any, this Bath may possess, we cannot pretend to gather from such a record as this. We fancy, however, that it may prove a formidable rival to the oxygen-inhaling establishments. We suppose the theory is the same in the one style as in the other. You give to damaged lungs an extra amount of oxygen. How this handy administration of an extra dose of oxygen can *cure* emphysema of the lungs is not very clear. Perhaps applied to the stump of an amputated arm it might produce a new set of fingers! This much, at all events, is clear; as from thirty to fifty sittings, more or less, are required for the cure of diseases, a considerable pressure must be exercised upon the pockets, as well as on the lungs, of the patients.

M. Groux, with the congenital fissure of the sternum, is again in London. On Wednesday he gave a statement of the features of interest in his case, at Guy's Hospital, before a large gathering of students. He now performs a series of experiments upon himself, which alters the character of his "*séance*" from what it formerly was, and renders his case of much greater general interest. The experiment he repeats with the magneto-electric machine, to show by the striking of bells the synchronism or non-synchronism in the action of different parts of the heart and large arteries, is exceedingly ingenious and beautiful. We understand that arrangements are being made for the appearance of M. Groux next week at King's College, the Middlesex, and St. Mary's Hospitals.

A letter printed in our columns to-day will, we trust, attract the attention of those interested in the purification of the Serpentine. The facts contained in it are distinct, clear, and telling. There is no dealing with generalities in it, and no vague assertions without proof. In the correctness of the statement our readers may place implicit credence—the subjects of the malarious influence being the children of a well-known Hospital Physician, and an Hospital Surgeon. We sincerely trust that the misfortunes of these gentlemen may, indirectly, stir up to some practical good the question of the cleansing of the Hyde-park cesspool.

ASYLUM FOR IDIOTS.—A meeting of the committee and subscribers of this Institution was held on the 25th ult. for the purpose of electing children to the benefits of the Asylum. The chairman congratulated the subscribers on the fact that the Society was in a very prosperous condition, that their debt was gradually diminishing, and the life admission scheme had been received with great delight by nineteen-twentieths of the subscribers and by the public.

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REVIEWS.

Electro-Physiology and Electro-Therapeutics, showing the Best Methods for the Medical Uses of Electricity. By Alfred C. Garratt, M.D., Fellow of the Massachusetts Medical Society. Boston: 1860. Royal 8vo. Pp. 708.

M. Michelet lately remarked that this is "the age of Uterine Disease." The author of the present remarkable work states now and then in the course of his disquisitions on the Medical Uses of Electricity, that "ours is an age of progress." We must, however, confess, that after the perusal of his book, we have been very much strengthened in the conviction previously entertained that this is an age of book-making. At the same time we willingly acknowledge that our American cousins have gone far ahead of us in this particular; in fact, we scarcely remember an instance in our own recent literature in which a publication has been less called for, and has proved to be more plagiaristic than the present. These are grave charges; but we do not think that anyone who opens the book will be inclined to dispute them.

In the preface the author regrets that "the very abridged manner, and unmethodical style of the few works that have appeared in this country, or even in the English language, on the Medical employment of electricity, have never yet enabled the Medical Profession generally to seize upon these telling facts understandingly (!!), so as to bring them to bear upon clinical practice." Accordingly, the author "has been of late flatteringly requested by many distinguished members of the most venerable Medical Association in America (the Massachusetts Medical Society, we presume), to fill this deficiency in our Medical literature." He then quotes the treatises of Dr. Golding Bird and Dr. Channing, which he censures as not giving any philosophic and rational *exposé* of the subject, and which he is going (by desire) to supply; but we are sorry to perceive that almost all the author's pretended discoveries and philosophical inquiries, turn out to be mere transcriptions from the well-known English treatise of Dr. Althaus. It is true that Dr. Garratt generally uses the precaution of changing the wording of the phrases a little; but yet the origin is unquestionable. Out of innumerable instances we give only one:—

Althaus.	Garratt.
"If a motor nerve of an animal recently-killed be subjected to the action of a continous galvanic current, contractions of all the muscles animated by the nerve, are produced on closing as well as on opening the circuit, whether the current be direct or inverse." —P. 93.	"If a galvanic current is directed through a motor nerve of the recently-killed animal, contractions of all the muscles that are ramified by this nerve, are produced on closing as well as on opening the circuit, and that, too, whether the current be direct or inverse."—P. 242.

The history of the Medical applications of electricity, the remarks on induction currents, the discussion of the question of muscular irritability, and of the action of electricity upon the different tissues, are almost entirely taken from Dr. Althaus's book, and so religiously have the transcriptions been made, that even printer's errors from the English work have been faithfully transmitted to the American one.

It would, however, be unfair to deny that there are some original ideas in Dr. Garratt's book; but we regret to say that these have a very questionable value. For instance, he terms the single galvanic pair, composed of zinc and silver, with which "Humboldt experimented upon his own *precious body*," the "Humboldt battery," and is evidently very much pleased with his conception, for he says: "This is something new, although the principle of its action was known to the great Baron and philosopher nearly seventy years ago; but the term, 'Humboldt battery,' originates with the author!" Unfortunately for him, it was Volta who first composed the pair, and Achard who first experimented with it for physiological purposes, so that the propriety of the term "Humboldt battery" appears very doubtful.

Dr. Garratt's style exhibits striking examples of that kind of "sensation-writing" which is now so universally in vogue throughout America; and, perhaps, he might have been better employed as reporter on the journey of the Prince of Wales, than in attempting to write a scientific book. "Thus," he says (p. 113), "the term Humboldt battery is all the more justified, as it was the *person and flesh of Humboldt himself that first received and first gave its demonstrable effects on the human organism to the world!*" (The italics are the author's.) Again (p. 544), "I have often asked myself, if of rheumatic paralysis could have been the *palsied* and the *withered* hands, and feet, and limbs, of those who applied, and not in vain, to the kindliest heart that ever pressed our earth—to Christ, the Great Physician—who but spake, and they were restored. Now, too, under the accumulating blessings of divine Providence, we have the means of power put into our hands," etc. Again (p. 420), "Head-ache! how shall we cure it? What actual change is to be brought about? *what new impression is to be established* in this capital of States, this kingdom with living automatic telegraphs, with way-stations for simultaneously and harmoniously operating hydraulics, pneumatics, manufactories, and laboratories, where are large classes of operatives, individuals, families, and neighbourhoods, each of which having offices, rights, and sympathies to be performed and sustained, represented and defended? Yes, and are there not some peculiarly odd, sensitive, tattling, mischief-making ones? All this *is* one body!" etc. Similar diatribes occur every ten pages, probably in order to break the monotony of the contents, and it is just as amusing to hear the author state that the contents of his case-books are "credible!" *Qui s'excuse, s'accuse.* As it would, however, be rather difficult, even after ransacking the works of Dr. Althaus, and several other authors, to the utmost limit, to fill more than 700 closely printed pages of royal 8vo. with the subject of Medical Electricity only, we are also favoured with much useful information on inflammation, blood disease, telegraphs, the weather, the anatomy of the lower extremities, etc., together with wood-cuts of the brain and the spinal cord, some orthopædic apparatus, sections of the vertebral column, muscles and nerves of different parts of the body, of skeletons in various positions, and many other objects, of which we do not exactly understand what they have to do in a book which professes to treat on the Medical Uses of Electricity.

One word in parting: the printer's errors, both original and transmitted from other works, are innumerable, and quite provoking. It is, however, only justice to observe that, while the quotations of German works generally contain four or five mistakes in as many words, there are seldom more than three or four errors in those of the French books. Names of authors, especially foreign ones, have been mutilated throughout the work in a most barbarous manner. Thus M. de la Rive becomes M. de la Reve or *Dr.* de la Rive, *of France;* Unzer is called Muzer; Henle, Heule; Grapengiesser, Grapengeisser; Dupuy, Pupuy; Trousseau, Treusseau; Steinheil, Steinlein, or Stunheil; Toynbee, Toynber; Nélaton, Nelatin; Pulvermacher, Pulvamecher; etc. But the funniest thing in the whole book is certainly the mentioning of Alexandre Dumas as having operated upon calculi of the bladder with the electric cautery!! (p. 96). Only imagine "*le père prodigue,*" the fertile novelist, the bold yachter and ex-Director of the Museo Borbonico at Naples, and of the excavations of Pompeii and Herculaneum, being suddenly transformed into the hard-working and inventive genius of the great Physicist, Jean Baptiste Dumas, Member of the Institute of France! Such things are worse than mistakes, and deny the guilty party the claim to scientific regard, just as a man would be banished from a London drawing-room, who could speak to his hostess of "the very Horiginal Hides of Hopening an Hitalian Hopera at Er Majesty's in the Hautuman," or give a popular lecture commencing "The High Hand the Hear Har Horgans of the Hutmost Himportance Hin the Hanimal Heconomy,"—even if he should appear in a dress as elegant in style as the print and paper of Dr. Garratt's book.

Clinical Memoirs on Abdominal Tumours and Intumescences. By the late Dr. Bright. Edited by Dr. Barlow. New Sydenham Society. Pp. 326: 1860.

These Memoirs are here reprinted from "Guy's Hospital Reports," and as they were originally published by Dr. Bright. Dr. Barlow's task of editing has, as he himself observes, been restricted to the "careful correction of verbal errors, and obscurities of expression, and the re-arrangement of the plates." The illustrations, originally on stone, have

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now been reproduced on wood, and incorporated with the text.

We are well assured that the members of the Sydenham Society will consider this volume a most desirable addition to their already valuable collection of Society works. The volume is valuable in many ways. It places Dr. Bright before us in the field where he shone the brightest,—as the Clinical Physician,—demonstrating that it was by no happy hit or accidental circumstance that he rose so high as a man of science and as a practical Physician in the eyes of all. We here behold him at his actual work,—the labourer cultivating his field,—and, indeed, find no mark of the hand of the sloven in the operation. The cases recorded in this volume may be taken as models of clinical observation, truly and minutely recorded, and philosophically argued upon. His suggestions in diagnosis and treatment, were manifestly the exact impressions produced by the facts before him. He collected his facts with an unbiassed mind and honest conscience, laboriously, and with unceasing industry; and having gathered the rough materials for his purposes, he then deduced from them, with the skill of a master mind, further rules for guidance in the diagnosis and treatment of disease. These cases are sketches which will last for ever. Their truth will give them a lasting value, and to their author may fairly be given the title of the Hippocrates of his age. To the advanced student we especially recommend the perusal of this volume. It will teach him, if he read it aright, how to observe, and what to observe, and how best to turn his observations to practical account; and will fill his mind with excellent instruction. In Chapter I. we are taught how to explore the abdomen; and we find the position of the organs mapped out as they exist in health. Chapter II. contains the account of fifteen cases of hydatid tumours of the abdomen, with the author's views on their treatment. And we may observe on them, as Dr. Barlow hints, that there is very little advance made in our knowledge of the pathology or treatment of these tumours beyond what is laid down or suggested in these pages. "I believe," says Dr. Bright, "that an opening or a puncture offers the best chance of cure;" and this is, we suppose, the opinion now.

His chapter on Ovarian Tumours should be carefully studied: it is full of instruction, containing details of about twenty-eight cases. Doubtless, many will think the generally fatal history of these cases, rather a justification of the removal of the tumour, than the contrary, as Dr. Bright taught. In operating for removal of the fluid, we observe that Dr. Bright had an especial dread of the escape of the fluid into the peritoneal cavity. "I dread above every other danger that of a portion of the fluid escaping into the peritoneum." He knew of no cure for "malignant ovarian dropsy," as he termed the compound cystic tumours, "unless we may consider the excision of the tumour in that light; and this must ever be so doubtful an operation, surrounded by so much darkness, and attended with so much danger, that I can only look upon its happy event as the fortunate result of a bold and hazardous enterprise, which should not tempt us to adopt it as a rule of practice." How hazardous is it even for the wisest of us to venture opinions in matters affecting the cure of disease! This ovariotomy is now, we need hardly say, one of frequent practice, and the women whose lives have been saved by it may be counted by scores.

The remaining chapters are occupied with Tumours of the Spleen, the Kidney, and the Liver; and contain a most important collection of illustrations of these different forms of disease.

One thought strikes us when we thus see what may be, but is rarely ever done by a single scientific labourer; and it is this: Does the Profession really abstract from those great storehouses of Medical knowledge—our large Metropolitan Hospitals—all the knowledge that they are capable of affording us? Are the labourers equal to the labour? We unhesitatingly answer, No.

Guy's Hospital Reports. Edited by Dr. Wilks, and A. Poland, Esq. Third Series. Vol. vi. Pp. 531.

The indefatigable Editors have just added another volume, in no way inferior to its predecessors, to these well-known Reports. It contains, indeed, a vast deal of matter; and shows strikingly the immense amount of materials which are always ready at hand for the purposes of the workman in that great store-house of disease—Guy's Hospital. One cannot help asking the question, whether indeed the labourers are numerous enough for the work to be done in this and other large Hospitals. Surely there must be something defective in the calculation which allots the same number of Medical officers to an Hospital which contains 500 beds, as it does to one which contains 150 beds.

Seventeen papers are contained in this volume; and it is only fair to the working men of the Medical Staff of Guy's Hospital to say that Mr. Birkett is the only one of the senior officers who appears in print on this occasion. The first paper is one by Mr. Bryant, giving a valuable detail, with comments, of cases of injuries and surgical diseases of the nose, larynx, thorax, and its contents, and of the organs of circulation. We use Mr. Bryant's own term when we say "Surgical diseases;" for we certainly object to the term. If, for instance, ozæna be (as Mr. Bryant rightly says) a constitutional disease requiring no local treatment, why should the Surgeon take especial possession of it? The second paper is a further illustration by Mr. France of the use of forceps in the extraction of cataract. Dr. Wilks, in the third, gives an account of some diseases of children. The physiology of sleep is then cleverly discoursed upon by Mr. Durham; and some very interesting conclusions are deduced from his observations. Contrary to what has been generally supposed, "the brain is in a comparatively bloodless condition during sleep." Dr. Habershon gives cases of hydatid disease, two of which have been already published in this Journal. He appends an instructive summary of the treatment proposed for, and the mode of termination of, this disease. Facts and fallacies connected with the research for arsenic and antimony, form the subject of a medico-legal chemical paper by Dr. Taylor. This paper is meant to clear the way of difficulties which obscured the progress of chemical events in the case of the notorious Smethurst, and more lately in Liverpool and elsewhere. We are not surprised to find that Dr. Taylor has improved the occasion by administering logical chastisement to certain illogical critics of his, who, like many others, found themselves wise after date. We think, however, that Dr. Taylor is unnecessarily severe in his dealings with the detractors of *No.* 13 *copper-wire*. And we must add, that we sincerely hope in future cases of arsenical poisoning chemists will be able thoroughly to satisfy the minds of judge and jury that their copper is free from original taint of arsenic; for we cannot help thinking, from the facts before us, that many a prisoner's life may have been hazarded by this unnoticed and fatal admixture of metals. Dr. Maclagan, for instance, in 1859 had discovered arsenic in the fluids and solids of a body suspected to have been poisoned; but, in consequence of the renowned Smethurst's case, rectified his report to the Court by stating that he had found arsenic in the copper he had used, though in smaller quantities than he had found in the said body.

Further notes on diabetic cataract are added by Mr. France; and two cases of extra-uterine fœtation by Dr. Hicks. Next follows a very full and elaborate article on popliteal aneurism by Mr. Poland, illustrated by a great number of cases. Mr. Durham gives a paper with instructive conclusions concerning misplacement and mobility of the kidneys; and another on hermaphroditism. Mr. Birkett adds another to his many valuable contributions on the subject of new growths, or tumours,—on this occasion his tumours being on cysts. Dr. Taylor again appears on the subject of poisoning by white precipitate, in company with Dr. Pavy; and the volume closes with a case of ovarian tumour containing teeth, by Dr. S. J. A. Salter. We have omitted to mention that a scientific account of the sinking of a well in the inclosure of Guy's Hospital is given by Dr. Odling.

Observations on the Physiology and Pathology of the Nervous System. By A. T. Houghton Waters, M.R.C.P.L., Physician to the Liverpool Northern Hospital, etc. Pp. 37.

These Observations formed the Retrospective Address delivered at the Liverpool meeting of the British Medical Association in 1859. As a true and well-arranged summary of the very difficult subjects which the author had to handle, we strongly recommend its perusal to the notice of our readers. The recent discoveries of Dr. Brown-Séquard, of course, here find their place, and the convenient account here given of them

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will be of great use to the general reader. The following is an example of the author's lucid way of treating his subject:—

"Of the connexion of this portion of the nervous system with the intelligent mind, it would be vain for us to speculate; it is sufficient for the physiologist to know the laws by which it is governed, and the machinery by which it acts. We shall probably never ascertain the process by which an idea is conceived, or by which a thought is elaborated; as we shall probably never know the steps by which an act of the will is produced; and we scarcely expect that our researches will demonstrate the nature of that nervous force, which has occupied so much of the attention of philosophers in all ages. Nor need we be surprised at this. What do we know of the proximate causes of gravitation, of magnetic attaaction and repulsion—of the essential nature of light, of heat, of electricity? We recognise these as forces; and we have ascertained something of their correlation to each other; and we must be content to look upon the nervous force as one of the demonstrations of vitality—a force undoubtedly related to those to which I have alluded, but differing in its essential nature from each and all."

The Fallen and their Associates. By Baptist W. Noel. Duodecimo. Pp. 70.

We have so often of late years referred to the subject of prostitution and its attendant miseries, that we have no occasion to repeat our views regarding it. The address, or whatever it be, before us, is—we are sorry to say—disfigured with the exaggerated statements and exaggerated language which always injure the cause they would advocate. Why repeat the absurd statement that 40,000 fallen women perish miserably "every year by disease, starvation, and suicide," or that these women only live about seven years, when it is well known that there is no truth whatever in them? Exaggerations and language such as we find in this little book can do no good—they only excite the ridicule of those to whom it is addressed.

One thing, however, we are pleased to see and it is the acknowledgment at last by Baptist Noel of the point at which we have always been driving; "Our chief effort," he says, "if we wish to save young women, must be to improve young men." This is evidently the key of the question, as also that other point—the proper treatment and superintendence of young females by their guardians. We need not again refer to the little that Penitentiaries have done, or can ever do. The mode of cure here lies in facts like the following: this is the direction in which to turn the funds of the benevolent—"Female Emigration to Tasmania.—On Saturday the *Aurora Australis*, Captain J. Jardine, left Gravesend for Hobart Town, with 112 single females selected by the Tasmanian Emigration Agency."

Du Cancer et de la Curabilité. Par le Dr. A. Buez. 8vo. Pp. 96. Paris: 1860.

We have read this treatise with satisfaction. There is nothing in it, as the reader might, at first sight of the title, be led to imagine, which smacks of the doings of Fell, Vriès, and Co. It is a scientific and honourable history of cancer. The chief object of the writer seems to be to enforce strongly the necessity of removal of the cancerous mass; and also in certain cases the application of the actual cautery to the denuded surface after removal by the knife. "The success of the operation with the actual cautery I explain," he writes, "by supposing that the nodulated tissue produced by the repeated application of the cautery creates a barrier to the progress of the fecundating element of the cancerous growth—that is, to the proliferation of the cells of it." Dr. Buez possesses, he says, ten cases of cure by this treatment.

He is not, however, and wisely, devoted to one only way of operating. "We can readily understand that there are cases whose cure may be undertaken with the caustic (chloride of zinc) alone, others in which the caustic alone can be employed; and others again where both methods of treatment—caustic and actual cautery—may be required together with the use of the knife."

"Never forget that your patient has a tumour in him, which is a loathsome object to himself and those around him,"—is Dr. Buez' text,—and remove it. If the operation does not succeed, is it not something to suppress the intolerable pains, the fetid suppuration, and to remove a morbid mass which is a focus of infection to the whole economy? Even Dr. Buez, however, admits that there are conditions which forbid operations; "when the disease is far advanced, the cachexia deeply marked, and numerous tumours in different parts of the body, science and art are useless. But you Surgeons! you are to blame here; you are responsible for this state of things. Words are not strong enough to express the blame you merit for your inactivity or timidity at the time of the first appearance of these symptoms. You allow your patient to be abandoned to all the horrors of this condition because you have been brought up in the idea that cancer is incurable."

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

CASE OF RUPTURE OF THE RECTUS ABDOMINIS.

By M. LEGOUEST.

Cases of rupture of the rectus are rare, so that M. Nélaton only found it occurring in four instances out of forty-nine cases of rupture of muscle. A case related by Boyer is especially interesting as it was completed by an autopsy. A young man complained of pain in the abdomen during vomiting, and after death the two ends of the ruptured muscle were found separated from each other to the extent of an inch by effused blood, the rupture taking place at the tendinous insterstice situated opposite the umbilicus and the first lower intersection. The subject of the present case was a soldier, aged 27, of good muscular development, who, a week before, while performing some gymnastic exercise, was attacked with severe pain in the abdomen, which increasing and being accompanied by swelling, he came to the Val de Grâce. At three centimetres above the pubis a hard, well-defined tumour was observed, which was not increased in size on coughing, and exactly followed the course of the right rectus; increasing in breadth towards the umbilicus from two and a-half to four centimetres. After four days' rest it had diminished one-half in size, not then being more than three fingers in breadth, and in three days later only a slight hardness remained. The case thus terminated very well; but it might have been otherwise, for the epigastric artery at about midway between the umbilicus and pubis enters the substance of the right rectus, giving it branches. These or the trunk itself might become ruptured by the effort which caused a healthy muscle to yield, and thus give rise to a diffused aneurism. This would the more be to be feared as the muscle is here only covered posteriorly by loose cellular tissue and peritoneum. All authors speak of only a small quantity of blood being effused, but in this case the tumour reached from the umbilicus to within three centimetres of the pubis. It is therefore probable that some small arterial branches were divided, and that the arrest of the bleeding was due not only to the retraction of their ends but to the compression exerted by the effused blood itself. The only thing to be feared, then, was the purulent transformation of the coagulum; but rest, regimen, cold applications, and the good constitution of the patient averted this mischief.—*Gazette des Hôp.*, No. 76.

THE IMPERIAL ASYLUM AT VINCENNES FOR CONVALESCENT WORKMEN.

By Dr. VERON.

M. de Montyon, among his vast designs in favour of suffering humanity, bequeathed, in 1819 a large sum of money, amounting to nearly 5,000,000 francs, the interest of which he desired should be distributed among those of the poor leaving the Hospitals who stood most in need of aid. Some deduction from this had to be made in favour of a god-daughter who contested the interpretation of the donation. A Royal ordinance in 1823 regulated the distribution of this alms, but in the desire to prevent abuses changes have been made from time to time, the effect of which has been to very much restrict the dispensation and to hand over considerable sums to the Department of Public Assistance,—those sums in 1842 and 1843 amounting to 111,764 francs. The creation of a Convalescent Hospital was pressed upon this Department; but it has always refused its co-operation;

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first, on the ground of an insufficiency of funds, and afterwards on the supposition that such an establishment would be filled by old and incurable cases, without corresponding advantage to themselves or to Science.

The Imperial Asylum at Vincennes is due to the sole initiative of the Emperor, and that in spite of determined opposition on the part of administrative bodies. The decree for its foundation was issued in 1855, and it was inaugurated in 1857. We have now to state some of the results obtained in the space of three years which has nearly elapsed. Sixteen hectares of the *Bois de Vincennes*, forming part of the domain of the Crown, have been devoted to this establishment, and a simple, pleasing edifice has been erected on a raised, well-ventilated terrace. Everything in the refectories shines with cleanliness; and we do not hesitate to say that the frequenters of the saloons of the *Frères-Provencaux*, of *Véfour*, or the *Maison-Dorée* are neither so pleasantly or so comfortably placed as are the convalescents at this Asylum. The central pavilion contains a library and a room for amusements; while the two floors of each wing are divided into bed-rooms, each containing three beds, all having a southern aspect, and being simply furnished. The names of celebrated inventors, and of those who have distinguished themselves in industrial occupations, are inscribed on the pavilions and galleries. Light and air are everywhere freely admitted, and not even in the best of houses could the linen be drier and sweeter than it is here. The admissions from the ninth month in 1857 to the fifth in 1860, have amounted to 13,328, and there are now 411 beds. The convalescents may be sent from the Hospitals and Charitable Bureaux, from Public Works, Benefit Societies, and also from Railway and other Companies, who pay a subscription for the privilege. Moreover, workmen, treated at their own houses, may obtain admission at one franc per diem, on presenting a certificate of convalescence from their Medical attendant. Two special omnibuses fetch and take back the patients. The mean duration of the stay of the patients is twenty-two days. It is found that owing to the hygienic resources of the Asylum, the convalescence of typhoid fever is much abbreviated. The rule is that a patient remains at the Asylum until he is completely cured, or until his malady is pronounced incurable. The diet is good; meat being given twice a-day, a pint of Burgundy once, and bread *ad libitum*. Upon an average 700 grammes of bread are eaten by each person per diem. Those of the patients who desire it, and are strong enough, may be employed in the various occupations of the house, when they receive a small payment, and a little more wine. The expense of the food of each convalescent is calculated at $1\frac{1}{10}$ franc per diem. All the washing is done on the premises by means of a steam-engine, at an annual expense of about 5000 francs. There are about 500 tons of coal burned at thirty-seven francs a-ton. Those of the patients not engaged in employments on the establishment have various amusements provided,—the moral condition of the patient being often of as much consequence as the physical during convalescence. The conduct of the patients is represented as highly praiseworthy, both toward each other and to those in authority. Although no compulsion is used, most of them attend religious worship on Sundays. The staff of the establishment consists of a Director, a Treasurer, a Physician, and three *internes*, six *religieuses*, as superintendents of various departments, an almoner, five clerks, four foremen, and forty subaltern *employés*, who are subjected to an almost military discipline.

Dr. Véron sums up his account in a rather grandiloquent style. "The convalescents are treated at the Imperial Asylum paternally, and with an affectionate benevolence; but they are subjected to rules which admit of neither observations, discussion, or exceptions. An absolute equality for all. Some critical spirits have questioned whether this temporary well-to-do condition enjoyed by the convalescent workmen, may not, after their dismissal, render their privations and fatigues more difficult to bear, and their duties and labours more painful to accomplish: I am far from participating in such opinions and fears; I consider, on the contrary, that the care and regard which the workmen have met with at the Asylum, must raise them in their own eyes. During their residence there they may contract habits of order, regularity, and urbanity, as well as the moral habit of cleanliness. Cleanliness is respect for oneself. The charitable aim in the foundation of this Asylum is to give time to convalescents to recruit their strength, to enable them to delay the renewal of their labours until they are well and strong, and to prevent those anæmic diatheses, which so frequently give rise to serious affections of organs of the highest importance to life. After a certain number of years the Asylum will also contribute materials of importance to the edifice of Science. It is there we shall be able to examine into the definitive results of the treatment of fractures or the various modes of amputation. There will be written the complete history of diseases, carried through their entire evolutions, until the cure has become completed. It is there that Academical doctrines, so various, and often so opposed, may be judged without appeal. From thence will issue rich records concerning convalescence, records teeming with results in pathology and therapeutics. A great number of foreign Physicians—English, Russian, Prussian, Portuguese, and American—have been, and come daily, to visit and examine into this Asylum. Several are in hopes to transport into their own countries an institution which they so much admire. All envy us the honour of this charitable creation, inspired by the generous and civilizing policy of Napoleon III."—*L'Union Médicale*, No. 83.

EXCERPTA MINORA.

Treatment of Malarious Fevers in Ceylon.—Dr. Ward, of the Ceylon Mission, described at a meeting of the New York Academy of Medicine, his mode of treating malarious fevers in Ceylon. At the commencement of the cold stage, from 3ij to 3j. of spirits of turpentine was given with a sufficiency of castor-oil to act as a cathartic. This was repeated every succeeding cold stage, and it was frequently found that no other treatment was required.—*American Medical Times*, No. 11.

Foreign Bodies in the Ear.—Dr. Turnbull of the Howard Hospital, Philadelphia, for exploration of the ear, prefers Mr. Wilde's tubular speculum to Mr. Toynbee's modification, which has not succeeded in his hands. For the removal of foreign bodies, anæsthetics should be employed, lest during the struggles of the patient, injury be done to the membrana tympani. When the body is small and smooth, like a bead or pebble, the injection of tepid water or oil will often dislodge it. It is to be borne in mind, that in adults the vertical diameter of the canal is greater than the transverse, while the reverse is the case in young children. So, also, the membrana tympani inclining from above downwards, and from without inwards, care must be taken not to force the body into the angle which is formed at the inner extremity of the canal. The best forms of instruments are those which are thin and delicate, in two pieces, slightly curved at the extremity, with an opening to receive the foreign body, over which they may be united, or a small steel hook or spoon, which is to be passed beyond the extraneous substance and then turned, the most important consideration being only to employ slight force. When collections of cerumen are to be removed, syringing should not be continued for more than from three to five minutes, repeating it in a day or two. It is best to use a weak solution of carbonate of soda or potass. To get rid of the air, which is a great annoyance to the patient, Davidson's elastic syringe should be used.—*Ibid.*

Artificial Feeding in Diphtheritic Paralysis.—Dr. Leraton relates a case in which feeding the patient twice a-day by means of the stomach-tube was the means of saving life in a bad example of pharyngeal paralysis following diphtheria. After the fourth day, the patient was enabled to take, of his own accord, a third of the fluids given. Complete recovery ensued.—*Gazette des Hôp.*, No. 103.

Fracture of a Rib during a Paroxysm of Cough.—M. Piffard gives an account of this taking place in the person of a robust man, 49 years of age, who had for some time suffered from a violent cough, the result of a cold, but who was otherwise in perfect health. The middle portion of the eleventh rib on the right side was that which was fractured.—*Ibid.* No. 111.

Myrzina Africana in Tænia.—Dr. Adams recently laid before the New York Academy of Medicine a specimen of the seeds of the *Myrzina Africana* sent by Dr. Bore, of the Union Dispensary, Alexandria. This article is very extensively used by the natives of Upper Egypt for the extermination of tape-worm. The seed is given finely powdered, in a dose of from 3iv. to 3viij., mixed in water. This is taken early in the morning before the usual time of evacuating the bowels, and an hour after a large dose of castor-oil is administered.—*American Medical Times*, No. 11.

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GENERAL CORRESPONDENCE.

THE SOUNDS OF THE HEART.

LETTER FROM DR. LEARED.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the number of your Journal (a) in which I have suggested the use of the double stethoscope in auscultating the fœtal heart, a correspondent asks,—"Have the relative prominence (or loudness, or strength, if you like those terms better) of the first and second sounds of the fœtal heart been carefully noted? After very many examinations, I find the second sound the loudest, or most prominent. Some little time after birth they become equal in intensity, and then the first exceeds, and assumes the adult character." He adds, that in fevers, as observed by Stokes, and in cases of general collapse, the first sound is often impaired or lost, and that nothing in the state of the pulse may lead one to suspect these auditory changes. He also inquires, "Now, how do these facts bear upon the explanations given of the causes of the sounds of the heart? What is there in common between these pathological conditions and the physiological condition of the fœtal heart?" If I mistake not, I am in a position to give satisfactory replies to these questions. But in order to do so, two things must be premised; firstly, it is assumed that both sounds of the heart are formed at the outlets of the organ, and mainly in and by the blood itself; secondly some peculiarities of the fœtal circulation must be called to mind. Instead of wholly passing from the auricles into the ventricles, and being thence expelled into the aorta and pulmonary artery, the blood passes from the right auricle only in part into its ventricle, while the remainder enters the left auricle through the foramen ovale. The pulmonary artery has its true termination in the aorta, by means of the ductus arteriosus.

Now, as I have elsewhere insisted (b), one of the conditions necessary for the formation of the perfect first sound is, that the volume of blood should be sufficient. If the volume is by any cause impaired, the sound is impaired, and finally, as observed in cases of excessive hæmorrhage, degenerates into a bellows sound.

A sufficient tension in the great vessels is also essential for the full development of the second sound. Let us now apply this explanation of cardiac sounds to those of the fœtal heart. The feebleness of the first sound is due to diminished volume of blood in the left side of the heart; for, as the capacity of the left ventricle is adapted to that of the aorta in reference to the exigencies of extra-uterine life, it is certain that the amount of blood supplied to the ventricle must be considerably less than what is supplied after birth. The contents of both cavities are, in fact, chiefly discharged into an outlet constructed for only one—a circumstance connected with the fœtal circulation which deserves consideration on other grounds.

On the other hand, the hydrostatic tension in the aorta from the cause pointed out, is well calculated to develope, or even exaggerate, the second sound. This reversal of the relation of the sounds as compared with those of the extra-uterine heart has been long known to me.

Another thing necessary for producing the first sound is, that the blood shall be acted upon with sufficient force. When the ventricle is weakened by any cause, as by the peculiar changes which occur in its walls in typhus fever, or when, during a state of general collapse, the heart itself is affected, the sound becomes impaired. But it is generally observable in such cases that the pulse is comparatively unaltered. It is to be borne in mind, however, that the pulse-wave and the actual arterial current are very different things. Let us take a parallel instance; the tidal wave in the Thames travels from the sea to London at the rate of about fifty miles per hour; but the average velocity of the current created by this wave is only three miles per hour. Such is the velocity of the pulse-wave that considerable changes in the impelling force are not appreciated if the rhythm remains unaltered.

Every practical physician is aware of the frequent discrepancies which occur between the force of the heart and that of the pulse. There can be no doubt that most of the phenomena of the pulse are due to vital changes in the arteries themselves.

In thus replying to the pertinent remarks of your Dublin correspondent, I have purposely avoided any stepping aside either to defend my own views, or to attack those of others. On no subject in physiology has there been more unhappy dogmatism than on the sounds of the heart. I hope on an early occasion to discuss this matter at large.

I am, &c.

12, Old Burlington-street, October 30. ARTHUR LEARED.

(a) Seq *Medical Times and Gazette*, October 20, 1860.
(b) *Dublin Quar. Jour. of Med. Science*, May, 1852.

THE POISONOUS EXHALATIONS OF THE SERPENTINE.

[To the Editor of the Medical Times and Gazette.]

SIR,—There is so much interest and warning in the following brief history, and it is so much in accordance with your own oft-repeated statements upon the same subject, that it may not be misplaced in the pages of pour journal.

Two of my own boys, together with two little girls and their mother,—children of a well-known Hospital Surgeon,—had returned from the usual autumnal trip, with a stock of health and vigour which we had hoped might fairly have carried them through the coming winter, when, alas! about a fortnight back, they were tempted to an afternoon's boating upon the Serpentine. They were together all the time, and subject, of course, to the same influences.

In the evening the two little girls were attacked with vomiting, and a few hours afterwards their brother showed symptoms of remittent fever. One of my own boys was seized the next day with choleraic diarrhœa of an urgent character; the other boy escaped.

In these cases a potent but subtle poison must have been absorbed. In the children who were sick it was doubtless eliminated by the stomach; in the one who had fever, it was probably thrown off by the skin; and in the one who suffered from diarrhœa, it was apparently disposed of by the mucous membrane of the intestines. Thus we see one and the same poison producing a completely different set of symptoms, according to the individual peculiarity of the patient.

At the present moment the whole Park teems with the noxious effluvia arising from the opened drains. It is but too probable that the cases I have related are but mild illustrations of many others, which either escape public notice, or are not traced to their proper origin.

I am, &c.

Piccadilly, October 30. F.R.C.P. Lond.

TOXIC AND REMEDIAL DOSES OF DIGITALIS.

LETTER FROM MR. CARR.

[To the Editor of the Medical Times and Gazette.]

SIR,—Lest the somewhat warmly and adversely-expressed remarks of Dr. Armstrong, in your impression of last week, on the subject of digitalis, should deter the Profession from the use of that remedy in large doses, as recommended by Mr. Jones, of Jersey, I will, with your permission, add another authority to those already adduced.

Pereira (a) gave ʒj of the tincture thrice a-day for fourteen days without producing any marked effect; and on one occasion two ounces were taken in two doses without giving rise to the slightest inconvenience.

No one doubts that digitalis is, alike with many other valuable medicines, a poison; and with an equal conviction, that, when administered in proper doses, it is a valuable remedy. It is well known, too, that its effects are cumulative; consequently, its exhibition requires to be carefully watched.

With this knowledge, no prudent man would give doses, toxic beyond a doubt, such as Dr. Armstrong has described —*Medical Times*, October 27—were wantonly given to an epileptic. But, in delirium tremens, where the nervous system has been undermined by undue stimulation, when the vital forces are at a low ebb, and when the tolerance of the remedy in question has been repeatedly tested by careful

(a) Taylor "On Poisons," p. 748; Edition 1858.

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observers, Medical men may safely administer the comparatively larger doses, not only with impunity, but with the almost certainty of good. Such, at least, has been my experience for the last two years.

With your sanction I will, at a future period, further ventilate this subject, giving a few cases in detail, and compare the opium with the digitalis treatment,—the former the more usual, yet the less successful.

I am, &c.

Blackheath, October 30. WILLIAM CARR.

POOR-LAW MEDICAL REFORM ASSOCIATION.

LETTER FROM MR. GRIFFIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall feel obliged by your allowing me space in your Journal to inform the Poor-Law Medical Officers that I have this day ordered a draft of the proposed Bill on Poor-Law Medical Relief to be forwarded to each Medical Officer for his opinion. As it is possible among so many and frequent changes that the names of a few gentlemen may have been omitted, I must request that those who do not receive a copy by the 8th inst., but desire to have one, will address a note to me to that effect.

I am, &c.

12, Royal-terrace, Weymouth, November 1. RICHARD GRIFFIN.

[We have only space this week to say that Mr. Griffin's pamphlet is full of information, and well worthy of the earnest attention and examination of Poor-Law Medical Officers.—ED.]

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, October 25:—

Batho, William, Amesbury, Wilts
Coward, Christopher Thomas, Stepney-square, Stepney
Dalton, Frederick George, Westerham, Kent
Phillips, George Griffith, Newcastle Emlyn, Cardiganshire
Williams, Eliezar, Llandilo, Carmarthenshire.

The following gentlemen also on the same day passed their First Examination:—

Cribb, William, Chamber's-terrace, Camden Town
Rawson, Edwin, Wilsden, near Bingley.

DEATHS.

CAMPBELL.—August 25, at M'Carthy Island, River Gambia, Africa, of yellow fever, Charles Drelincourt Campbell, M.D. Univ. Glasg., L.R.C.S. Irel., L.S.A. Dub., Staff Assistant-Surgeon, Army.

GIBSON.—October 26, at Inellan, Scotland, David Gibson, of Glasgow, M.D. Univ. Edin., L.F.P. & S. Glasg.

GILMOUR.—October 27, drowned at the entrance to the Trafford Dock, Liverpool, James Gilmour, of Upper Parliament-street, Liverpool, Extra-Lic. R.C.P. Lond., L.F.P. & S. Glasg., L.S.A. Lond.

JONES.—October 19, at Pembroke, Thomas C. Jones, Deputy Inspector of Hospitals and Fleets, on the Retired List (seniority, July 25, 1855) for many years Surgeon at H.M. Dockyard, Pembroke, aged 80.

MUSCROFT.—October 17, at Pontefract, Yorkshire, suddenly, Charles Muscroft, M.D. St. Andrews, M.R.C.S. Eng., L.S.A. Lond., aged 35.

NORMAN.—October 24, at High-street, Colchester, Essex, John Serjeant Norman, formerly of West Mersea, Essex, M.R.C.S. Eng., L.S.A. Lond., aged 68.

TURNER.—October 20, at Tunbridge Wells, Richard Turner, M.R.C.S. Eng., L.S.A. Lond., aged 44.

THE Lectures at the London College of Physicians are to be delivered as follows during the ensuing year:—The Lumleian Lectures, by Dr. Barker; Croonian Lectures by Dr. Guy; and the Gulstonian Lectures by Dr. Brown-Séquard. Short Courses of Lectures will also be given by Dr. Garrod and Dr. Lionel Beale.

THE MILITARY HOSPITALS OF GARIBALDI. — The directors of the London and Mediterranean Steam Navigation Company have announced their willingness to convey to Naples and Palermo, free of charge for freight, by their vessels from London, the packages of Medical stores and requisites contributed by many kind-hearted persons in this country for the use of the sick and wounded belonging to Garibaldi's army.

EPIDEMIOLOGICAL SOCIETY.—The opening meeting of the Session 1860-61, will be held at 37, Soho-square, on Monday, November 5, at eight p.m., when, after the Introductory Address by Dr. Babington, the President, a paper on "The Introduction of Syphilis into Europe," by Professor Simpson, of Edinburgh, will be read.

MORTALITY FROM THE YELLOW FEVER.—We regret to hear that the yellow fever has been committing sad ravages at M'Carthy Island, River Gambia. Among the deaths which have to be deplored are those of Staff Assistant-Surgeon Thomas Clayton Beale, who was attacked on July 19, and died on the 21st; Staff Assistant-Surgeon Trestrail, who was taken ill on August 2, and expired on the 7th; Staff Assistant-Surgeon Charles D. Campbell, who was seized on August 19, and who sank under the effects of the scourge on the 25th. The only European remaining alive on the island up to the last accounts, which come down to September 19, was Captain Frazer, who had also suffered from a severe attack, but was convalescent. Surely wisdom should teach us that such quarters are not abodes for white men.

THE PROGRESS OF VACCINATION.—On May 14, 1796, Jenner vaccinated a boy named Phipps, eight years old, from the hand of a dairy-woman who had the true cowpock; the boy went well through the experiment, was inoculated for small-pox in July, and failed to take it. From this time forward it was the custom to make May 14 a day of rejoicing in Prussia and elsewhere, and to publish the annual results of vaccination. For many years the vaccinations exceeded the births, showing that the people were aware of their danger while any remained unsecured. In Prussia the deaths from small-pox had averaged 40,000 annually before vaccination was introduced; and within twenty years they had sunk to 3000, though there had been a large accession of new territory. Sweden and Denmark, and some territories in Germany remained absolutely free from small-pox for twenty years after the practice of vaccination had been properly adopted—a sudden change from the few preceding years, when 600,000 persons died annually of small-pox in the world at large, and 210,000 in Europe; and when every quarter of a century saw twenty-five millions of human beings carried off by the foulest of distempers.—*Once a Week.*

"A WONDERFUL CURE" has been announced at the Academy of Sciences: "M. Flourens communicated a letter from Dr. Mottet, giving an account of the restoration of a fractured leg under circumstances of peculiar difficulty. The fracture had been occasioned by a fall of stones on the limb; it was complex, and such that amputation presented peculiar difficulties: still, notwithstanding gangrene and other untoward circumstances, the fracture, being reduced, was kept in its normal position by a peculiar apparatus for the space of a year, at the end of which time the bone was completely regenerated, and the limb perfectly cured without any diminution in length." We strongly recommend our Holloways, and other pious performers of wonderful cures, to communicate them to M. Flourens.

HOMŒOQUACKERY PAINTED BY A GERMAN JOURNAL.—The number of Homœopathic Physicians is 3254, of whom 1612 are in America. The Professorships of the science are 5 in Germany—namely, 2 at Prague, 2 at Munich, 1 at Vienna; in the latter city, also, is one of Veterinary Homœopathy. The number of Homœopaths in Germany is 471, and 35 for animals; 21 of the former are attached to Hospitals. Of Hospitals in Germany there are only 10, and 9 of them are in Austria, 3 of the 9 being at Vienna, one being of 100 beds, another of 80, and another of 60. The journals which treat of Homœopathy in Germany are 8; 4 of them doing so scientifically, the rest for the ordinary public. The largest society of homœopaths is in that country; it consists of 230 members, and holds annual sittings. In France there are 403 Homœopaths. In England 244, with two Hospitals at London; in Spain 94, with an Hospital at Madrid; in Belgium, 26; in Holland, 7; in Switzerland, 34; in Italy, 14; in the Scandinavian countries 12; in the Danubian Principalities, 4; in Russia, 67, with a Hospital at Moscow; in Portugal, 47; in Asia, 4; and in Africa, 6. The rest are in America. In the latter country also are Hospitals at Boston, Chicago, Phila-

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delphia; and, in addition, clinical lectures are given in many places.

THE WOUNDED AT NAPLES.—The *Times'* correspondent, writing from Naples on October 20, says:—It will be satisfactory to the benevolent in England to be assured that their donations are made good use of, and are the means of relieving great numbers of poor sufferers. I went round the various wards, in which seven or eight hundred men were in bed, and could not help expressing my surprise at the greatly improved state of cleanliness and order which exists in every part. The air was purer, the wards not so crowded, and the patients seemed more satisfied; at all events, I did not hear so many complaints as I had formerly heard. There were many cases of severe wounds, and it was touching to observe with what courage suffering is endured. One poor fellow had been shot through the chest, the ball coming out behind under his shoulder. Broken arms and legs, and the stumps of limbs, I saw resting on the water cushions which our kind countrymen have sent out, and deriving so much comfort from them that any sacrifice would have been amply repaid by the sight. In one ward I saw them changing the coarse canvas shirts of the country for the comparatively fine ones which have arrived from England—5000 in all. What a blessing for those who are tossing in fever, or are worn out with the agony of their wounds! "And these wounds," said the Doctor who accompanied us, "are all the worse that the Royalists have cut or jagged the ball before loading, in order that it may tear the flesh more. I extracted such an one yesterday."

VITAL STATISTICS OF LONDON.

Week ending Saturday, October 27, 1860.

BIRTHS.

Births of Boys, 994; Girls, 955; Total, 1949.
Average of 10 corresponding weeks, 1850–59, 1595·2.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	525	501	1026
Average of the ten years 1850–59	534·2	503·3	1037·5
Average corrected to increased population..	..	..	1141
Deaths of people above 90	..	4	4
Deaths in 15 General Hospitals	33	17	50

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	5	7	3	2	4	5
North ..	490,396	1	6	19	3	10	7	8
Central ..	393,256	1	10	2	..	6	5	3
East	485,522	..	6	12	2	13	9	14
South ..	616,635	3	16	14	5	10	4	2
Total.. ..	2,362,236	6	43	54	13	41	29	32

TO CORRESPONDENTS.

Dr. P.—M. Groux's address is 37, King-street, Cheapside; he will remain in town until the end of next week.

F. B.—Jaeger's test-types can be procured through any foreign bookseller.

LICENTIATES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—One of your correspondents lately asked, whether he, as a Member of the London College, could not have some protection against those gentlemen, Licentiates of the Edinburgh College, who simply sign themselves "Licentiates of the Royal College of Physicians," and so of course, in public estimation, pass for Licentiates of the London College. The best way to get the matter put straight, is to enlighten the public on the subject, as has been lately done by the following sensible note published in a daily journal:—

"Sir,—I am satisfied that you will allow me a few lines' comment in reference to the signature of a letter on the subject of homœopathy which appeared in to-day's *Telegraph*. The signature I refer to is 'A Licentiate of the Royal College of Physicians.' No doubt that you, and the public generally, think that the Licentiate in question belongs to the London College of Physicians, but you may be well assured that he does not do so, and for the reason that he has omitted the words 'of London.' It is well that the public should know that as there are "docteurs et docteurs," or, as your correspondent would put it, Allopaths and Homœopaths, so there are Colleges and Colleges. There is, in fact, a London College and an Edinburgh College of Physicians; but, like the rivers of Monmouth and Macedon, they contain different kinds of fish. The London College does not admit any one who has not the degree of Doctor of Medicine, or who makes up his own drugs; but the Edinburgh College does. Consequently, as I have said, and whether righteously or unrighteously, the Licentiates of the two Colleges are, as regards rank in the Profession, alike only in name. Now, as one who knows well and has long been connected with the London College, I venture to say that no Licentiate of this College wrote that letter on Homœopathy; and I am bigot enough to hope that no Licentiate of the London College could be got to dabble in the affair. I trust you will allow this statement to go forth to the world. I dare say I need not tell you what the class of men is who form the London College.

"As regards Homœopathy I have not a word to say. I only wish, in the spirit of 'exclusive bigotry,' to know that our College is free from this thing. I never interfere either with the Practitioner of Homœopathy or with the believer of it practised on, for I well know that what is matter of faith is not always matter of reason. I never argue with a man who has seen a sea-serpent or the Flying Dutchman."

I am, &c.

A FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

October 4.

WHAT IS GASTRIC FEVER? (a)

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Speaking generally it is, in this country, used as a convenient term, not to create alarm by the mention of typhoid, a word so nearly akin to typhus, whether the former be deemed only the "sporadic" variety of typhus or not. It is called "gastric," because of the gastric complication so usually present, and because typhus and typhoid are the only ordinary idiopathic fevers of this country.

In malarious districts, however, and in the tropics, where remittents are the more ordinary, it is applied to the autumnal varieties of these for a like reason, or gastric-hepatic when complicated also with hepatic or bilious symptoms.

In the same way in tropical regions, under high temperatures, the vernal remittents being often "endemically" complicated with cerebral symptoms, are then called "cerebral" or "brain" fevers; and in the cold season, under low temperatures, when the complications are more frequently of a pleuritic or pleuro-pneumonic character, they are called "pleuritic" or "pleuro-pneumonic."

Hence, according to this vocabulary at least, the term "gastric," would seem to refer not to the specific fever, but to its casual complication.

I am, &c.

R. H. A. HUNTER, 1st Class Staff-Surgeon, Half-pay.

Moffat, Dumfriesshire, October 29.

(a) See *Medical Times and Gazette* of October 27, p. 422.

COMMUNICATIONS have been received from:—

Professor SIMPSON; Dr. CONOLLY; Mr. LE GROS CLARK; Dr. GOODFELLOW; Dr. SIEVEKING; Dr. PAVY; Dr. LEARED; Dr. MCWILLIAM; Mr. GRIFFIN; Dr. GRANT; Mr. LAURENCE; M. GROUX; Mr. BULLEY, Reading; Dr. ANDERSON; Dr. GODARD, Paris; Dr. EWART, Kherwarrah; Mr. EVANS; Mr. ARCHER; Mr. VINCENT; Mr. HAMILTON; and Mr. DURROCH.

APPOINTMENTS FOR THE WEEK.

November 3. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

5. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

ROYAL INSTITUTION, 2 p.m. General Monthly Meeting.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Dr. B. W. Richardson "Contributions towards a more Perfect Clinical History of Scarlet Fever."

EPIDEMIOLOGICAL SOCIETY, 8 p.m. Introductory Address by the President. Paper by Professor Simpson "On the Introduction of Syphilis into Europe."

ODONTOLOGICAL SOCIETY, 8. p.m.

6. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m.

7. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopœdic Hospital, 2 p.m.; Middlesex, 1 p.m.

OBSTETRICAL SOCIETY OF LONDON, 8 p m. Dr. Tyler Smith, "An Inquiry into the Correctness of the Doctrine of William Hunter in regard to Retroversion or Retroflexion of the Gravid Uterus."

8. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

9. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) at 2 o'clock:—

By Mr. Wood—Removal of Tumour from Breast. By Mr. Fergusson—Removal of Tumour from Breast; Nævus; Removal of Necrosed Bone from Femur; Removal of Sebaceous Scalp Tumours.

Great Northern Hospital.—The following Operation will be performed on Tuesday next, at 2 o'clock:—

For Ununited Fracture of the Patella.

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New Remedies by Savory & Moore.

Hypophosphite of Quinine; Hypophosphite of Iron; Hypophosphite of Iron and Quinine in Scales (perfectly soluble); Syrup of Hypophosphite of Iron and Quinine.
Most successfully employed in cases of Debility and Low Vitality.

Carbonate of Lithia; Hypophosphite of Lime, Soda, and Ammonia; Syrups of Phosphate of Iron, Lime, Manganese, &c. &c.

Genuine Medicated Cod-liver Oils.

Of this class of Medicines, introduced by SAVORY & MOORE, the following have the greatest reputation:—

Cod-liver Oil with Quinine.	Cod-liver Oil with Iodine and Iodide of Potassium.
Cod-liver Oil with Iodide of Iron, Lactate of Iron, and Acetate of Iron.	Cod-liver Oil with Biniodide of Mercury.

The New EYE DOUCHE, invented by SAVORY & MOORE, has elicited the approbation of the most eminent Oculists.—*Vide* the "Lancet" of March 31st.

N.B.—Inferior Instruments, pirated from the New Design, are being offered for sale as "the same as Savory and Moore's Eye Douche."

143, New Bond-street; 29, Chapel-street, Belgrave-square; and 220, Regent-street, London.

Pilules de Hogg a la Pepsine, pure ou

unié aux FERRUGINEUX.—These three useful preparations have already been prescribed by many eminent Physicians throughout France, who have reported that the most satisfactory results have attended their administration in such cases and conditions as the following:—

PILLS of PURE PEPSINE, exhibited for Dyspepsia, Diarrhœa, Indigestion, and sense of uneasiness after eating.

PILLS of PEPSINE united with IRON, in Female Complaints, Impoverishment of the Blood, and in most cases of convalescence, to strengthen the system generally.

PILLS of PEPSINE united with PROTO-IODIDE of IRON, in all cases where this latter medicine is indicated: Debility, Chlorosis, Rheumatism, Cutaneous Affections, Tumours, Consumption, &c. &c., and as an excellent adjunct to Cod-liver Oil.

Mr. R. HOGG, 9, Albion-place, Hyde-park-square, is Agent for these three preparations in the United Kingdom, and sold by all Patent Medicine Vendors. In bottles, 2s. 9d. and 4s. 6d. of 50 and 100 Pills, see Pamphlets sent free by post.

Aerated Lithia Water. — Messrs.

BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain 2 grains and 5 grains in each bottle, either by itself, or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.

The following Waters as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains; Soda, 15 grains; Ammonia, 10 grains; Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

BLAKE, SANDFORD & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Oil of Horse-chesnuts. — Caution. —

Messrs. REW and CO. are compelled to Caution the Profession against the purchase of Spurious Oils, which are sold as Oil of Horse-chesnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark Sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address, as under.

LIQUOR CASTANEA EQUINA.—This preparation of the Horse-chesnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, 2 to 4 drachms.

LITHIA WATER, LITHIA with AMMONIA, and LITHIA with POTASH, prepared by the directions of Dr. Garrod.—These waters are most agreeable in flavour, and strongly effervescent. 5s. per Doz., with directions.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

R. M. Rew and Co., Operative Chemists, 282, Regent-street, London.

Oil of Horse-chesnuts. — Caution.—

Messrs. ANDERSON were the first and original Introducers of this preparation into England, the immense demand for which has tempted several spurious imitations to be made, the most flagrant being a compound of potash, ether, and mucilage, which, if allowed to stand, throws down an alkaline deposit. Anderson's Oil of Horse-chesnuts is receiving the approval of the first members of the Profession, who state that it is the most valuable external application in cases of Gout, Rheumatism, Lumbago, Neuralgia, Toothache, &c.

30, DUKE-STREET, MANCHESTER-SQUARE.

Chlorodyne. —J. T. Davenport

begs to direct attention to the disgraceful and fraudulent practice of certain parties, who apply the term "CHLORODYNE." to compounds of THEIR OWN MANUFACTURE, WELL KNOWING that the word is applied to a remedy SOLELY DISCOVERED and INTRODUCED by Dr. J. COLLIS BROWNE, M.R.C.S.L. (late Army Medical Staff), the formula of which is confided to J. T. DAVENPORT, and NONE other;—hence the assumption of the title, claim to discovery, or manufacture of CHLORODYNE by any other persons is a direct palpable deceit and imposition.

The Medical Testimony, published on the extraordinary properties of this remedy, is exclusively applied to

DR. J. COLLIS BROWNE'S CHLORODYNE.

WHOLESALE DEPÔT—33, Great Russell-street, Bloomsbury-square, London.

Varicose Veins and Supporting Bands.

—SURGICAL ELASTIC STOCKINGS AND KNEE CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working-Classes. ABDOMINAL SUPPORTING BANDS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors, POPE and PLANTE, 4, Waterloo-place, Pall-mall, London, S.W.

The Profession, Trade, and Hospitals, supplied.

Human Osteology from France.

RAGINEL, 38, Ludgate-hill, City, E.C, London. Patronised by the Royal College of Surgeons of England. Illustrated Osteology on the bones themselves. Very large Stock on the lowest possible terms. Disarticulated Skulls, in twenty-two pieces, in box. All the bones of the disarticulated skulls will be fitted in right order in the presence of the purchaser so as to show that every bone of each set belongs to the same Skull; it will be the same for all other disarticulated pieces. Skulls with Sections. Hands and Feet on cat-gut. Disarticulated Skeletons, quite complete, with the Skull same body. Articulated Male Skeletons, the bones very well marked.

STUDENT'S CASE OF OSTEOLOGY, COMPLETE.

Splendid Pieces for Lecturers and Museums.

Dinneford's Pure Fluid Magnesia, now

greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and CO., Chemists, 172, New Bond-street, London, and all Wholesale Druggists and Patent Medicine Houses.

Cod-Liver Oil.—Just Imported

Direct. PALE NEWFOUNDLAND, perfectly pure, nearly tasteless and free from adulteration of any kind, having been analysed, reported on, and recommended by Professors Taylor and Thomson, of Guy's and St. Thomas's Hospitals, who, in the words of the late Dr. Pereira, say, that "The finest oil is that most devoid of colour, odour, and flavour," characters this will be found to possess in a high degree.

Sold in bottles, and baskets included, at 11s. per gallon.

N.B.—Light Brown Cod-Liver Oil may also be had at 7s. 6d. a gallon, bottle and basket included. Post-office orders made payable to THOMAS KEATING, 79, St. Paul's-churchyard, London.

Williams and Son's Pure Glycerine

SOAP Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

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It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

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PULVIS JACOBI VER, NEWBERY'S.

GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D., Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"—

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol. i. p.* 319.

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the Newbery family in St. Paul's Churchyard, it is necessary to prescribe it as "*Pulvis Jacobi Ver, Newbery's*," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name)*, will be substituted for the original medicine. This, of course, cannot but have an effect other than that expected, and will thereby lead the practitioner totally to discard it from his daily Pharmacopœia, as a preparation whereon no dependance can be placed. We hope the above extract will prove that when the genuine medicine is used, faith may be reposed in it.—Yours faithfully,

F. NEWBERY & SONS.

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Epilepsy.—Members of the Profession

interested in cases of EPILEPSY will find the Advertiser's REGIMENAL HOME for such cases an important desideratum. For young subjects of Epilepsy a removal from the parental home is especially necessary, and the systematic moral and physical regimen is essential to their improvement, and auxiliary to Medical treatment. The advertiser has had several years' experience in the duty. The residence is in an elevated situation and a pure bracing atmosphere, with every facility for exercise in the open air. Address, F. S., Bluck's, Stationer, Hampstead, N.W.

A CUP OF COFFEE IN ONE MINUTE.

Dunn's Essence of Coffee, warranted

to keep good in any Climate.

This Essence of the finest kinds of Coffee, improved by a process, the result of the experience of more than half a century, contains all the fragrant and exhilarating properties of the Coffee in the highest perfection. It is admirably adapted to persons travelling, and to Officers in the Army and Navy.

Extracts from the "Commercial Handbook of Chemical Analysis," by A. Normandy, M.D.

"Coffee is met with in commerce as a manufactured article in the state of Essence, or rather Extract of Coffee. That preparation, providing it be genuine, is peculiarly adapted to the use of Travellers, who are thus enabled to procure a cup of good Coffee without trouble or apparatus Of all the attempts which have been made to manufacture such an Extract, and of most of which I have had samples, I have found on examination that only one kind, that manufactured by DUNN, of Pentonville, would keep.

"I think I can confidently assert that DUNN'S Essence of Coffee is the only one which has stood ground; all other attempts, for some reason or other, have hitherto proved failures, and eventually have been abandoned."

Sold in bottles, from 1s. to 2s. each.

DUNN'S UNADULTERATED CHOCOLATE and COCOA.

DUNN'S CHOCOLATE BON-BONS, CHOCOLATE DROPS, CHOCOLATE STICKS, &c., and every kind of French Chocolate.

All articles manufactured by the firm of DUNN and HEWETT are guaranteed free of adulteration under a penalty of £50, to be given to some charitable institution, if found at any time adulterated, under certificate of Dr. Normandy, Analytical Chemist to the House of Commons.

Manufactory, Pentonville, London.—To be had of all Grocers.

Mr. Howard, Surgeon-Dentist, 52,

FLEET-STREET, has introduced an ENTIRELY NEW DESCRIPTION of ARTIFICIAL TEETH, fixed without Springs, Wires, or Ligatures. They so perfectly resemble the natural teeth, as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed Teeth stopped and rendered sound and useful in mastication.

52, Fleet-street. At home from Ten till Five.

JOZEAU'S COPAHINE MEGE

Or SACCHARATED CAPSULES.—Copaiba and Cubebs are, doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by incrusting, in his Copahine, all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than a thousand trials in Paris, and the different London Hospitals, viz., St. Thomas's, Guy's, and St. Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. "Lancet," Nov. 6, and Dec. 10, 1852. The Copahine, which is in form of a pretty pink sugar-plum, effects a cure in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d., at G. JOZEAU'S, French Chemist, 49, Haymarket, London; 22, Rue St. Quentin, Paris; and all the most important Chemists.

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SPIRITS of all SHIPPERS.—Her Majesty's Wine Merchant—(Established 1811)—JAMES MARKWELL.—Cellars, 35 to 40, and 45, Albemarle-and 4 and 5, Stafford-streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s.; Madeiras, 42s.; Moselles and Hocks, 40s.; Sparkling Hocks and Moselles, 48s.; ditto St. Péray, 54s.; ditto Burgundy, 60s.; Clarets, 22s.; Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; ditto Yquem, 80s.; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liquors. Particulars and direct shipments of Montilla, Vine di Pasto, Amontillado, Oloroso, Xeres-Viejo, and Manzanilla.—J. M. is Agent for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schnappes; Peach Brandy; Gin Slings; Brandy Cocktails; &c. &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount.—Stock, 16,000 dozen. Cash or reference. Bankers, Sir Claude Scott, Bart. Price-lists on application.

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MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, near Thames-street, City, E.C., and 2, Upper Copenhagen-street, Barnsbury-road, Islington. E. and H. HARRIS and CO. Proprietors.

6 & 8 oz., any shape, plain or graduated	clear	8s. per gross.
3 & 4 oz., do. do.	blue tinted	7s. 6d. do.
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Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office orders made payable to E. and H. HARRIS and Co., at the Chief Office, London. Bankers: Union Bank of London.

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6 and 8 oz., any shape, plain, or graduated	clear	8s. per gross.
3 and 4 oz. ditto ditto	blue tinted	7s. 6d. do.
½ oz. Moulded Phials	of a very superior quality.	4s. 6d. do.
1 oz. ditto		5s. 6d. do.
1½ oz. ditto		6s. 6d. do.
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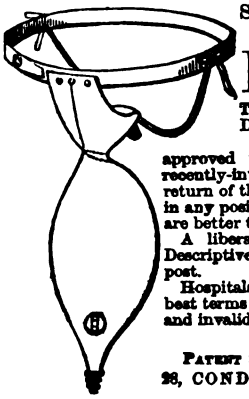

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A liberal discount to the Medical Profession. Descriptive Circulars and Lists of Prices sent per post.

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Blancard's Pills of Unchangeable

IODIDE OF IRON.

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg,
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853, and Paris, 1855.

"Of all the modes hitherto proposed of administering iodide of iron in the pure state, I think Mr. Blancard's the best."—Chemistry applied to Therapeutics, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works (a).

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c., and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, No. 40, Rue Bonaparte, Paris. General dépôt in England at M. Gabriel Jozeau's, French chemist, 49, Haymarket, London. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained retail from the principal Chemists.

(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Brichetau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Devault, Officine, &c. &c.

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Partnerships and Practices valued, and negotiated on Commission chargeable only to vendors; Permanent Assistants provided, without expense to Principals: Professional differences arbitrated; Books investigated and Accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the Medical Advisers and friends of Patients.

Attendance from 11 till 4.

Partnership Wanted at Christmas, in a London suburb or good town; where there is a Hospital preferred. The advertiser is well qualified, and will invest £1000, £1500, or even £2000, for a proportionate SHARE of a first-class PRACTICE.

Messrs. LARA & WALTERS are authorised to treat with vendors.

Practice Wanted at Christmas.—A Gentleman, about thirty, and doubly qualified, wishes to invest from £1000 to £2000 in a really good CONNEXION at the West end of London or a neighbouring suburb.

Messrs. LARA & WALTERS are empowered to treat for the purchase.

£1000 per annum, within an easy distance from Town.—A Gentleman, forty years in practice, wishes to transfer a CONNEXION yielding the above amount, by means of a twelvemonth's preliminary Partnership. To ensure success, a purchaser should be married and M.D.—Price £1300, half cash.

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Lunatic Asylum for Disposal.—A First-class Establishment, licensed for both Sexes, and now yielding a nett annual income of £1100. A purchaser should have between £4000 and £5000 at command.

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South Coast.—A Small but First-class PRACTICE is for Sale, affording a Nucleus for a very superior Connexion. Price £300. Rent £65. Two hours from London.

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Chester County Asylum.—Wanted, for this Institution, an ASSISTANT MEDICAL OFFICER. He must be a Member of the Royal College of Surgeons, and a Licentiate of the Apothecaries' Companies. Salary, with board and lodging, £80 per annum for the First year, and £100 for the Second. Testimonials to be sent in, addressed to the undersigned, on or before November 15.

J. E. EDWARDS, Clerk to the Visiting Justices.

Chester, October 23, 1860.

Bristol General Hospital.—Wanted, an ASSISTANT HOUSE-SURGEON. Board and Lodging will be provided in the House, but no Salary given. Candidates are required to produce satisfactory Testimonials of ability and good moral conduct. Applications to be addressed to the Secretary, at the Hospital, on or before the 12th November.

By Order of the Committee,

W. J. BURGESS, Secretary.

The Hospital contains 127 Beds, and is recognised as a School of Medicine.

The Norwich Public Dispensary.— RESIDENT MEDICAL OFFICER.—The Office of RESIDENT MEDICAL OFFICER being VACANT, Candidates, Licentiates of the Apothecaries' Company, are requested to send their Testimonials to Henry Browne, Esq., Treasurer, Norwich. The Salary is £100 per annum, with an allowance for Coals, &c. of £12. The Officer is provided with unfurnished Apartments in the Dispensary. He must visit the Patients as often as the Physicians may think proper. He must not employ himself in any private Practice, nor absent himself from the Dispensary without leave obtained from the Committee. The Election will take place at a General Meeting of the Governors, to be held at the Dispensary, St. John's Maddermarket, on Tuesday, the 20th November, at Twelve o'clock.

HENRY BROWNE, Treasurer.

The Queen's Hospital, Birmingham.— WANTED, an ASSISTANT HOUSE-SURGEON, with a Qualification. In return for his services he will receive Board, Lodging, and Washing. The Hospital contains 150 beds, and the weekly average of Out-Patients is 1000. Applications and Testimonials must be forwarded to the Resident Secretary, on or before the 8th November next.

October 25, 1860. DAVID MALINS, jun., Secretary.

Anatomy, Physiology, Surgery, and PATHOLOGY.—Mr. TUSON, Surgeon for many years to the Middlesex Hospital, continues his PRIVATE INSTRUCTION and EXAMINATIONS in ANATOMY, PHYSIOLOGY, SURGERY, and PATHOLOGY, daily at Ten o'clock a.m., at his residence, 6, Devonshire-street, Portland-place. These Examinations and Demonstrations are upon recent Dissections, Anatomical Preparations and Models of the Viscera and Nervous System. Terms, Five Guineas. 6, Devonshire-street, Portland-place.

Medical Transfer and Partnership.

30, Bucklersbury, Cheapside.

Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, at the above address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE PRACTICE.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

He has been concerned professionally for a considerable proportion of the most influential Practitioners (including Partners in many of the leading Medical Firms), to whom he has the satisfaction of being permitted to refer—a privilege that he trusts will be regarded as a proof of the sincerity of his endeavours to conduct these transactions in an honourable and straightforward manner.

Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

Office Hours, from 11 till 4.

Royal College of Surgeons of England. —Notice is Hereby Given, That the next PROFESSIONAL EXAMINATION for the FELLOWSHIP of this College, will be held on Tuesday and Thursday, the 27th and 29th of November next; the Examination to commence at Ten o'clock a.m. each day. And that the next PRIMARY or ANATOMICAL EXAMINATION for the Diploma of MEMBER, will be held on Monday the 5th of November next, and subsequent days. Particulars relating to these Examinations may be obtained at the College.

October 24, 1860. EDMUND BELFOUR, Secretary.

General Council of Medical Education and REGISTRATION of the UNITED KINGDOM.

32, Soho-square, London, W., October 22nd, 1860.

NOTICE.—The copy of the MEDICAL REGISTER to be printed and published in 1861, as directed by the 27th Sect. of the Act, will contain those names only which appear on the General Register as existing on the 1st day of January, 1861.

It is particularly requested that claims for the Registration of first, or additional qualifications, and notices of Alteration of Residence, may be sent to this Office as soon as possible.

Surgeons' Hall, Edinburgh.—Winter SESSION, 1860-61. The INTRODUCTORY ADDRESS will be delivered by Dr. SANDERS, on MONDAY, November 6, at One p.m. The prospectus may be obtained on application to Mr. John Struthers, Secretary to the Medical and Surgical School.

Hospital for Sick Children. —CLINICAL LECTURES, by Dr. MATTHEWS DUNCAN, will be Commenced on SATURDAY the 3rd November, at One p.m., and continued weekly.

Daily Visit in the Wards at One p.m.

Edinburgh, October, 1860.

Nervous and Mental Disorders.— SHILLINGTHORPE HALL, near STAMFORD.—Dr. GARDINER HILL, formerly of Lincoln, and late of Wyke-House, Isleworth, has fitted up the above residence, with its extensive and park-like pleasure grounds, for the reception of Ladies and Gentlemen mentally afflicted, who will reside with his family, and be under his immediate superintendence. For Terms, apply as above.

Nervous and Mental Disorders.— Wyke House, Sion Hill, Isleworth, Middlesex, W., a Private Establishment for the care and Residence of Ladies and Gentlemen mentally afflicted. Proprietor, E. S. WILLETT, M.D.

Medical Dispenser. — Wanted, an ASSISTANT DISPENSER for the St. George's and St. James's Dispensary, to attend about four hours daily. Applicants for the appointment are requested to attend with their Testimonials, &c., at the Dispensary House, 60, King-street, Regent-street, on Thursday, the 8th of November proximo, at Half-past Three o'clock p.m. punctually. Salary, £2 10s. per month.

October 25, 1860. J. H. YORK, Secretary.

To the Medical Profession.—The friends of a Youth, Well-Educated, age 16, are anxious to place him as an OUT-DOOR APPRENTICE with a Gentleman of business habits. A small increasing Salary will be required. Address, G. W. S. Post-office, Spilsby.

There will shortly be a Vacancy in a First-class CITY PRACTICE for a YOUNG GENTLEMAN, as a Pupil, who will be instructed in all the Branches of the Profession, and will be allowed to attend Lectures, &c. &c. Apply by letter to Delta, in care of Mr. Howell, Advertisement Agent, Deacon's Coffee-house, Walbrook, City, London. N.B.—Premium moderate.

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Lounging Chair, the most simple and luxurious extant, is fitted for the Drawing Room, Boudoir, Cabin, or Camp; is made in Wood, Iron, or Brass, and folds into a small compass for shipment. From 4½ Guineas.

No. 17, a Four-wheel Victoria Pleasure-ground Chair, mounted in a very light Iron-framed Carriage, upon C and patent India-rubber Springs, is either drawn by Hand or Animal, and is the most elegant and easiest Chair made.

No. 16, a ditto, upon three wheels, mounted same as four wheels, on C and India-rubber Springs.

No. 19, a Bath Chair, with Leather Head, and Folding German Shutter.

No. 18, a Sofa Britska Spinal Carriage, with the inside Tray made to take out and in, on which an Invalid may be taken from her room to the carriage.

Nos. 10, 10, sketch of Earl's General Invalid Couch or Bed, made with or without a Convenience; it adjusts the back seat and legs to any given position by means of machinery, and is recommended by the Faculty as being the most complete Bed ever made for confirmed Invalids, or for Fractured Limbs.

No. 9 is Earl's Double Rising Bed, made to form a Chair at pleasure, with Shifting Elbows.

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Nos. 13, 13, is a Couch-Chair or Bed invented by Dr. Hester, and may be placed in any position by the Invalid without the assistance of a second person.

Nos. 2, 3, and 4, are all Self-Propelling Chairs, upon the best and most scientific principles; either may be used by a child eight years of age with perfect ease.

No. 24, Ward's Improved Child's Perambulator, with Patent Parasol. A variety always on hand.

No. 8, Ward's Improved Operating Dentist Chair, suitable for a Child or Adult.

No. 14 is the simplest and best-constructed Chair for carrying Invalids up and down stairs, the lower handles for level ground, the upper ones for ascending or descending a staircase: the sketch conveys the exact idea: it is also made portable for travelling. Several other kinds are always in stock, upon various principles.

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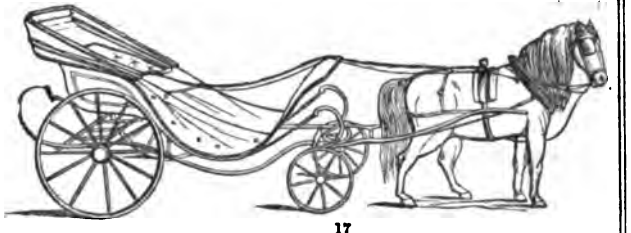
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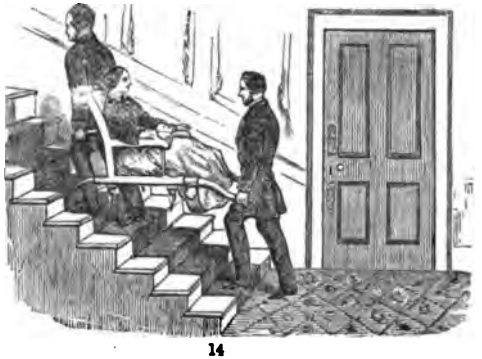
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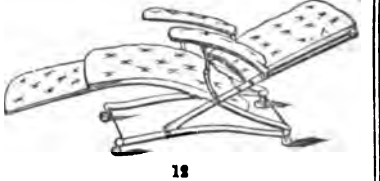
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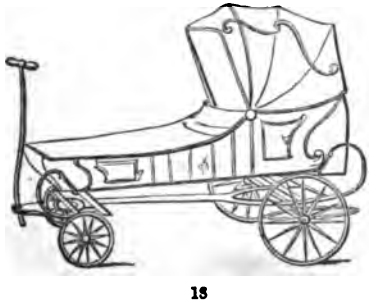
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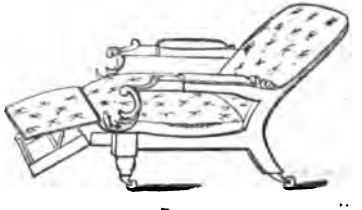
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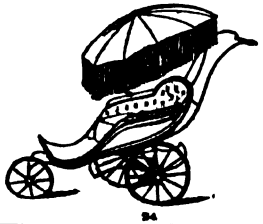
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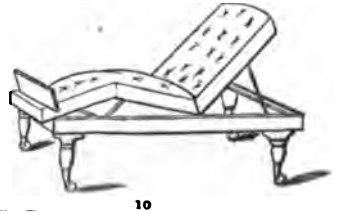
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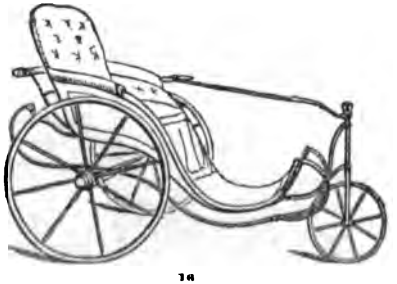
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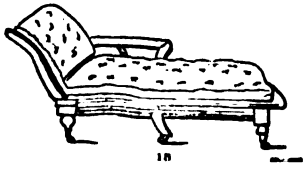
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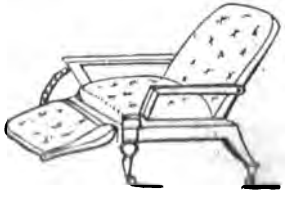

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"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury. "ANDREW SMITH, M.D.

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Birmingham."

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No. 1, 2, 3, is J. Alderman's Patent

Graduating Elastic Spinal and General Invalid Couch, which is fitted up with two, three, or four distinct graduating actions, so that an Invalid can be adjusted imperceptibly to any position without being touched by the nurse, and free from all pressure, that being avoided by his Elastic Ventilating Mattress and his Patent Elastic Adjusting Foundation, so that a patient cannot become bedsore by long confinement.

No. 4, 4, is J. A.'s improved Spinal and General Invalid Couch and Carriage. The Couch has three distinct movements, so that a patient can be placed in any position; it has also a Shifting Stand for the room, upon large easy castors, so that the Invalid can be lifted with the couch from its stand, placed upon the Carriage, and go out for an airing when required, without being touched.

COMFORT FOR INVALIDS

BY HER MAJESTY'S ROYAL LETTERS PATENT

J. ALDERMAN, 16, Soho-Square,

LONDON.

No. 5, 5, is J. A.'s Patent Graduating Elastic Self-adjusting Invalid Chair. This Chair, like the Couch, is made to follow Nature in every respect, as the back, the arms, the seat, and the leg-rest are made to work at the same time, so that not a muscle of the patient need be disturbed. The arms are also made to put on and off in an instant, so that the patient can get on and off from either side while the leg-rest is out.

No. 6 is J. A.'s improved Self-propelling Chair, which renders an Invalid perfectly independent, being able to run from room to room without any assistance.

No. 7 is J. A.'s improved Exercising

Horse, which he fits upon a variety of ways, so as to give any amount of exercise.

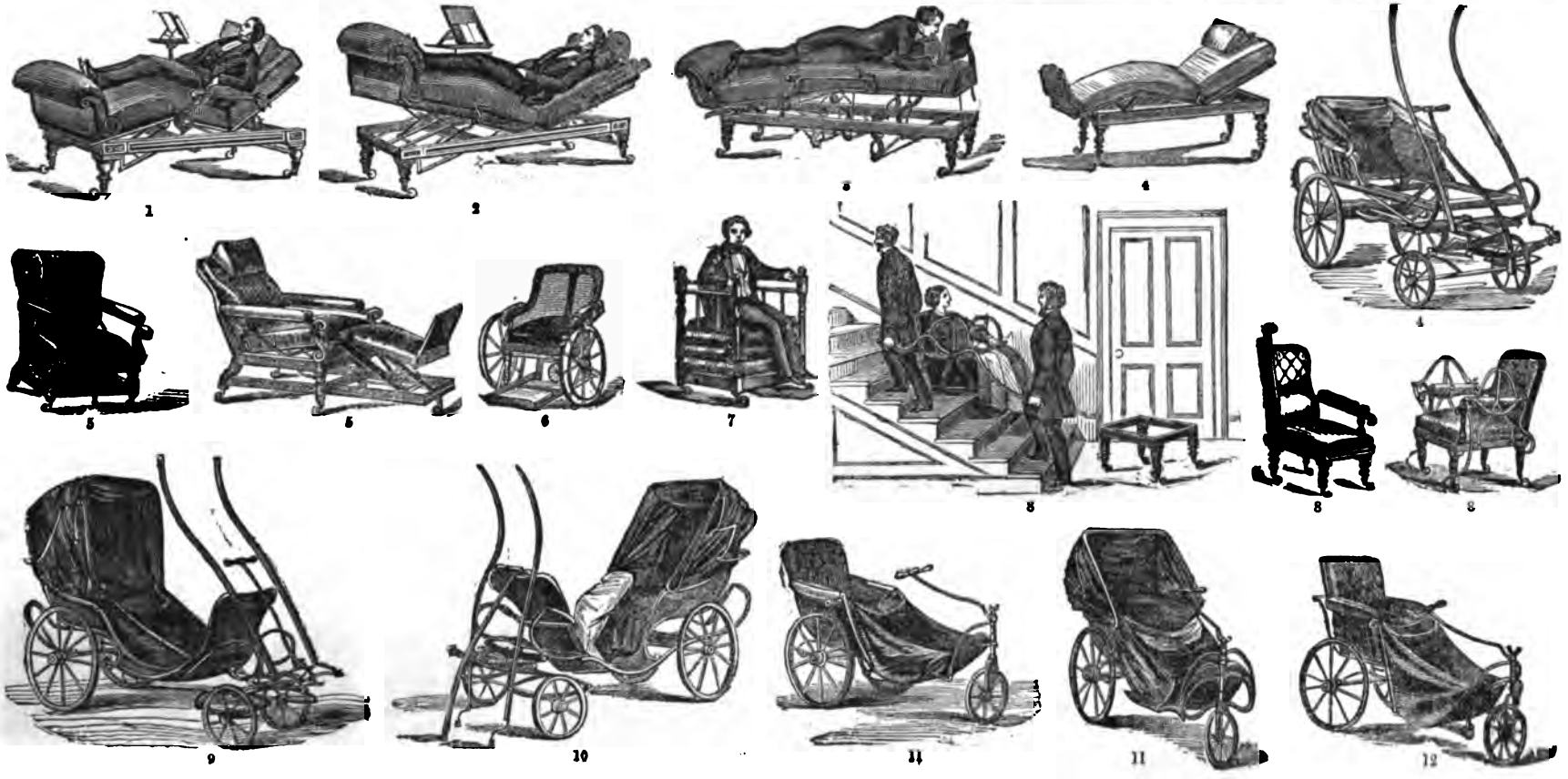
No. 8, 8, 8, is J. A.'s Patent Portable Equilibrium Carrying Chair, which enables an Invalid, however weighty, to be carried up and down stairs with perfect ease and safety; the Chair always adjusting itself, enables the two persons who carry to walk up and down stairs in the usual way, quite erect, with their arms straight down, which avoids any strain upon their muscles. It is also a perfect Easy Chair for the patient to sit in during the day, the carrying handles being made to hook on and off in an instant.

No. 9 is J. A.'s improved Four-wheel Albert Chair, fitted for hand or pony. The body is mounted upon C and under springs behind, and elliptic springs in front, so that it makes a most elegant and easy Carriage, free from all oscillation.

No. 10 is J. A.'s improved Four-wheel Brighton Chair, which is mounted upon C and under springs both back and front, together with his new wrought-iron perches or cranes, instead of the old-fashioned wood perches. It is also fitted for hand or pony, and is the most elegant and easy Carriage in use.

No. 11, 11, is J. A.'s improved Three-wheel Albert Chair, with and without a hood. It is elegant and easy.

No. 12 is J. A.'s improved Three-wheel Garden or Bath Chair, with or without a hood.



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ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXXIII.

PUERPERAL INSANITY—*continued.* ITS CONNEXION WITH ALBUMINURIA, Etc.

We have discussed the dependence of Puerperal Mania upon, 1. Hereditary predisposition to insanity; 2. Upon anæmia and exhaustion; 3. Upon the peculiar state of the sexual system that exists after delivery; and, 4. I have tried to show you the probable production of the disease by blood-poisoning, or toxæmia. Let me now direct your special attention to its connexion with a more patent and discoverable morbid chemical state, viz.:—

5. *Albuminuria.*—Few circumstances in modern pathology are more striking than the frequency with which the presence of albumen in the urine—as detected by heat and nitric acid—is found to precede, complicate, or follow various diseased actions in the animal economy. Before Dr. Bright drew the attention of the Profession to the subject of albuminuria, now some five-and-thirty years ago, the condition of the urine, particularly in regard to the existence of albumen in it, was rarely—or almost never—looked for in practice. All this is greatly changed now. You know how constantly albumen is tested for in modern clinical Medicine and Surgery,—what a long catalogue of Medical affections it is found to be connected with,—and how important an indication albuminuria generally is as a test of the insusceptibility of patients to undergo the greater chirurgical operations. The same state of albuminuria is found to play also an important *rôle* in some points of the obstetric pathology of the present day. As long ago as 1818 Dr. Blackhall gave in his work on Dropsy, a very brief notice of a case of albuminuria in a pregnant female, complicated with anasarca. It was not, however, I believe, till 1843 that the frequent, or indeed almost constant, connexion of albuminuria with puerperal convulsions—the most important of all the ascertained complications of albuminuria with midwifery—was published.

During three or four years before the date which I have mentioned, I had repeatedly ascertained that the œdema which so generally precedes puerperal convulsions, was connected with the presence of albuminuria. In several cases of puerperal convulsions I had found albuminuria as a precedent and accompaniment of that disease; but I had no opportunity of ascertaining, by dissection, the co-existence of disease of the kidney with puerperal albuminuria and convulsions, until a fatal case occurred in 1843, a note of which, and of this connexion of these two morbid states, was published by me in the *Monthly Medical Journal* of that year. The late Dr. Lever published in the last number of the "Guy's Hospital Reports" of 1843, a most excellent and masterly paper on the same subject; and from that date the dependance upon, or rather the precedence and co-existence of puerperal convulsions with albuminuria—and generally with albuminuria in a highly-marked degree—has become an acknowledged fact in obstetric pathology. I have seen and described other complications and disorders of the nervous system with puerperal albuminuria, besides convulsions. Affections of the motory powers in the way of imperfect local paralysis of one or more extremities, passing onwards sometimes to the extent of hemiplegia or paraplegia, occasionally occur in connexion with albuminuria during pregnancy. I have seen during the puerperal state two instances of partial immobility and twisting of the half of the face from paralysis of the portio dura of the seventh pair, complicated with the presence of albumen in the urine. Local muscular spasms and contractions are more rarely found to be produced by it; and, let me note incidentally, as I pass, that you will often find laryngismus stridulus in infants complicated with albuminuria. Obstinate vomiting in pregnancy is sometimes connected with it. I have traced occasionally the recurrence of abortion and premature labour to the same complication. Puerperal lesions of the senses, particularly of hearing and sight, are very generally found to be dependent on it. More or less marked amaurosis is not rare in the pregnant and puerperal states; and puerperal amaurosis is in practice, a very certain sign of puerperal albuminuria. I have only found it, indeed, absent in one case, but in this instance the amaurosis had already persisted for several months subsequent to labour; and probably the albuminuria had been present in the early stage of the attack, but had latterly disappeared. Puerperal convulsions when severe, are often accompanied with coma; and various shades of coma have, alike in the puerperal and in the non-puerperal state, been often found to co-exist with albuminuria. In 1856 I brought the connexion of puerperal insanity with puerperal albuminuria before the Edinburgh Obstetric Society, and a short abstract of these remarks was published in 1857 in the Society's Proceedings. At that time I had observed albuminuria in connexion with puerperal insanity in four successive instances, and I have repeatedly seen the same connexion since that time in various consultation and Hospital cases. I would have found it, of course, in plenty of cases, before the four I allude to; but I had, like others, never tested for it till the first of these four cases occurred, and in it, and the three next which I saw, the albuminuria was present in a very marked degree. I am not aware that any observations have as yet been published by others upon the subject. In the patient whose death in the Infirmary from puerperal insanity, forms the ground-work of the present remarks, it was out of my power to test the presence of this symptom—as the urine passed constantly away through the vesico-vaginal fistula, and could not be collected for examination. The cases of puerperal mania which I have had an opportunity myself of observing and watching, and those that have been reported to me by my professional brethren, have furnished a series of facts or elements which may be thrown into the form of two or three propositions. These propositions, however, will no doubt become altered and varied in several respects, when more extended observations are made upon the subject. In the meantime it appears, as far as my present knowledge and experience go:—

a. That albuminuria precedes and attends the first access of puerperal insanity in a large proportion of cases; but perhaps not so frequently and so constantly as it precedes and attends upon attacks of puerperal convulsions. I have found it present, in eight out of ten cases of puerperal insanity, at the commencement of the disease; and possibly it escaped observation in these two cases from not being looked for sufficiently early in their progress. For it seems to me,

b. That the coagulability of the urine in puerperal insanity generally disappears within a short time after the attack commences, and hence disappears more speedily than happens in puerperal convulsions. The fire of disease goes on burning in these cases of insanity after the lighted match is merely applied, and the strange morbid clockwork runs on, as it were, after the key that wound it up is withdrawn. I have seen all traces of albuminuria in puerperal insanity disappear from the urine within fifty hours from the access of the malady. The general rapidity of its disappearance is, perhaps, the principal, or, indeed, the only reason why this complication has escaped the notice of those Physicians among us who devote themselves with such ardour and zeal to the treatment of insanity in our public asylums. As another proposition let me state,

c. That when the puerperal insanity recurs in the form of successive attacks or explosions, each attack may be found connected with a new attack or advent of albuminuria. In one of the first cases in which I had occasion to watch the connexion of puerperal insanity with puerperal albuminuria, two accesses of mania came on, both very suddenly; and the last of them proved ultimately fatal. Between the two attacks there was an interval in which all symptoms of any mental disorders were completely absent. The first urine passed after the access of each paroxysm was highly albuminous. During the intervals between the two attacks it lost all tendency to coagulate under either heat or nitric acid.

Puerperal convulsions, which, as I have said, are almost invariably connected with albuminuria, are often attended,—particularly when very severe in their character—with some temporary degree of incoherence, delirium, or stupefaction;

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but they rarely, as far as I have seen, terminate in true and established puerperal insanity. Dr. Churchill, however, states that he has seen puerperal insanity accompany or follow puerperal convulsions in more than one case; and instances of the same kind are alluded to by Drs. Reid, Merriman, Gooch, Esquirol, and others. Dr. Ingleby seems to have noticed in repeated examples, the lapse of puerperal convulsions into mania. In his Essay on Puerperal Convulsions he observes, "I am acquainted with several cases of puerperal convulsions, which were succeeded by puerperal mania; the transition (he adds) might probably be the result of the large bleedings which were necessary to subdue the primary disease." We have a more simple and certain explanation of the connexion between them in the pathological fact, that both are found to be dependent upon, and in some way or other connected with, the pre-existence of albumen in the urine. But if you ask me, further, How does the presence of albuminuria in the urine account for the supervention of either puerperal convulsions or puerperal mania? and more particularly, How can it originate two such diverse morbid states as convulsions and insanity?—then in answer I can only, I fear, confess my ignorance of the probable or possible rationale of the problem. Pathological Chemistry must make very great progress, ere we can hope to solve perfectly any such deep pathological riddles. The mere presence of a great amount of albumen in the urine does not in itself afford any explanation of the result, because the loss by excess of a far greater amount of albumen from the mass of circulating blood would produce no special effects or results upon the nervous system. But the presence of an excess of albumen in the urine is usually accompanied with other and far more important changes directly in the chemistry of the renal secretion, and indirectly in the chemistry of the blood itself. When albuminuria exists, there is always liable to accompany it a diminished elimination of the urea, and perhaps of other excrementitious matters that pass off by the urine; and, consequently, there is a corresponding retention within the circulating system of these effete substances that should be duly and systematically thrown off by the action of the kidneys. Urea when thus, or when otherwise, accumulated in morbid excess within the circulating system, does not, according to the observations and experiments of Frerichs and others, produce any very special intoxicating or poisonous effects upon the nervous system, merely *per se*, or simply as urea. But the accumulated urea is apparently liable to decompose and become altered under varying influences into various new organic compounds within the body, some of which, like morphia, strychnine, coniine, and other vegetable alkaloids, produce different diseased states, by exerting different toxicological effects upon the cerebro-spinal and other systems. Dr. Frerichs holds that the mere simple and common decomposition of the accumulated urea into carbonate of ammonia is the cause of albuminuria ending in convulsions and coma. Urea, as urea, does not, in his opinion, and according to his experiments, produce convulsive and comatose effects; but these effects are produced by a sudden excess in the circulating system of carbonate of ammonia, a salt which urea readily forms when it becomes decomposed. But when the whole constitution and chemistry of the blood becomes deranged and altered by the sudden accumulation of the excrementitial materials of the urine within it, as is always liable to happen in puerperal albuminuria, other organic toxicological agents may become developed within the system from the decomposing urea or other components of the urine—possibly some of these newly-formed products or agents of an *alkaloidal* character—and one or other of which may be as certain of exciting delirium and insanity, as an overdose of morphia or brucine, or other poisonous vegetable alkaloids, is certain of exciting their special toxicological effects upon the economy. Mr. Calvert and other chemists have lately found organic alkaloids of various, and most of them of still unknown, types, formed during animal decomposition. In the blood of the puerperal female,—greatly modified as it is in the normal states of pregnancy and delivery, and containing as it does after parturition the effete elements of the involving or disintegrating uterus, and the materials for the new lacteal secretion,—ferments and agents may possibly exist, which are more apt to develope special morbid poisons out of the retained renal excretions than happens in other states of the system. But I repeat, the whole subject is yet quite dark and conjectural, and will remain so till pathological chemistry is able to cast some light upon it.

6. *First Deliveries.*—It has been well ascertained that puerperal convulsions occur much more frequently in connexion with first than in connexion with subsequent labours, and that, consequently, puerperal albuminuria is correspondently more common in primiparous than in multiparous patients. Puerperal insanity is apparently also in the same way, and probably for the same reason, but not perhaps to the same extent, observed more frequently after first than after future labours. When speaking of the relations of convulsions to insanity, Dr. Reid quotes authority to the effect "that each of them is more liable to attack the female in her first accouchement than in after ones." Marcé found that among 54 cases of puerperal insanity, 14, or about 1 in every 4, were primiparæ. Out of a list of 53 cases collected by Dr. Gundry, 18, or about in every 3, were found to have been attacked with the disease in connexion with their first pregnancy and first parturition.

7. *Mental Emotions.*—We occasionally find, in the case of puerperal patients, in whom all the circulatory and secreting functions are disordered and deranged, in consequence of parturition and the resulting changes in the generative and mammary organs, that a shock which, in other circumstances, would have produced no more dire result than a passing mental emotion, may have the effect of disturbing completely the mental balance, and calling forth all the symptoms of one of the most distressing and dangerous forms of madness. Many years ago I had under my care a patient who had just recovered from her first labour, and had been going on extremely well for about a month, when she was abruptly told by a gossiping old lady whom she received in the drawing-room, that her father had become a bankrupt during the period of her confinement. This distressing news had, previously been most sedulously kept from the patient, and when thus suddenly and senselessly informed of it, she was led back to her bedroom quite insane, and died of a rapid and acute attack of puerperal mania. Another case, of a still more painful character, happened in the practice of a friend here. A lady—one of that rather numerous class of people who have a constitutional horror of mice — had made her husband happy by giving birth to a child, and was making a favourable recovery. A sister-in-law, who had a deep dislike to this lady, sent her a few days after her confinement a box, which she opened for herself in bed, in the expectation of finding a present for her infant, when she was literally "frightened out of her wits" by the escape of a lot of living mice; for such was the cruel gift of her evil-minded relative. The influence of mere mental or moral emotions in giving, on the large scale, an increased tendency to the production of puerperal mania, has been fully proved by various authors, through an appeal to one variety of evidence—viz. the relative proportion of cases of the disease among married and unmarried mothers. This unfortunate latter class of patients are, it will be allowed on all hands, far more under the influence of depressing moral emotions during parturition and the puerperal state, than married females are. They are also, proportionately, much more liable to attacks of puerperal mania, according to most writers upon insanity. But the mental emotion and depression in these instances probably acts intermediately on the mind by its morbific agency on the body. I have only seen one instance of late years attributable to such a primary depressing mental cause, and in this case the urine was as highly albuminous as it is usually found in puerperal convulsions. The history of the patient was in various respects most painful and unusual. A lady came from a distance of several hundred miles to be under my care here at her accouchement. She brought an unmarried sister with her as a companion. A few days after my patient was confined, this unmarried sister told her that she had got an urgent letter to run up to London to see a sick relative there who was very ill; and she went off hurriedly and almost abruptly on this pretended mission of mercy. Within a week Dr. Weir asked me to visit with him a patient who had come in during labour into the Maternity Hospital, suffering under acute puerperal mania, and who raved at times of a relative who appeared to be a patient of mine. On going to the Hospital I found the unhappy unmarried sister of my patient. The attack of insanity in her, though probably excited by the terrible predicament in which she found herself involved, was still a mania attended, if not

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preceded, by albuminuria. The urine was still very highly coagulable when I first saw her, and this morbid state had been already ascertained to exist some days previously. There is still another form of mental aberration, sometimes spoken of by authors as a kind of puerperal mania—viz. where delirium occurs, as

8. *A Complication of Inflammatory Diseases in the Purperal State.*—To this variety of mental disorder, which is no real form of puerperal mania, I refer now merely to warn you against the error of supposing that puerperal mania itself depends on any inflammatory affection of the brain or its membranes. Meningitis or phrenitis may come to be set up in any case of puerperal mania, and to diminish in no small degree the patient's danger; but, as was first clearly pointed out by Dr. Gooch, there is no necessary connexion between the two forms of disease, and even their association in any case is but a rare coincidence.

I need not occupy your time with any lengthened remarks regarding the

Semeiology of the Disease.

The forms which insanity usually assumes in the puerperal female are those of mania and melancholia—most frequently the former. But there is nothing special in the character or symptoms of puerperal insanity as distinguished from other forms of insanity. The symptoms, when the disease is established, are simply those of common mania or common melancholia, or of some intermediate type of mental disorder. Before the attack the patient is usually for a time restless and irritable, and does not sleep. If you have a puerperal patient complaining of great or total want of sleep, watch her narrowly and anxiously; for she may speedily lapse into insanity. If, in addition to this wakefulness, you discover the urine to be albuminous, the probability of insanity impending over her becomes only the greater. The first suspicious symptom of the actual disease generally consists in some oddity of thought, or of expression, or of affection. I lately saw a case in the country where the patient's insanity began with her insisting upon her Doctor, at one of his visits, baptizing her infant. She is markedly different in some of these points from what she is naturally. She begins betimes to utter nonsense, or to talk very volubly, and falls at last into a state of complete delirium, when, unless she be constantly watched, she may make some unhappy attempt on her own or another's life. Or, again, the patient may begin by being low-spirited and dull, refusing her food, and taking no interest in her offspring, or even showing an aversion to it; she takes an unreasonable and unnatural dislike to her husband, her nurse, or her Medical attendant: or harbours peculiar suspicions regarding them or regarding her food, fearing that she is to be poisoned or otherwise killed, and gradually settles down into a state of confirmed melancholia. The remarks I have to make regarding the prospect of the patient's recovery, and the means of treating the disease, I must reserve for another opportunity.

CLINICAL LECTURES

DELIVERED AT

ST. THOMAS'S HOSPITAL IN 1860.

By F. LE GROS CLARK, F.R.C.S.
Surgeon to the Hospital.

Lecture III.

Gentlemen,—I have selected for to-day's Lecture a few miscellaneous cases from among those which have been admitted under my care during the late recess; and I may here remark that it is my intention, now you have entered on your winter studies, to bring under your notice, in my future Lectures, *classes* of cases illustrative of special forms of injury or disease, as opportunity may be afforded to me. I think this plan will be more satisfactory and instructive, though I shall still reserve the privilege of directing your attention to such particular cases as I think deserving of your special attention while under treatment in my wards. The first case of which I shall speak is one of excision of the elbow-joint for disease of the articular ends of the bones; and the following particulars are from the report of my dresser, Mr. Hunter:—

M. C., aged 11, was admitted on July 12, 1860. This little girl had been afflicted with disease of the elbow-joint for six years. She does not attribute its commencement to any accident or injury. The joint is considerably enlarged, and at the back part are several sinuous openings, which communicate with diseased bone. This disease is evidently extensive, though it is difficult to define what parts are involved. The forearm is bent at a right angle with the upper arm; but there is slight motion, both of flexion and extension, and the radius can be slightly rotated. The child is evidently of a strumous habit, having suffered from glandular enlargement in the neck; and her general health is a good deal impaired.

The treatment adopted was entire rest of the diseased member, a nutritious diet, and tonics; first the syrup of the iodide of iron in combination with cod-liver oil, and subsequently the tincture of the sesquichloride of iron.

On September 29, the child's general health being improved, the operation of excision of the joint was performed, by laying it open from behind by a crucial incision. The olecranon was then sawn through, and it was found that the head of the ulna was the principal seat of disease. The radius was, to all appearance, healthy. The articular extremity of the ulna being first removed, an effort was made to save a portion of the olecranon to support the upper flap, but it was found impracticable. A portion of the head of the humerus, which was also diseased, was likewise excised. The wound was left open for two or three hours, and then closed by sutures, though with some difficulty. The arm was placed on a bent splint, fitted with a screw to regulate the angle, and the elbow was placed at a right angle. The child did not suffer much constitutional disturbance, and the sutures, rather unexpectedly, retained their hold until the third day, when they gave way, and a sloughy-looking chasm was exposed. This cavity was filled with lint dipped in black-wash, and the parts were kept supported by strapping and roller. In the course of a few days the wound became clean, and soon healthy granulations began to spring up; since which time the improvement has been uninterrupted, and the child's general condition is much ameliorated. The case is still under treatment, but bids fair to turn out much better than was anticipated before the operation was undertaken.

These operations are now not uncommon; yet there is still sufficient doubt respecting which are the proper cases to select for excision, to render the recital of individual operations interesting and valuable. That success does frequently follow excision of any joint, where the disease is limited, and the surface of the articulation comparatively sound and healthy, there can be no doubt. But, it may be questioned whether, in such cases, operations of this sort are not sometimes unnecessarily performed, and joints removed which, with patience, rest, and suitable constitutional treatment, might recover.

The operation itself is a serious one, and the prospect of an useful limb as the result always doubtful. It appears to me, therefore, that every opportunity should be afforded to Nature to effect a cure; and excision should be had recourse to only as the preferable alternative to amputation. On this principle I acted in the present, as in all the cases which have come under my care. The extremity of the case should be the Surgeon's opportunity—of course I speak within bounds—rather than it should be selected for operation on the abstract principle of its offering a favourable prospect of recovery after the operation, whether urgent or not, has been performed. In the present instance the alternative of excision or amputation was unquestionable, and the prospect of recovery from the former not very promising nor encouraging. The disease was evidently extensive; the integument around, and especially on the back of the joint, disorganised and perforated at several points, and the child's constitution feeble and scrofulous. The issue thus far has justified the step; but I shall watch the case with some anxiety still.

I wished, as I mentioned to you in referring to a case on which I operated in the summer, to have saved the olecranon, as a support to the integuments; but it was not practicable in this instance. The splint I employed was adapted to the front of the arm only, leaving the back quite exposed, and thus more accessible for dressing and cleansing. I soon found,

as indeed I anticipated, that the skin would avail but little in closing the wound, and therefore dealt with it as with an excavated ulcer, or large sinus, dressing it so as to encourage granulation from the surface of the cavity; and hitherto this plan has answered remarkably well.

I will now narrate an interesting case of injury to the eyes,—interesting from the comparatively trifling ill-consequences resulting from so severe an accident:—

J. B., aged 30, an engineer, was admitted into the Hospital on September 24, 1860. The patient was engaged in executing some repairs to a steamer, and was using some melted metal—a patent mixed metal, which melted at a temperature of about 80° above the melting point of lead. The accident occurred by the metal splashing, and a quantity of it was thrown up into his eyes. When brought to the Hospital, both his eyes were found to be filled with fragments of a metal resembling lead, diffused over, and adhering to, the conjunctiva and cornea, as well as to the eyelids. The eyes were cleansed, as far as practicable, by means of a probe and camel-hair pencil; and, oil being dropped into them, the patient was removed to bed. Some shreds of disorganised membrane were also removed with the fragments of metal. A purge was ordered by the House-Surgeon, and six leeches to each temple. Subsequently, several more fragments of metal were removed. On the following day he complained of acute pain, and the vessels of the conjunctiva were injected. On the third day a careful examination of the interior showed the ocular conjunctiva to be clear and free from ulceration, and only slightly injected; but the outside of the lids, which had been burnt by the metal, exhibited patches of ulceration. In the course of the following week he left the Hospital well.

I did not see this patient when he was admitted, and was surprised to find so limited an amount of injury, after hearing the history of the case, and ascertaining the temperature of the metal. One of you remarked to me that you had seen workmen plunge their hands, when recently wetted, into molten metal with impunity; and the explanation suggested at the time is that the sudden conversion of the water into steam protects the hand from injury. Such may be the explanation in the present and similar cases, where certainly we should should anticipate more serious mischief, and the eye escapes almost uninjured. In comparing such an accident as that I have described, with the effects of the contact of unslaked lime or mineral acids with the conjunctiva or cornea, the contrast is very striking. In the latter cases the destruction is immediate, and the opacity of the cornea permanent and irremediable; a point of considerable importance to be borne in mind in the prognosis you give.

One of the severest forms of injury to the skull, and of rather an unusual kind, was admitted during the recess, and I will briefly narrate the particulars, as recorded by my dresser, Mr. Ward:—

J. K., aged 24, an engineer, was admitted on August 17, 1860, suffering from extensive fracture of the skull. It appears that he was occupied in clearing the sawdust from beneath a large circular saw in rapid revolution, and his head was thus torn open. When carried into the surgery, it was thought at first that he was dead, but a more careful inspection proved that he was breathing feebly, and a pulse was just perceptible at the wrist. When the cloths, which were soaked with blood, were removed from the head, a large wound presented itself, through which the brain was protruding. This wound extended from the centre of the forehead backwards in a longitudinal direction into the occiput, its transverse diameter being about two inches. Through this chasm the broken-down brain and clots of blood protruded. The bone was much shattered, and a large fragment of the right parietal bone was partly detached, and driven into the corresponding hemisphere; several small and detached fragments lay loose in the wound, clotted blood and cerebral substance adhered to the temporary covering and came away with it. On the removal of these, venous blood poured out in abundance, but was speedily arrested by a compress; this was evidently derived from the longitudinal sinus, which must have been freely torn open. A little brandy was put into the patient's mouth and swallowed, and heat was applied to the surface of the body. There was entire insensibility, but no stertor. Reaction came on shortly afterwards, and with it sickness, which was constant. On the following morning he was conscious, but restless. Pupil dilated and inactive. Left arm and leg feeble. Could pass water unaided. Constant vomiting. On the third day he retained, for the first time, some cold bread and milk.

From this date he continued to improve: became more conscious, though sleeping a good deal, but answered questions rationally, and even narrated to his friends the particulars of his accident. The brain was disposed to protrude through the large chasm in the skull, and a compress was applied to control this tendency: it was requisite, however, to apply this pressure with great care, for the House-Surgeon, Mr. Drake, informs me that symptoms of coma immediately supervened when the pressure exceeded a certain limit, and were as immediately relieved when it was removed. An attempt was made by the nurse to place the patient in a sitting posture, which speedily brought on almost fatal syncope. The pupils acted naturally under the stimulus of light; his appetite was good, and his restlessness was diminished. The paralytic state of the left side was, however, somewhat increased.

This favourable state alternated with vascular excitement, until the eighth day, when he rather suddenly became worse; symptoms of impending coma were accompanied by great arterial throbbing of the brain, and on removal of the light compress, a blood-red mass of cerebrum and clot protruded. On the following day he again rallied, but towards evening symptoms of collapse came on, and he died on the morning of the tenth day, retaining his consciousness to the last.

This is but a brief summary of the detailed record in my case-book; but it is sufficient to indicate the points of special interest in the case. Practically these are but meagre, for we can do but little to help Nature in so severe a lesion, but we may avoid adding to the mischief by injudicious interference. It was clearly desirable to supply, in some measure, artificial support to the exposed and protruding brain; yet, as you see, this could not be borne with impunity, unless carefully graduated. And again, the change of posture, from the horizontal to the upright, was almost instantly fatal. Physiologically, we have illustrated the familiar fact, that lesion of one cerebral hemisphere affects the opposite side of the body, as regards its muscular movements. I could not discover any impairment of sensation on either side. Unfortunately, I had not an opportunity of making any post-mortem examination; therefore I cannot say whether the contiguous portions of the cerebral mass had undergone those changes of inflammatory softening which are usually observed where the patients survive these lesions long enough. In the present instance, however, the immediate cause of death appeared to be hæmorrhage into the substance of the injured hemisphere. I did not attempt to disturb the large adherent and partially-depressed fragment of the parietal bone, because there was no object in so doing, and the requisite force might probably have been attended by immediately fatal consequences. Probably the most interesting point about the case, is the psychological fact that the intelligence of this poor fellow did not seem to be impaired by the destructive injury to which one of his cerebral hemispheres had been subjected. The Medical gentleman who saw him before he was sent to the Hospital, told me that brain came through his nostrils; and, therefore, probably the cribriform plate of the ethmoid bone was involved in the injury.

I have recently admitted a patient (on whom indeed I am going to operate to-day), suffering from a complaint which is so often misunderstood, and therefore mistreated, that I am glad to take this opportunity of directing your attention to the case. The patient is a respectable middle-aged female, who was sent up to me to undergo the operation for fistula. In reply to my enquiries, she stated that she had no external wound, but that some discharge came from the bowel; that she was comparatively easy, except when the bowels acted and for some time afterwards, at these periods she said, the pain was agonising, and that her Medical attendant supposed there must be some disease at the lower part of the spine. Before examining her, I felt pretty sure of the nature of her complaint, and found, as I expected, a fissure in the rectum. She had endured this suffering for two years.

I have treated many cases like this one in the way I will presently describe, and with invariable success, where the fissure is uncomplicated with other disease. The suffering of the patient is alone almost sufficient to characterise and identify the malady. It is described as being, during defecation, of a lacerating, stabbing, or burning nature, and so acute as to be almost intolerable when the evacuation is

solid. I have known the pain spoken of in the most exaggerated language, and suggest the impression that there must be some serious disease, such as scirrhus in the bowel, or inflammation of the prostate gland, or, as in this case, disease of the coccyx or womb. Many of you heard this patient's remark, to the effect that she is the mother of thirteen children, and "would rather go through the suffering of parturition than pass a confined motion by the bowel!" On examination in these cases, the sphincter is found spasmodically closed, from the dread the patient has acquired of allowing the bowel to be stretched at its lower part: this I have known to be mistaken for stricture of the rectum. On introducing the finger with caution, the patient at once complains of the characteristic suffering; and, on feeling the circumference of the bowel just above the anus, a longitudinal groove or fissure will be felt, situated almost invariably at the back part, on or near to the median line. A practised hand readily detects this shallow cleft; but, if desirable, it may be easily seen with the aid of a speculum. I have treated these cases with various forms of caustic, yet ineffectually; but the operation with the knife is simple, productive of very little pain, and almost infallible. The knife I use has a straight, narrow, button-pointed blade, which is introduced, on the flat, along the palmar surface of the forefinger as it rests within the rectum, the patient leaning forward over the back of a chair or on a bed. The edge of the knife is then turned backwards, and, as it is drawn out, the whole of the fissure, to the extent usually of about an inch, is divided to the free margin of the bowel. This incision should cut through the muscular fibres encircling the gut, close to or at the fissure. But little bleeding follows, and no dressing is required. The bowels should be freely cleared out on the day before, and then kept at rest for a couple of days. A good deal of smarting pain is felt for a few hours, and the first act of defecation is painful; but after that all pain usually ceases, and recovery speedily follows.

This condition of the bowel is analogous to a similar condition of the lower lip, to which many persons are subject, especially during the winter months. The fissure being established, it is perpetuated by the constant action of the annular fibres of the intestine upon its margins; and this cause, co-operating with the passive distension at each act of defecation, prevents the part from healing, and induces that spasmodic constriction which is always more or less noticeable in the external sphincter. On this explanation the treatment is founded, the object being to keep the fissured part at rest by division of the annular fibres, including the inner margin of the external sphincter; and this may be accomplished without risk, on account of the position of the ulcerated cleft being, usually, at the back part of the bowel.

ORIGINAL COMMUNICATIONS.

THE UTRECHT SCHOOL OF OPHTHALMIC SURGERY.

By J. ZACHARIAH LAURENCE, F.R.C.S., M.B.
Surgeon to the South London Ophthalmic Hospital.

HAVING studied with great advantage the elaborate investigations of Professor Donders (the illustrious founder of the Dutch School of Ophthalmic Surgery) on Ametropia (*vide* Graefe's "Archiv." vol. vi.), I resolved to visit Utrecht, that I might clear up some points on which I still was, to a certain degree, in doubt. During my stay at Utrecht I saw so much that is not very generally known in England, that I thought a brief exposition of some of the more important facts might not be unacceptable to the Profession here. In doing so, it will tend to systematise these observations by dividing them into three groups,—1. Donders's investigations into the optical defects of the eye. 2. Improved methods in the physical (ophthalmoscopic) examination of the eye. 3. Miscellaneous points of interest in the pathology and therapeutics of ocular disease (a).

I. *Donders's Investigation into the Optical Defects of the Eye.*—When we regard distant objects, the rays emanating from every point of them impinge on the cornea parallel. If our eye is normal—emmetropic—these rays are converged to foci on the retina by the dioptric system of the eye, and vision is distinct. If, on the other hand, we regard near objects, the rays strike the cornea divergently, and would be focused behind the retina, if no change occurred in the dioptric system.

Dr. Cramer proved that divergent rays are brought to a focus on the retina by the anterior surface of the *lens* becoming more convex: Helmholtz that the posterior surface becomes also slightly more convex, and that the whole lens also comes somewhat forwards.

This constitutes *accommodation* (b). Accommodation is effected by the ciliary muscle. We have in a solution of atropine (1 to 120 or 140 of water) a power of completely paralysing the ciliary muscle, and by thus destroying all power of accommodation, reducing the eye to an absolute state of rest. We may then proceed, as Donders has done, to the investigation of the anomalies of refraction of the eye, without having our inquiries disturbed by the variable physiological element—accommodation.

There are two fixed points which determine a person's range of distinct vision, and which require to be taken into special consideration in our investigations. These are: 1, the most remote point of distinct vision—the "far-point" ("*fern-punkt*"); 2, the nearest point of distinct vision—the "near-point" ("*nahe-punkt*").

In the *normal* (emmetropic) eye the far-point lies at an infinite distance (∞), the near-point (in early life) at about 4 inches from the cornea. By using one eye alone, and converging the optic axis to the highest degree, the near-point may be brought to 3¾ inches. In the *myopic* eye the far-point lies at a definite distance from the cornea; the near-point lies generally nearer than in the normal eye. In the *hypermetropic* eye (in a state of rest) there is no real far- or near-point for the only two classes of rays (parallel and divergent ones) which exist in a state of nature; in other words, with suspended or paralysed accommodation it is only capable of focusing *convergent* rays on its retina.

One of the great merits of Donders is that he fixed on the *far-point* as the basis for his classification of eyes; this is ascertained when the patient no longer exerts any accommodative effort. If, as is nearly always the case with hypermetropic patients, he is incapable of suspending his effort, we may render him incapable of exerting any such accommodative power by paralysing the ciliary muscle by atropine. In either case—suspended or paralysed accommodation—the eye is in a state of rest.

Proceeding on these principles, he has divided eyes into three classes—1. Emmetropic (normal) eyes; the focus for parallel rays—the principal focus—is *on* the retina; 2. Myopic eyes, the principal focus is *before* the retina; 3. Hypermetropic eyes, the principal focus is *behind* the retina.

Presbyopia is not an anomaly of refraction; but consists in *deficiency of accommodation* for near objects. The lens of the eye from a very early period of life, begins to acquire a more and more firm consistence. It hence yields less and less to the contractile power of the ciliary muscle, which thus becomes incapable of inducing those changes in its form (mentioned *supra*) which constitute accommodation. This decrease of accommodative power may be observed at as early an age as ten years; but, as is well known, does not generally become a subject of complaint till past the meridian of life. Presbyopia might then strictly be said to commence, as soon as ever the near-point begins to recede from the eye; but for the sake of convenience and practice, it will be as well to fix some definite (arbitrary) point, where presbyopia shall become a subject of clinical investigation and treatment. We will, then, with Donders, say,—if an eye no longer possesses distinct vision for objects nearer than 8 inches, that eye is presbyopic. For an emmetropic eye, which has become so presbyopic as to no longer be able to see objects distinctly at

(a) In discussing these various matters, I have preferred presenting a general outline of each individual subject to that of strictly limiting myself to a series of disconnected points of novelty, which I observed at Utrecht. Surgeons, therefore, who read these papers, with a previous knowledge of the subject, will not feel surprised at meeting with much with which they are already well acquainted.

(b) By the word "accommodation" we, then, understand that change in the figure (and position) of the lens necessary for distinct vision of objects at such distances, as not to be seen distinctly by the eye in a state of rest.

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a less distance than 14 inches, to see the same objects at 8 inches it will require a glass of $\frac{1}{8} - \frac{1}{14} =$ about $\frac{1}{19}$ (c); and as the amount of presbyopia is in an inverse ratio to the focal length of the glass necessary to neutralise the presbyopia, we may conveniently designate such a presbyopia as the above as a presbyopia of $\frac{1}{19}$th. It is very important to remember that presbyopia necessarily affects all classes of eyes—myopic and hypermetropic ones, as well as emmetropic (normal) ones. For example:—A person's range of distinct vision may lie between 14 and 20 inches: he then has a myopia of $\frac{1}{20}$, and a presbyopia of about $\frac{1}{19}$. His far-point is too close; his near-point is too distant. Again, an hypermetropic eye may require a glass of 24 inches to neutralise its hypermetropia—to see distinctly at *any* distance; but with this glass may still not be able to see objects nearer to it than 14 inches: such an eye has an hypermetropia of $\frac{1}{24}$ *plus* a presbyopia of $\frac{1}{19}$. To illustrate the point further, we may remark, that a glass of 24 inches positive focus will be required for the distinct vision of all objects between infinity and 14 inches; but for all objects nearer than 14 inches an additional convex glass will be required. If, *e. g.* we wish to transfer the patient's near-point from the inconvenient distance of 14 inches to the convenient one of 8 inches, the glass necessary for such a purpose will be given by the equation

$$\frac{1}{f} = \frac{1}{8} - \frac{1}{14} = \frac{1}{19} \text{ nearly.}$$

A glass, then, of 19 inches neutralises his presbyopia; a glass of 24 inches his hypermetropia; for near objects he then requires for distinct vision a glass of $\frac{1}{24} + \frac{1}{19} = \frac{1}{10}$ nearly. For other reasons, however, which it would lead me too far to enter into here, a less strong glass (say of $\frac{1}{14}$) is to be preferred in such a case. It requires no long explanation to understand that (if we assume that presbyobia may conventionally be said no longer to exist if the near-point lies no farther than 8 inches from the eye) any myopia exceeding $\frac{1}{8}$ (*e. g.* of $\frac{1}{6}$, $\frac{1}{4}$, etc.) excludes the possibility of presbyopia. But even slight myopics (*e. g.* of $\frac{1}{12}$, $\frac{1}{20}$, etc.) become presbyopic at a much later age than emmetropics or hypermetropics, and are thus compensated in old age for what they endured in early life.

[It will be as well here to observe, that at the Continental and Moorfields Schools, the concave glasses are numbered according to their focal lengths (which are negative), and not according to any arbitrary numbers which opticians choose to decide upon. Thus No. 10 concave, is designated by —4 (*vide* Mackenzie, Fourth Edition, p. 918); No. 1 by —48, etc. The arbitrary numbering the glasses by English opticians, leads to interminable confusion, and is altogether opposed to any scientific investigations. On the other hand, convex glasses which have the positive focus, are also designated by their focal lengths. Thus if +2 and −2 glasses be placed in apposition, any object viewed through the two together, will be seen, just as through a piece of plain glass. Mr. Pillischer, of Bond-street, is now having all his concave glasses numbered according to their focal lengths, and furnishes for about £6 a case of trial-glasses for Ophthalmic Surgeons in which the same classification is adopted.]

Myopia depends upon rays which strike the cornea parallel, or not sufficiently divergent, being brought to a focus before the retina. This may depend on the optical elements of the eye having too high a refractive power, or on the optic axis of the eye being too long; the refractive power of the eye remaining normal. In either case it is clear the principal focus of the eye will lie before the retina. This defect is remedied by a negative glass. As the myopia is in inverse proportion to the focal length of the glass to remedy it, we may very conveniently in this way express varying degrees of the disease. Thus we may have myopia of $\frac{1}{2}$, $\frac{1}{4}$, $\frac{1}{12}$, $\frac{1}{16}$, etc.

In *Hypermetropia* the principal focus of the eye in a state of rest lies behind the retina. This may depend on two causes —either (as is most commonly the case) the optic axis is too short, or the refractive power of the eye may be too low; or the two causes may co-exist. The consequence is, that if we paralyse accommodation by atropine, neither parallel nor divergent rays (the only ones that exist in nature) can be brought to a focus on the retina—only convergent ones. This can be only effected by a convex glass, which, of course, must be stronger for divergent rays.

When the hypermetropic eye is in a natural state (*i.e.*, not subjected to the action of atropine) it is obliged to accommodate even for parallel rays. If we have to deal with hypermetropia in a high degree, if we place a neutralising convex glass before the eye, and request the patient to read large letters at a few yards' distance, he can readily do so, although it was but with great difficulty with his naked eye. But he has been so accustomed to accommodating his eye for all distances, that even when we endeavour to rectify the malconstruction of his eye by a convex glass, he still persists in accommodating. Hence if we wish to ascertain the entire extent of malconstruction, we must destroy his power of accommodation. This is effected by a strong solution of atropine (which, however, takes two or three hours to completely paralyse the ciliary muscle). If we now ask the patient to regard the letters with the naked eye, he will find that he cannot read the letters at all. An emmetropic eye would be able to do so. We have, in a word, destroyed his power of accommodating for parallel rays. If we now place a convex glass before the eye, we shall find that he can readily do so, but the glass must be a stronger one than he wanted before the atropine. The difference of strengths of the two glasses expresses the extent to which he accommodated before the paralysis of the ciliary muscle. The number of the convex glass he requires to see distant objects distinctly after paralysis of his accommodating power expresses the degree of hypermetropia present; and as this is in inverse proportion to the focal length of the glass required we may express the degree of hypermetropia by a fraction. We may thus have hypermetropias of $\frac{1}{1}$, $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{10}$, $\frac{1}{14}$, etc. Donders has discovered that two very common diseases, the pathology and scientific treatment of which were before his investigations involved in great doubt and obscurity, are both due to hypermetropia.

Asthenopia has its origin in hypermetropia. It is a disease which depends on a congenital malconstruction of the eye, which does not, however, attract the attention of the patient till he comes to employ the eyes much on near objects. Donders has shown that the power of accommodation of hypermetropic eyes for near objects is too low. As we have said before, the refractive power of the eye is also too low, or the eyeball is too short; hence it is not without the greatest accommodating effort that asthenopic patients can see near objects distinctly; this accommodating effort, if sustained for any length of time, so fatigues the organ of accommodation, the ciliary muscle, that it becomes proportionately weakened; the patient in the same ratio increases his efforts at accommodation, till finding the "strain on the eye," too much for him, he is obliged at last to give in, and relinquishes his occupation till his muscle of accommodation has had time to recover itself again. It stands to reason that after any prolonged employment of the eyes on near objects, the intervals at which the asthenopic is obliged to rest become closer and closer together, till he is forced to give up his work altogether for a time. Tonics, as usually prescribed, may strengthen the ciliary muscle, but cannot strike at the root of the disease: this can only be done by letting the patient have a convex glass.

Convergent Strabismus, Donders has clearly proved, depends nearly always on hypermetropia. The squint is usually observed about the fourth or fifth year, when the patient first begins to employ his eyes on near objects, for any length of time, continuously. In its early stages it may be remedied by correcting the hypermetropia—which will always be found to exist in these cases—by a convex glass. After a time the internal rectus becomes permanently shortened, and requires its insertion to be replaced backwards by an operation. Many relapses after operation are due to the persistence of the hypermetropia. We may always guard against this by prescribing a convex glass for near objects. A person with normal vision becomes an artificial hypermetropic, if he looks through a concave lens; if the lens is a low power, he may overcome the induced hypermetropia by exerting an effort of accommodation (making the lens of his own eye compensatingly convex), but the concave lens may be too deep for him to overcome; he may then often do so, as Donders has shown, by squinting. Nothing can more strikingly illustrate the Professor's views on strabismus.

Utrecht.

(To be continued.)

(c) In accordance with the well-known mathematical formula for determining the relation between the principal and conjugate foci of lenses; for which I beg to refer my readers to any work on Optics.

M. CULLERIER, it is said, will replace M. Ricord as Surgeon to the Hôpital des Vénériens.

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THE HISTORY AND PRESENT STATE OF MEDICINE IN CHINA.

By BENJAMIN HOBSON, M.D.
Late Medical Missionary in China.

(Continued from page 402.)

The Chinese theoretical views are not unlike those propounded by Hippocrates, though in practice they are widely different. They speak of the human body as made up of the five elements—earth, wood, water, fire, and metal (the air is excluded),—which have relation to the five solid viscera (the brain is excluded), which again have relation to the five planets, the five tastes, and the five colours. There is in nature a mutual connexion and harmony between these natural objects which are always influencing each other; the human frame is, in fact, a microcosm—a little heaven and earth. Disorder arises from a prominence or deficiency of one or the other of these five elements. Fire and moisture exert a most marked influence upon the economy. Too much or too little moisture, and an excess of cold or heat, are the most fruitful sources of disease. Medicines are all classed under one or other of the five elements, and to remedy the disorder must possess the suitable qualities of hot or cold, dry or moist, bitter or sweet, etc.; but in actual practice the native Physicians seem to pay less regard to these than to the supposed curative properties of Medical agents; for example those which "strengthen the breath, put down the phlegm, equalise and warm the blood, repress humours, purge the liver, remove noxious matters, improve the appetite, stimulate the fire and the gate of life, restore harmony," etc. And on discoursing upon the nature of disease, in addition to the mysterious powers of the elements, Chinese Doctors speak much of the yin and yang, or dual powers in nature, corresponding to heaven and earth, light and darkness, strength and weakness, etc., upon which medicines are supposed to have a correcting or restoring influence. It will be seen at once that such speculations as these are fatal to the progress of rational Medicine; and is no better than a system of fanciful imagination and Empiricism. Happily, there are thinking men in China, who rely upon their own good common sense and means of observation; and while they do not or cannot altogether discard the long-adopted theory of the *yin* and *yang*, and the five elements in the treatment of disease, they do, nevertheless, in practice throw them aside, and follow more the convictions of their experience than the false systems laid down in their ancient books. Such persons of independent judgment and keener powers of observation than their fellows, not unfrequently rise to considerable celebrity and wealth. I heard of one well known in Canton, nicknamed Ta-wang Seen-shang, or Dr. Rhubarb (from his frequent use of this medicine and his great faith in its remedial powers). He and some others that I could name were engaged from morning to night in Medical practice. They would keep at home prescribing for the sick until a late breakfast hour; after ten they would commence going their rounds in the sedan-chair, carried with great haste by three or four men. Those patients were visited first who had their names and residences first placed in the entry book, and as the streets were narrow and crowded, to avoid trouble in finding the house, a copy of the Doctor's sign-board would be pasted up outside the patient's door, so that the chair-bearers should be able to recognise the house at once without delay. The Doctor, being ushered into the hall or principal room, is met with bows and salutations by the father or elder brother of the family. Tea and pipes are offered in due form; and he is requested to feel his patient's pulse; if a male, he sits opposite to him; if a female, a screen of bamboo intervenes, which is only removed in case it is requisite to see the tongue. The right hand is placed upon a book to steady it, and the Doctor, with much gravity and a learned look, places his three fingers upon the pulsating vessel, pressing it alternately with each finger on the inner and outer side; and then making with the three fingers a steady pressure for several minutes,—not with watch in hand, to note the frequency of its beats, but with a thoughtful calculating mind, to diagnose the disease and prognosticate its issue. The fingers being removed, the patient immediately stretches out the other hand, which is felt in the same manner. Perhaps a few questions are now asked of the father or mother concerning the sick person; but these are usually few, as it is presumed the pulse reveals everything needful to know. Ink and paper are produced, and a prescription is written out, which consists of numerous ingredients; but there are one or two of only prime importance, the rest are servants or adjuvants. They are all taken from the Vegetable Kingdom, and are mostly simples of little efficacy. The prescription is always taken to a druggist to be dispensed, the prescriber never makes up the medicines himself, and as large doses are popular (*a quid pro quo*), so the decoction made from the whole always amounts to pints or even quarts, which are swallowed in large potions with the greatest ease; powders, boluses, pills, and electuaries are also used. If the patient is an officer of the government or a wealthy person, the nature of the disease, prognosis, and treatment are written out for the inspection of the family, for this the Doctor's fee is a dollar, about 5*s*.; but generally speaking, both the Doctor and the patient's friends are quite satisfied with a verbal communication, and if the man has a gift for speaking, and has brass enough to use it to his advantage (both of which are seldom wanting in time-serving men), he will describe with a learned and self-satisfied air the ailment of the patient, and the number of days it will take to cure him. The fee is wrapped up in red paper, and called "golden thanks," and varies from 6d. to 2*s*. 6d., or more, according to the means of the patient; the chair-bearers being paid extra; the Doctor returns to make another visit, if invited, but not otherwise. It is more common if the patient is not at once benefited by the prescription, to call in another, then a third, then a fourth, and even more, until tired of Physicians (for the Chinese patience is soon exhausted, and their faith by no means strong in all their Doctors' asseverations) they have, as a last resource, application made to one of the genii, or a god possessing wonderful healing powers. The result is, that the patient dies or lives, not according to the treatment received, for that must be generally inefficacious, but according as the natural strength of the patient is equal to surmount the difficulties by which he is surrounded.

The Chinese Materia Medica fills several volumes: it is of ancient origin, and as the science of chemistry is unknown, it contains very few preparations from the Mineral Kingdom, which forms so important a part of our Pharmacopœia; nor is there anything at present in the language to represent an oxide, alkali, or salt; hence medicinal substances are drawn chiefly from the Vegetable Kingdom, and are confined to those produced in China and the neighbouring countries. In a popular abridgement or selection of the Chinese Materia Medica which I examined a few years ago, I found there were 442 medicinal agents described, their name is just given, then the part or organ of the body into which they enter or assimilate with; next their properties, whether hot or cold, their taste, smell and colour; and lastly, their uses and doses. It had the advantage of the larger work in being methodically arranged into classes and orders. A list of these, so far as I have been able to identify and name them, will show what disgusting and worthless substances are mixed up with what are appropriate and useful even in a selected Chinese Materia Medica. It will also exhibit the plan of a therapeutic arrangement, in putting the properties of medicines before their mere physical qualities, which is an improvement worthy of commendation.

Order I.—Tonic Medicines.

First.—*Those Medicines which warm and strengthen the Viscera*, such as the ginseng, dried dates, fruit of lung-gan, li-che, flesh of fowl, beef, honey, etc.

Second.—*The mild or tranquillising Tonics.*—Liquorice root, parasite of mulberry tree, fruit of the cypress, old rice, broad beans, species of yam, asses' glue, birds' nests, mutton, duck, pigeon, etc.

Third.—*Medicines which increase the Natural Fire (or stimulating Tonics).*—Cassia, cinnamon, aloes wood, sulphur, asbestos, stalachite, fresh tops of staghorns, dried red spotted lizard, silkworm moth, etc.

Fourth.—*Medicines which nourish the Secretions, especially of the Kidneys.*—Linseed, hempseed, elm bark, medlar, minium, black and white lead, tortoise shell, human milk, and various parts of the pig.

Fifth.—*Medicines which strengthen the Kidneys and Testes.*—Extract from staghorns and various parts of the animal, dogs' flesh, dried placenta, a species of fern, walnuts, etc.

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II. Astringents.

First.—*Warm and Tonic Astringents.*—Nutmeg, gall-nuts, seeds of lotus-flower, poppy-heads, etc.

Second.—*Cooling Astringents.*—Pomegranate, charcoal, bones and teeth of the dragon, oyster-shell, etc.

Third.—*The general pure Astringents.*—Seeds of the date, armenian bole, quince, sour plum, etc.

Fourth.—*Repressing Weakness, or Astringent Tonics.*—Iron filings, hematic iron ore, loadstone, talc, litharge, gold and silver leaf, etc.

III. Resolvents.

First.—*Dispersants of Cold.*—Fragrant basil, a species of ginseng, fresh ginger, orange stalks, different parts of onions, etc.

Second.—*Medicines which disperse Wind.*—Mint, calamint, species of bivalve shell, branch of cassia, mimosa pods and seeds, seeds of species of acacia, tigers bone, spotted and black snake, musk, dried scorpion, cicada, centipede, shed snake skins, camphor.

Third.—*Medicines which disperse Moisture* (not recognisable).

Fourth.—*Medicines which disperse morbid Heat* —Species of yam, black residue of beans, soy, etc.

Fifth.—*Emetics.*—White hellebore, seeds and root of turnip, stems of sweet melon, sulphate of copper.

Sixth.—*Warm Resolvents.*—Native nutmeg, varieties of long, white and black pepper, cardamons, putchuck, mugwort, aniseed, a species of ginger, dried ginger, gelangel, species of corn flag, a species of nut, tobacco, cloves, sandal wood, gum-bensoin, camphor, barley, rosin, caraway and mustard seeds, etc.

Seventh.—*Mild or equalising Resolvents.*—Chamomile, scouring rush, seeds of burdock, native putchuck, duck weed, betel-nut and covering, pumelo skin, dried orange skin, mint, dried silk worm chrysalis and ordure.

IV. Purgatives.

First.—*Absorbents of Moisture.*—Rice paper plant, sliced China root, etc.

Second.—*Laxatives.*—Seeds of plantago, soap stone, petrified pecten, sage, amber, small red bean, etc.

Third.—*Diuretic Class.*—Species of fern, several not recognisable.

Fourth.—*Suppressing Phlegm (Expectorants).*—Alum, bezoar, species of borax, pistacia nut, coarse mica, juice of bamboo, etc.

Fifth.—*Purgative and Cooling.*—Rhubarb, raspings of bamboo, parsimmon tops, water melon, pear, verdigris, species of sea-shell, gypsum, common salt, sulphate of soda, snow water, crystallised salt, calcareous spar, catechu, pearls, bear's gall, preparation from human excrements, etc.

Sixth.—*Purging away the Fire (Refrigerants).*—Gentian (red and yellow), sliced peony, mulberry root and leaves, shavings of antelopes' horns, loquat leaves, shavings of rhinoceros' horns, etc.

Seventh.—*Repressing Humours.*—Almonds, buckwheat, etc.

Eighth.—*Mild or Digestive Aperients.*—Root of a species of lily, wormwood, vinegar, coarse rice, turtle shell, etc.

V. Medicines which affect the Blood.

First.—*Those which warm and nourish it.*—Germander (?), brown sugar, olibanum, cassia wood, wine, scallions, rabbit dung, cuttle-fish bone, etc.

Second.—*Medicines which cool the Blood.*—Bastard saffron, young cypress, elm-tree root, cinnabar, rabbits' flesh.

Third.—*Astringents of the Blood.*—Madder, turmeric, myrrh, dried varnish, seeds of species of plum, dragons' blood, peach seeds, arrow root, old copper cash, dried leech, red marble, goats' ordure, cantharides, etc.

VI. Miscellaneous.

First.—*Medicines which destroy Worms.*—Assafœtida, betel extract, quicksilver, a chloride of mercury, vermilion, etc.

Second.—*Medicines which disperse Poisons.*—Seeds of castor-oil plant, resin, shavings of ivory, elephants' skin, preparations from toads, etc.

Third.—*Expelling Poisons (or Alteratives).*—Seeds of burdock, honeysuckle stamens and pistils, species of green pea, dried earthworm, etc.

Fourth.—*Poisonous Substances.*—Seeds of croton-oil plant, arsenic, etc.

The following is a list of the Kingdom and Class from whence they are taken:—

Herbs	191	Vegetable Kingdom.	Metals	6
Shrubs & trees	72		Minerals	29
Fruits	25		Crystals	10
Seeds	16		Earths	5
Vegetables	10			50
	314			

Parts of Animals	25	Animal Kingdom.
Reptiles	8	
Fishes	3	
Molluscous shells	10	
Insects	22	
Parts of human body	10	
	78	

Many of the medicines cannot be discovered from being in a dried state, and from only a portion of the plant being obtainable. They are imported from all parts of the Empire, from Japan, Siam, and the Straits, and form an important and lucrative branch of trade.

The first treatise on Materia Medica in China is attributed to the famous Shin-nung, who lived in the traditionary period of the Chinese Chronology, who is spoken of as the Father of Husbandry and Medicine. The present Pun-tsaon, or Chinese Herbal, contains upwards of a thousand different medicinal herbs, fruits, seeds, parts of animals, and mineral substances; but while it is rich in warm vegetable stimulants, carminatives, stomachics and astringents, it is greatly defective in pharmaceutical preparations, as mineral oxides, acids, salts, tinctures, etc. The Mineral Kingdom supplies, as we have seen, but a very small part of the whole, which no doubt arises from the ignorance of chemical combinations, and the influence which gases, acids, and alkalies exert upon one another, both in the Vegetable and Mineral Kingdoms. The composition of the simplest compound bodies is unknown; what we know to be the compound they regard as simple bodies. The utmost surprise is expressed when told that gases, in certain proportions, constitute our atmosphere and water. The Chinese have no names for gaseous substances. Kě, which means air or breath, comprises them all. When composing a work on pneumatics, names had to be found for oxygen, nitrogen, hydrogen, carbonic acid, etc. Nothing appeared known concerning the existence of gaseous bodies, and still less of their composition and peculiar properties; and, from the same cause, the air-pump, barometer, thermometer, electric and galvanic machines, had not only to be explained, but names invented before they could be described. The same applies to radiation of heat, solar light, optics, and other branches of natural science, which are all yet in their infancy in China. The properties of medicines as aperient, anthelmintic, alterative, astringent, demulcent, diaphoretic, etc., are understood, and are easily explained; but, owing to the entire absence of chemical knowledge, there is at present an almost insuperable difficulty to give them, in an easy and intelligible manner, the composition of bodies. The analysis given above will show most of the principal medical agents in use. It will be less limited, in proportion as China drops her exclusiveness. Our Materia Medica, we know, is extremely rich and valuable, because it is made up not only from the well known natural or artificial products of our own country, but is added to and improved by the admission of most useful medicines from other countries. For example,—our rhubarb and musk from China, our opium from Turkey, our camphor and spices from Singapore, our aloes from the Cape of Good Hope, our cinchona from South America, and various other products from all parts of the world, so that, if these supplies were cut off, British Physicians would scarcely be able to write a prescription suited to the varied complaints they meet with at the present day. The Chinese Doctors, however, do write prescriptions, and their patients do take a great deal of physic (homœopathic doses would not answer); but I have been told, again and again, by the prescribers, that they keep their list within 100 drugs, and even fewer, for all diseases, they having no faith in more than one-tenth recommended in their books. When Medicine is really studied as a science in China, and the true nature of diseases begins to be understood, they will need the infusion of new and well-tried remedies from Europe into their Pharmacopœia. I will

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mention a few things that they need. These are the mineral acids, ether, a proof spirit for tinctures (their own spirituous liquor, prepared from rice, is too weak to dissolve camphor), aloes, ammonia, ammoniacum, nitrate of silver, belladonna, good calomel (the Chinese use an impure preparation, which is not to be depended upon), cinchona (quinine is now much valued, and would be generally sought after if it were less expensive; it sells there for £1 per ounce), cod liver-oil, copaiba, ergot, carbonate of iron, soda, magnesia, ipecacuanha, acetate of lead, carbonate and sulphate of potash, quassia (for its cheapness; they have a red and yellow gentian, but it is dear compared with quassia), turpentine, jalap, croton-oil (they have the seeds, but not the oil), iodine, hydrodate of potash, hyoscyamus, squill, sulphur (because of the frequency of scabies, and the greater cheapness of the imported article), preparations of antimony (the metal, though so common in Borneo, is unknown in China) and of zinc, and its valuable preparations. These, and several others, I have named and described in a work on Medicine, and in course of time I hope they will be added to their own improved Materia Medica: that at present is a curious medley, and little good could arise to us from a translation of it into English (a). I will allude only to human milk as a good medicine for old people! Their books say "that its taste is sweet and that it nourishes the viscera, is a soothing application to abraded skin and inflamed eyes, and fattens old, decayed persons. Its virtues surpass considerably cows', goats', or mares' milk. Formerly some toothless old men, who took human milk, lived on a hundred years, became fat, had good spirits, renewed their youth, and begat children." The wonderfully nourishing properties of women's milk to aged persons is not, unfortunately, confined to books, it is generally believed by the common people; and in one instance I saw the ill effects of this dangerous error. An infant a few months old, in consequence of the mother being unable to continue nursing, was committed to a Chinese wet-nurse; and as money was no object, the woman that had the best supply of milk was chosen for this purpose. For a few days the child seemed to go on tolerably well, but it soon became affected with head symptoms; and as one child had died a year before from symptoms somewhat similar, the parents became alarmed, and begged that I would come in, in consultation, to see the child. I found the child lying listless and almost insensible on a friend's lap, labouring under the symptoms so graphically described by Dr. Marshall Hall and Dr. Watson, of spurious hydrocephalus. I examined the nurse, who was a young healthy-looking woman, with breasts full of milk to overflowing. I had some put by in a cup for inspection; it threw up no cream on its surface, and looked pale and watery. On farther investigation I discovered that the woman had been in the habit of selling her milk by small cups-full to old persons, under the idea of its highly nutritive properties; and thus her milk, though abundant in quantity, soon became quite degenerated in quality; and instead of being nutritious, was actually poisoning the child dependent upon it, and now fast sinking from inanition. I recommended the nurse to be changed immediately. Happily a suitable one was found in a few hours; and in three days afterwards, I saw the child laughing and playing on the sofa by the side of its new nurse.

(To be continued.)

THE "Gazette Médicale" of Lyons informs us that, under the advice of Dr. Sperino, the Piedmontese Government has bestowed upon Milan the same sanitary laws which hold good at Turin respecting the inspection of prostitutes. These unfortunates are now subjected to two visits per week.

M. TURK fiercely claims priority over M. Czermak in re laryngoscope. M. Czermak has, we believe, never asserted any inventive rights in the instrument. What he claims is the having applied it practically to the observation and treatment of disease. As we have already said, the late Mr. Avery was, in reality, the first gentleman who, in modern days at least, fashioned and made a laryngoscope, which may be seen at Mr. Weiss's. M. Turk had much better turn his faculties to discovering how to make the instrument one of general utility.

(a) Many valuable plants now unknown in China a Medical Botanist will probably, in his wanderings, ere long discover.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

GUY'S HOSPITAL.

LARGE FIBRO-PLASTIC TUMOUR OVER THE SPERMATIC CORD—REMOVAL.

(Under the care of Mr. HILTON.)

George W., aged 26, was admitted, under Mr. Hilton's care, for a tumour in the scrotum, about the size of a large Spanish onion. He said that he had had it as long as he could remember, and that it had gradually increased in size until it had attained its present dimensions. He had had no pain in it until a few weeks before his admission, when it began to incommode him, and to be very painful on the least pressure. The left testis was quite sound.

The tumour apparently consisted of two parts, one lower and anterior, being transparent. This part was tapped, and an ounce of ordinary hydrocele fluid was drawn off. This did not, however, modify, to any great extent, the form of the tumour. A trocar was introduced into the more solid part, but a small quantity of blood only was obtained. Mr. Hilton therefore determined to remove the tumour. It was of great importance to ascertain the course of the vas deferens with regard to the tumour, as injury to this would of course have been equivalent to removal of the testis. By careful examination the vas deferens could be traced down behind the tumour to the lower part, where the testis, from the sensation of pain given on pressure, was believed to exist. On October 2, Mr. Hilton performed the operation, the man being under the influence of chloroform. An incision was first made from the external abdominal ring, down over the tumour, thus exposing at the upper part the sheath of the spermatic cord. A few vessels which passed over the tumour were divided. The sheath was next laid open, and it was then found that the structures of the cord passed behind the tumour. By laying the sheath more freely open, and passing his finger under the tumour, he carefully separated it from the cord, to which it was loosely attached. At the lower part the connexions with the testis were more firm, and very careful dissection was required to separate the tumour. The testis was not atrophied, and was believed to be quite healthy. The tumour was of a fibro-plastic nature. The patient did well after the operation, and the wound is now all but healed.

A CLINICAL REPORT ON EPITHELIAL CANCER.

(Continued from page 432.)

IN Professor Virchow's valuable work on the theories of cell-pathology are some statements which illustrate in a strong light the danger of error incident to all special studies. The following statement, quoted from page 485 of Dr. Chance's translation, contains assertions which certainly could not have emanated from a pathologist well acquainted with the facts which Clinical Surgery brings before us. Using the term "cancroid" as synonymous with epithelial cancer, the Professor writes:—"Cancroid remains for a very long time local; so that the nearest lymphatic glands often do not become affected until after the lapse of years, and then again the process is for a long time confined to the disease of the lymphatic glands; so that a general outbreak of the disease does not take place until late, and only in rare instances. In cancer proper, the local process is often very rapid, and the disease early becomes general." I select this statement for a few words of comment, for the double reason that, in the first place, it emanates from a high authority, and is likely to obtain extensive credence; and secondly, because it is pro-

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bably in accordance with a widely diffused belief. The idea that epithelial cancer is less truly a cancer, and is much slower in its processes than the other forms of malignant disease, is very generally prevalent, and induces—as all errors must—consequences which are to be regretted. Let anyone collect together all the recorded cases of epithelial cancer of the tongue not interfered with by the Surgeon, and compare their average duration with that of cases of scirrhus of the breast; and I shall be greatly surprised if the advantage is not on the side of the latter. There would be no objection to the same comparison between epithelial cancer of the lip and scirrhus cancer of the breast, excepting that the data are not obtainable, since almost all lip cancers are excised. Medullary cancer of the testis is, perhaps, generally considered the very type of a rapid and acute form of cancer; yet it may, as far as any evidence is as yet on record, be doubted whether even it destroys the life of the patient in a shorter average period than does epithelial cancer of the tongue. Nor is epithelial cancer much less malignant when it attacks the penis or the female genitals, or other parts of the general cutaneous surface than when the tongue is its site. The estimation of its average duration is, however, made with much more difficulty in regard to the latter than in the instance of the tongue, since cancers in these situations are generally submitted to operation.

The erroneous impression which prevails as to the slow rate of progress of epithelial cancer, and which, as seen above, is adopted by the Berlin Professor of Pathology, owes its existence to three sources of fallacy:—1st. The grouping together of epithelial cancer with rodent ulcer,—a disease histologically and clinically very different from it. 2nd. The fact that the majority of epithelial cancers occur on exposed parts easily accessible to the knife, and are, therefore, usually much retarded in their course, if not cured, by the Surgeon; and, lastly, to forgetfulness of the fact that in estimating the duration of an external cancer the patient usually dates from the first appearance of an ulcer or warty growth, while in the case of scirrhus of the breast or medullary of the testis a considerable period is often omitted because the tumour was not found until it had attained a certain size. Now, in fairness, the duration of an epithelial cancer of the lip, for instance, ought not to be estimated from an earlier period than the time when the sore took an unmistakeable character. There is good reason for believing that with many epithelial cancers induced by external irritation, a *pre-cancerous stage* of indefinite duration occurs. Of this the well-known soot wart which precedes cancer scroti is the best example.

But, while contending that Virchow's statement as to the slow progress of the original sore in epithelial cancer is based upon clinical inaccuracy, I must, in an especial manner, also controvert his assertion that the progress is still slow even after the glands are attacked. It is perfectly true that we rarely see this form of malignant disease pass beyond the lymphatics; but the rate of growth and of its destructive processes in these structures is often very rapid indeed. Of this fact many of the cases already given in this Report are instances, and many yet remain to be quoted.

In selecting the cases which constitute the basis of this Report, I have been guided chiefly by the desire to accumulate facts bearing upon the clinical history of epithelial cancer, as well when not surgically treated as when excised or otherwise got rid of. Any one who has previously examined the subject cannot but have been struck with the paucity of evidence on this subject hitherto recorded. The vast majority of published cases of cancer are incomplete, their narratives not including any information as to the ultimate result. In the present instance, with the kind help of the Surgeons under whose care the patients had been, and of others under whom, after leaving the Hospital where the operation was performed, they subsequently passed, I have succeeded, in not a few, in tracing the case to its end. A tabular statement of sixteen cases of Cancer of the Tongue, supplied by Dr. Humphry, of Cambridge, and given at page 455, is an especially valuable contribution, since, in a majority, the cases are completed ones. In pursuing the subject, I have not been able to classify the cases so accurately as I had intended; but, before concluding the Report, I shall endeavour to group the facts and show the deductions arrived at in reference to the differences presented by the disease when it affects different parts. In the mean time, I shall continue the collection of materials for this purpose, and shall be much obliged to any reader who may be able to furnish additional facts, whether in reference to cases mentioned or to new ones.

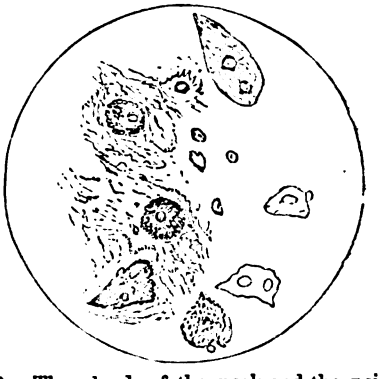
The importance of correct knowledge as to the true pathology and clinical history of epithelial cancer can scarcely be overrated, since it is the key-stone to an extensive department of practice. By regarding epithelial cancer as a less truly malignant disease than it really is, we rob Surgery of some of its most conclusive triumphs, diminish the Surgeon's faith in his resources against cancer in general, and greatly prejudice the prospects of our patients.

ST. GEORGE'S HOSPITAL.

CANCER OF THE TONGUE—REMOVAL BY LIGATURE—RETURN OF THE DISEASE.

(Under the care of Mr. JOHNSON.)

Sophia B., aged 49, a widow, was admitted on September 9, 1851, for epithelial cancer of the tongue. Her health had, previous to this affection, been very good, and she was formerly very stout. She had latterly lost much flesh and colour. She was still stout, but pale and anæmic. There was no history obtainable of any malignant disease in her family. She described the disease as having commenced eight months before as an excoriation on the left side of the tongue. It afterwards became hard and painful. Mr. Johnson tied the tumour at its base, and it sloughed off in the course of a week. She left the Hospital before Christmas much better, but there was still a small part of the wound unhealed. She was again seen at another Hospital on February 16. On the left side of her tongue there was now a large ulcer, an inch and a-half long, with ragged, elevated, indurated edge, and covered with dirty grey pultaceous matter. To the right of the margin of the ulcer were several projecting nodules. She had a good deal of aching pain. The tongue was immoveably fixed in the mouth, the disease having involved the structures at its base. There were no teeth in the apposed gum, and it was almost destroyed by ulceration of like character. Some of the discharge was examined by the microscope, and was found to contain the elements of epithelial cancer.



March 10.—The glands of the neck and the neighbouring tissues were extremely indurated and immovable.

The accompanying woodcut shows the appearances presented by the discharge removed by gentle scraping from the surface of the sore. It contained, 1st, Epithelial cells—abundant, but most of them in a state of fatty degeneration, and full of granular matter. 2nd, A few large oval cells with two nuclei. 3rd, Pus and blood-corpuscles. 4th, Free granular matters.

The woman was lost sight of soon after the last note, but she was so rapidly losing ground that it is not likely she survived many months longer. It was probable, therefore, that the whole duration of the case, although somewhat lengthened by the operation, would not exceed a year and a-half from the first appearance of the ulcer to the death of the patient.

GUY'S HOSPITAL.

EXCISION OF CANCER OF THE LIP—DEATH FROM RETURN OF THE DISEASE IN THE GLANDS.

(Under the care of Mr. BIRKETT.)

The following case in which, as will be seen, death took place within fifteen months of the excision of a cancer of

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the lip, illustrates the rapid progress of this disease. I must be careful to state that the case, as also most others in this series, is not quoted as an example of what is usual in epithelial cancer, but simply as proofs of the malignancy of that affection and the rapidity of its rate of development in those exceptional instances in which it eludes Surgical treatment.

James D., aged 51, was admitted in July, 1859, suffering from epithelial cancer of his lower lip. The diseased part of the lip was excised, and the wound soon healed. There was at the time of his discharge no enlarged glands. He was again admitted in July, 1860. There was then a large mass of cancerous glands below the jaw, which soon afterwards ulcerated. In August he had profuse hæmorrhage from the open cancer, which was with difficulty arrested: pounded alum was applied to the wound, and a compress of lint steeped in a strong solution of alum was placed in it, and the whole firmly bound up. The result was not only to check the hæmorrhage, but also to cause several parts of the mass to slough away. The bleeding did not return. The man died, worn out by the pain, suppuration, and hæmorrhages, about the middle of October.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

(Under the care of Dr. HUMPHRY.)

The annexed tabular statement contains the particulars of Sixteen Cases of Cancer of the Tongue, in all excepting two of which, information is afforded either of the patient's death or present state. In the nine cases in which the patients are dead, the reader will observe that the average duration of the disease was only nineteen months. Case 7 is especially interesting on account of the success of the operation, the patient being known to be free from return of disease nine years afterwards.

TABULAR STATEMENT OF SIXTEEN CASES OF EPITHELIAL CANCER OF THE TONGUE.

No.	Sex and Age.	Nature and Duration of Ulcer, State of Glands, &c.	Treatment.	Result.
1	F; 44	Indurated ulcer at raphe; enlarged submaxillary glands	Removed by ligature by a Surgeon six months after commencement of disease	Died fourteen months after commencement of disease.
2	F; 60	Indurated ulcer at hinder part of right margin; glands not affected ..	Palliative	Died eighteen months after commencement of disease.
3	F; 68	Induration of right edge and adjacent part of floor of mouth; glands not affected	Palliative	Died fifteen months after commencement of disease.
4	F; 23	Indurated ulcer on the right edge of tongue near palate; glands at angle of jaw slightly enlarged in second year	Palliative	Died, three years and three months after commencement of disease.
5	M; 52	Superficially ulcerated and indurated right edge of tongue; no affection of glands	Palliative	
6	F; 60	Hinder part of right edge; no affection of glands	Palliative	Died eighteen months from commencement of disease.
7	F; 54	Deeply fissured ulcer, size of shilling, on middle of right edge; base indurated to some extent around; eight months' duration; no disease of glands	Excised, August, 1848 ..	Quite well, March, 1857.
8	F; 70	Hinder edge of tongue and pillar of palate	Palliative	
9	M; 66	Middle of left edge; uneven ulcer on indurated base, size of halfpenny; four months' duration; no disease of glands	Excised, March, 1849 ..	Disease returned as soon as the wound healed; died nine months after operation.
10	F; 40	Flat, uneven ulcer on indurated base; middle of left edge of tongue; no disease of glands; three or four months	Excised, August, 1852 ..	Disease returned in six months; died February, 1854.
11	F; 64	Right side of tongue; no disease of glands; was alive a year after commencement of disease	Palliative	
12	M; 46	Whole length of left side; five months; enlarged glands	Palliative	Died fifteen months from commencement of disease.
13	M; 45	Indurated fissured ulcer on right edge nearer tip than usual; six months' glands slightly enlarged	Excised	Well six months after operation.
14	M; 61	Indurated mass near tip, extending to subjacent tissue; three months; no disease of glands	Palliative	Died twenty months from commencement of disease.
15	M; 53	Ulcerated warty growth on left edge; a few months; no disease of glands	Excised, July, 1859 .	Well now.
16	M; 54	Crooked indurated ulcer size of halfpenny on left edge nearer tip than usual, caused by a bite nine months ago; no disease of glands	Excised, February, 1859	Well now.

UNIVERSITY COLLEGE HOSPITAL.

CYSTITIS—PARALYSIS OF THE BLADDER, AND CALCULUS—LITHOTRITY—RECOVERY.

(Under the care of Mr. HENRY THOMPSON.)

The following case is of interest as an example of repeated attacks of cystitis leading to paralysis of the bladder, and secondarily to calculus, there being no stricture and no enlargement of the prostate:—

P. B., aged 57, admitted June 30, 1860. There was a long history of urinary symptoms commencing with acute cystitis in 1845, followed by an inability for some time afterwards to pass water, except by the catheter. Then partial recovery in time becoming almost complete.

In 1850, he had a similar attack, without any known cause, attended with inability to pass water, except by the catheter.

In the spring of 1853, he had another attack, and a fourth in the autumn. After this he had numerous attacks of retention up to 1856.

In 1856, he had a more severe attack than any preceding one, and has never since been able to pass any urine whatever without a catheter. And very frequently large quantities of blood have made their appearance from the bladder without any aggravating circumstance. During the last three years no treatment, of which there has been much in this country and abroad, has ever been of any service.

During the last year, he has been under Mr. Thompson's care, who sounded him at first for stone, and six months subsequently, without discovering any. There is no stricture, and no enlargement of the prostate, nor any albumen or renal casts in the urine. But on the 20th of June, Mr. Thompson sounded him again, and struck a stone.

The stone was crushed four times with care, selecting periods when the spontaneous bleeding was not present. No bad symptoms were set up at any time. The *débris* was washed out or removed by the scoop, in consequence of the entire inability of the bladder to act. The stone was a hard, phosphatic one.

On July 25, (the fifth operation,) a small quantity wa removed, of some fragments previously broken. He never took chloroform, and has expressed very little sign of pain during his residence in the Hospital from any cause.

He was soon after discharged quite well, but was still obliged to pass the catheter six or seven times in the day, the paralysis of the bladder still continuing. Mr. Henry Thompson believes that the several attacks of cystitis gave rise to the paralysis of the bladder, which was followed in consequence by the formation of a stone.

GUY'S HOSPITAL.

EXCISION OF A MELANOTIC TUMOUR FROM THE THIGH.

(Under the care of Mr. BIRKETT.)

On Tuesday week Mr. Birkett removed a malignant tumour from the upper part of the right thigh below the great trochanter. The patient was a man aged 67, apparently in good health. The tumour had commenced four years before and had gradually increased in size. Latterly the glands in

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the groin had been somewhat enlarged. The tumour was flattened and about the size of a small orange. The integument over it looked stretched and rather livid. Mr. Birkett made an incision round it and then removed it in a well-circumscribed hard mass. The lips of the wound were drawn towards one another and fastened by hare-lip pins.

On section the tumour showed very different appearances in its different parts. In one-half its structure was black; whilst in another, which was bounded by an abrupt line of demarcation, it exactly resembled the ordinary form of scirrhus and contained no pigment whatever. The commencement of the melanotic part was quite abrupt but sinuous, the pigment apparently abruptly limited to the lobules on one side of the tumour.

The microscopic examination showed the elements usually found in scirrhus. In the uncoloured parts there were numerous cells of large size and very various shapes containing large nuclei with very distinct nucleoli. Some of the cells were tailed but the majority were round or oval. Most of them were mono-nucleated, but many contained two and some three nuclei. In the melanotic parts the same cell-structures were seen, with the addition that a few cells contained pigment. Both in uncoloured and black parts were vast numbers of free nuclei; but the proportion of these to the large cells was much greater in the melanotic portions.

REDUCTION OF A DISLOCATION AT THE HIP BY MANIPULATION, AFTER PULLEYS HAD FAILED.

The practice of reducing dislocations of the femur at the hip by manipulation, instead of pulleys, is now generally adopted in our Hospitals. Not a few cases in which this method has been found most easy and effectual, have occurred at the London Hospital during the last year or two. In one, the man had sustained a fracture of his leg on the same side, as well as the dislocation at the hip, and it was therefore especially desirable to avoid having recourse to violent traction. The leg having been first put up in splints, the thigh was bent and tilted outwards in the usual manner, and reduction was at once effected. A case occurred the other day at Guy's Hospital, which demonstrated the superiority of this method, inasmuch as pulleys had previously been tried without success. It also showed that the knowledge that this is the easiest method, is not as yet so widely diffused in the Profession as it is desirable that it should be. The subject of the dislocation was a man, aged 38. He had fallen in wrestling, and his left femur had been displaced upon the dorsum ilii. Extension by means of pulleys had been tried without success before his admission into the Hospital. Mr. Bryant, under whose care the man came, had him placed under the influence of chloroform, and at once succeeded by the manipulation method in reducing the dislocation. Very little force was found requisite.

DORSET COUNTY HOSPITAL.

EXCISION OF THE KNEE-JOINT.

(Under the care of Mr. TAPP.)

[Reported by Mr. D. W. PHILLIPS, House-Surgeon.]

THE following case exemplifies two important points in the performance of excision of the knee-joint: first, the careful removal of all portions of thickened synovial membrane; and second, the removal of only a very thin slice from the head of the tibia. Recent doctrines as to the development of the long bones have taught that their chief growth is effected by the epiphysis, and that the preservation of the latter is therefore of great importance when excisions of joints are performed in young persons. It is not of course always that the Surgeon is able to choose as to the exact extent of the part to be removed, and the condition of the bone may, and often does, necessitate his cutting through the head of the tibia below the junction of the epiphysis. If, however, this can be avoided there appears fair reason to hope that the growth of the limb may not be arrested by the operation.

Bessy B., aged 9, a kiln-man's daughter, of scofulous diathesis, was admitted in January, 1859, with disease of the knee of eight months' standing. She was but little benefited by treatment, and returned home in March. In the following October she fell, and hurt her knee. She kept her bed until her second admission on May 3, 1860. The joint was then about twice its normal size, the epiphyses of femur and tibia very much enlarged, and the other parts of the leg much atrophied. The leg formed with the thigh an angle of about 45°. There were several cicatrices of wounds, but no open sinuses. Inability to move the knee, and a desire to have a straight leg, prompted her re-admiasion; and after full consideration of the special features of her case, Mr. Tapp determined on the performance of excision of the articular ends of the diseased bones.

The joint was excised on May 15 by the semilunar flap method. The patella was found quite healthy; the epiphyses of femur and tibia were very much enlarged and soft. There was incipient ulceration of the cartilages, and the synovial membrane throughout was totally changed in structure, having been converted into a firm, fleshy mass. This was carefully dissected away, and a slice of an inch taken from the condyles of the femur with Butcher's saw, and a thin slice from the exposed surface of the tibia. The patella was left intact. The leg was subsequently extended and bandaged firmly on Liston's swing splint. The child recovered without a bad symptom. In thirteen weeks the leg was found to be quite firm, and she was able to walk with the aid of crutches. She was discharged on September 13, able to walk without stick or crutch, and with but a slight limp. The accompanying engraving will show the state of her limb at the date of her discharge.

Remarks. — The fleshy gelatinous state of the synovial membrane added much to the difficulty, as well as to the length, of the operation: it also explained the non-formation of bony anchylosis after the child's first admission. Immediately after the operation the limb was fully one inch and a-half shorter than its fellow. The state of things six months later, when the two limbs were nearly of equal length, seemed therefore to prove that new bone had been deposited, which had contributed to the length of the limb. Wagner, in his excellent memoir on "Resections" (published by the New Sydenham Society in 1859), reports experiments on the rabbit, and admirably shows the process of repair. There is, then, little room for doubt that new bone has been deposited from the epiphyses, especially that of the tibia. Mr. Tapp was very careful in the operation not to remove the whole of the tibia epiphysis, adopting the opinion now generally held as to the paramount importance of that structure in the growth of the bone.

THE ROAD MYSTERY.—A Medical writer in a daily paper refers to the numerous instances on record of homicidal mania and says: — "The Road mystery embraces the combined caution, craft, inconsistency, bodily power, and mental abstraction and desperation of such cases. There are also some considerations opposed to such an interpretation. By this theory, however, all the facts developed can be explained, and I know of no other which would embrace them. In none of the investigations, so far as they have transpired, has anything more than an incidental inquiry been made into the state of mental and bodily health of any of the inmates. Where so deep a mystery exists that surely ought not to be neglected. Were the charge of murder to be brought home to any person, the plea of insanity might be set up, and a thorough ventilation is most likely to develope the truth."

DURING his sojourn at Grenoble, the Emperor, who had just passed through the goître districts of Savoy, had an interview with Dr. Niepce, and conversed at length with him on the causes of goître and cretinism. His Majesty presented the Doctor with the Legion of Honour cross, as a recompence for his work on Cretinism. He also announced that he should propose a prize on this subject.

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Medical Times and Gazette.

SATURDAY, NOVEMBER 10.

MEDICAL GENTLEMEN.

Χαίρετε, κήρυκες, Διὸς ἄγγελοι ἠδὲ καὶ ἀνδρῶν.
Iliad, A. 334.

There probably never was a period in the history of the civilised world when less importance was attached to mere gradations of rank than the present. Improved intellectual and moral culture have led to the general recognition of higher claims to consideration than those which "heralds rake from coffined clay," and have rendered the weight and influence of each individual member of society, be his station high or low, much more dependent than formerly on his personal character, talents, and attainments. This is as it should be: nevertheless, rank still asserts its privileges, and armorial insignia are still carefully preserved as the relics of more chivalrous times, and as honoured symbols of hereditary or acquired distinction. Perhaps few but very matter-of-fact and unsentimental persons would wish it otherwise; but, however this may be, there seems no doubt that heraldic distinctions will continue to keep their ground, unless greater changes should take place in the constitution of society than seem at present to be at all likely. Such being the case, it is clearly desirable that men of all vocations, having any pretensions to the rank of gentlemen, should know their proper place in the herald's list, in order that they may neither arrogate to themselves a position to which they are not entitled, nor suffer themselves to be excluded from that to which they have a just claim.

Among the several very unsuccessful attempts which have been made by the Legislature to improve the state of the Medical Profession, it seems singular that no attention should ever have been directed to the propriety of assigning to the members of that Profession a suitable rank as gentlemen. The academic degree of *Doctor*, whether in Medicine or any other Faculty, does, indeed, confer an heraldic rank, which, though not distinctly defined, is certainly above that of *Esquire:* this, however, like many others, is not a statute rank, but depends on courtesy and usage. Still, the Doctor of Medicine is, without dispute, in rank a gentleman, and is, on all occasions, recognised as such. The Surgeon is less fortunate; Surgery, from an heraldic point of view, is regarded as a trade, and the most distinguished Surgeon in the world, however highly and deservedly estimated by society, stands on the same level with a carpenter, or any other mechanic. This anomaly is merely a vestige of a state of things long passed away, in which Surgery, as exercised by a large proportion of its professors, really was little better than a mechanical trade; and it can hardly be doubted that the evil complained of, if properly represented, would be promptly remedied. It would be idle to object that the Surgeon makes use of instruments and mechanical appliances in the exercise of his art; so does the warrior, to whom the honours of chivalry have always been more peculiarly awarded; and the moral advantage is here all on the side of the Surgeon; if the belted knight wielded his lance for the destruction of life, the Surgeon uses his scalpel for the far nobler purpose of preserving it. There is, however, a division of the so-called Medical Profession, and that by far the most numerous, which does unhappily contain, in its own constitution, an element which would render it impossible to confer upon its members the heraldic rank to which their character, habits, education, and manners, for the most part, entitle them. There is no blinking the fact that, with many bright exceptions, the General Practitioner of Medicine is admitted with considerable reserve among what are called "the better classes of society," and this more especially in the country, where the exclusive principle is much more influential than in the metropolis and our larger provincial towns. What is the cause of this? Simply that the General Practitioner is not looked upon in his purely professional character. It makes but little difference whether the drugs supplied be charged for directly, or the practice be adopted of sending in a bill for attendance including the medicine. The whole system must be changed; the delivery of drugs must be superseded by the writing of prescriptions, and the sending in of bills by the reception of fees, if the General Practitioner is to be regarded as a truly professional character. We know it would be objected by some, that in country districts this would be impossible, on account of the absence of druggists; but this objection may be at once met by the plain question, How do they manage in other European countries where no Medical Practitioner dispenses drugs? Every place that would support a Medical Practitioner would probably also support a druggist. Besides, we would by no means be understood to contend that any member of the Profession should think himself above affording the material means of relief to his patient, when these are not readily accessible through more appropriate channels. On the contrary, we think it would be an excellent thing if every Practitioner, in town or country, were to keep a medicine-chest of his own, containing the more important articles of the Materia Medica, from which he might, without delay, supply what was needful in cases of emergency occurring in the middle of the night, or at other times when the druggist's-shop was closed.

This would be a widely different thing from trading in drugs; a gentleman is not an inn-keeper because he exercises hospitality towards a benighted traveller, nor a groom because he takes charge, upon occasion, of his friend's horse, or his own; neither is a Physician or Surgeon an Apothecary or Druggist, because in such instances as those referred to he may sacrifice professional etiquette to the well-being of his patient. In fact, while we earnestly desire to see the dignity of our Profession upheld, and advocate its complete disjunction from trade as an indispensable condition thereto, we repudiate all manifestations of self-important indolence or apathy, these being not at all calculated to uphold its true dignity. A worthy member of the Medical Profession should be a thoroughly practical and helpful man, ready to turn both his mind and his hand to anything that the exigencies of a case may require.

We believe that if these suggestions were adopted, we should check the "counter-practice" of druggists, and raise up in time a body of men who could be depended on to dispense pure drugs and chemicals correctly at a fair price.

The false position in which the larger proportion of Medical Practitioners are placed by the established habit of dispensing drugs, is a subject to which we have already frequently adverted, and we may here place the matter in perhaps its most striking point of view, by representing this

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habit as a self-imposed disqualification for the rank in society which every member of a learned profession is entitled to hold. Such, in truth, it is; for if the Legislature were to-morrow to attempt to assign to the General Practitioner his proper rank as an English gentleman, heraldic precedent and social prejudice would combine to oppose it, on the ground that he was virtually a tradesman. It is strange, and it is lamentable, that while Medical men in this country too frequently outrun their means to keep up an expensive establishment and a showy equipage—things, after all, rather foreign than otherwise to the spirit of a philosophical, philanthropic, and self-denying profession, such as ours is, or ought to be—they seem comparatively indifferent to their own personal position as gentlemen, a due regard to which is not foreign to the spirit of our Profession, but, on the contrary, highly necessary to the maintenance of its proper influence in society, like the Clerical Profession, to which that of Medicine, viewed in its true light, has a nearer affinity than to any other.

It is obvious that the change we so strongly urge in the manner of conducting the general department of Medical practice, can only be effected by the General Practitioners themselves; but some of our influential correspondents believe that legislative interference might have a powerful, though indirect, influence in promoting it, by at once assigning a proper heraldic rank to all Medical Practitioners who do not in any way engage in trade; leaving those who do to put up, as they best may, with indignities which they voluntarily entail upon themselves. There are obvious difficulties to be overcome, and there is much room for difference of opinion on this point; but it is one which ought to be thought over and discussed.

THE WEEK.

We have received a communication from a correspondent in the West of England, complaining of the injury done to Practitioners in his neighbourhood by the establishment of a Medical Club. We do not know enough of the particulars of this case to enter into its special merits, but surely our correspondent does not mean to condemn *in toto* the Club system of Medical relief. The Club which has been started near him may be founded on bad regulations; but we must confess that, as far as we are able to judge, we do not see how it is possible for the working classes to obtain independent Medical aid, except through the system of association. We have always contended that gratuitous Medical services are most injurious, both to the Profession, and the respectable working classes themselves; and we gladly hail any attempt to put their services on an equitable footing. Surely it is better that a labouring man should secure Medical advice by the payment of 1s. quarterly, than that he should fall inevitably into the hands of the Poor-law officials when sick. Our Correspondent ridicules the idea of 4s. per year being sufficient payment for Medical advice; but he should remember that the payment is to be made by people in health, who may never require any Medical services at all. Besides this, is it not true that the Poor-law people rarely ever pay their Medical man as much as 4s. per annum for each *patient*? Of course Clubs may be abused, and most improper people may obtain advice from them; but all human institutions are liable to abuse; and the abuse of them, therefore, does not prove their unworthiness. With regard to the conduct of the Poor-law Guardians in obliging their Medical officer to attend and report on a case which is in the hands of another Practitioner, we can only say that, according to our Correspondent's own showing, some alteration is required in the present method of administering relief to the poor. Our Correspondent condemns Clubs, and he condemns Poor-law Guardians. How then does he propose that the poor shall have Medical relief provided for them? As we have already said, we know nothing of the merits of the case in question; but on general principles we are bound to say that we cannot agree with our Correspondent's views.

Our French brethren have been for so long a time indulging in abstract scientific subtilties that they appear of late to have allowed important practical facts to slip through their fingers. No better proof of this could be given than the estimation in which the operation of ovariotomy is held by French Surgeons at this moment. The opinion of the Academy of Medicine on this subject appears to be now what Dr. Bright's was some quarter-of-a-century ago. All that has been done, and said, and written in England appears hitherto to have met with no attention across the Channel. The operation has, indeed, been practised two or three times in France during these last few years; but, as Dr. Worms writes in the *Gazette Hebdomadaire*, "we are justified in saying that the extirpation of ovarian tumours is not reckoned in France as a legitimate operation." The writer then goes on to say that he really feels embarrassed in giving an opinion on what is going on in other countries where the operation is frequently practised by eminent Surgeons. He thinks, however, that it is quite time his countrymen should begin to investigate the matter, and study the history of the cases which have been published. It is impossible, he says, not to admit that a certain degree of value may be attached to the arguments which have been used in England, America, and Germany, to justify "these bold enterprises;" "and it may be added, that in many cases, great confidence may be placed in the correctness of facts given." The *Gazette Hebdomadaire* has, therefore resolved to enlighten its readers on this head by introducing them to the mass of statistical details which, as it states, have been lately published by "M. John Clay, de Birmingham," and several cases reported in this Journal have been translated at length.

The following amusing comparison of the *post hoc* and *propter hoc*, so daily an occurrence in matters Medical, we copy from *L'Union Médicale*:—"Of thirty-six epileptics observed by me"—one M. Demeaux—"during eleven years, and whose history I knew, I have satisfied myself that five of them were begotten while the fathers were in a state of drunkenness. I have observed in the same family two infants affected with congenital paraplegia, and I have satisfied myself, from the precise information given me by the mother, that conception took place during drunkenness," etc. The Doctor describes other cases of equal value.

Several of the Medical Schools of London have already abandoned, or contemplate abandoning, the "Prize System." Dr. Wilks, in his Introductory Address delivered at Guy's Hospital, thus speaks of the subject:—

"The sentiment which inspired the withdrawal of prizes existed strongest in the mind of our late lamented Physician, Dr. Addison; he especially considered it most deleterious to those who were to be engaged in the arduous duties of their Profession—duties essentially of a practical nature, demanding a long observation of disease—to be occupied in cramming their minds with some elementary subjects for the sake of a gewgaw, and Addison even denounced those as cheats (for such was his expression) who, receiving the fees of the pupils for the purposes of education, should send them home to their delighted parents with the glitter of their gold and silver medals, but utterly ignorant of the first principles of their art. This sentiment had its foundation in fact, and is still true; for it is possible that students may spend two or three years in working for such baubles, and leave their institution entirely ignorant of all that knowledge which is necessary for the business of life."

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We are sorry to see so sound a thinker as Dr. Wilks taking up this view of the case. "The Prize System," like everything else, may be abused; but that its good overbalance its evil effects all experience teaches us, not only in Medicine, but in all other pursuits. Still the following suggestion is well worthy of consideration:—

"Many of us," he says, "perceived the necessity of rewarding the meritorious student, at the same time that we were alive to the possibility of his squandering his valuable time in seeking to obtain prizes for elementary and comparatively useless objects; we considered that a compromise might be effected by offering rewards on more than one subject, in fact, for all those in which a student is obliged to be engaged during a given period, and, taking the usual College and Hall Examinations as a standard, that we should merely bestow prizes for a knowledge of those matters which pupils are obliged to become acquainted with in their respective sessions. The Scylla and Charybdis are thus avoided, exclusive attention need no longer be given to one or more subjects, but the student has only to apply himself well to those matters which the various curricula require, and he is at the same time fitting himself for the Prize Examinations. We have already tested the plan, and have every reason to think that it will succeed."

Both public despatches and private letters speak very favourably of the sanitary state of our army in China. But Sir Hope Grant is scant in his acknowledgments of the services of the Medical Department, although to its efficiency he owes the very existence of his army. Out of 10,000 men sent from France, only 5000 have been brought into the field; yet we have not lost 500. In a former Chinese expedition our whole force was so prostrated by dysentery, and cholera, and ague, that not a hundred men could have been marched five miles. This was purely from want of knowledge in the selection of a spot for encampment. Now we are more fortunate, thanks to the exertions of the Medical Officers under Dr. Mure, and those of the Sanitary Officer, Dr. Rutherford.

The battle of spontaneous generation is still courageously fought in the French Academy. New combatants enter the lists *pro* and *con*. We shall begin to think that what are called the *exact* sciences will require a new term. That a set of literary *quidnuncs* should be disturbed and overwhelmed by table-turners and other mountebanks we can readily understand; but it surprises us to hear chemists, and microscopists, and naturalists of the first rank denying the evidence of each others senses, as regards the absence or presence of natural entities. The onus of proof, of course, lies on the backers of the spontaneous movement; and one would think they might deliver it—if they have it—more satisfactorily than the clairvoyants enunciate unseen things. We shall believe in the thing when we see it; just as we shall in the conversion of cats into lions, or of monkeys into men. Until then, we shall rather believe that, in accordance with experience, men are more readily convertible into monkeys than are monkeys into men.

Dr. G. B. H. Macleod has been elected Professor of Surgery in the Andersonian University, Glasgow. Of 76 trustees at present on the roll, 68 were present at the meeting. Dr. Macleod secured 49 votes, and was elected by the largest majority on record in the School. We feel quite sure that Dr. Macleod will not only maintain but raise the reputation of the Glasgow School of Surgery.

The Epidemiological Society held the first meeting of the Session on Monday. After an address from the President, and a report from the Secretary, a paper was read of unusual interest on the Introduction of Syphilis into Scotland, by Professor Simpson. We hope to give a full abstract of this paper next week, and a report of the discussion, in which Dr. Copland took a prominent part. In the meantime we may add that the learned author adduced a number of very curious facts in support of the argument that syphilis never did prevail as an epidemic—never having been transmitted by any other mode than that by which it is solely transmitted at the present day.

REVIEWS.

A Year-book of Medicine, Surgery, and their Allied Sciences, for 1859. Edited by Dr. Harley, Dr. Handfield Jones, Mr. Hulke, Dr. Graily Hewitt, and Dr. Odling, for the New Sydenham Society. London: 1860. 8vo. Pp. 536.

When the Council of the New Sydenham Society first made the public announcement that they had resolved upon publishing an annual report on the progress of Medical Science, not a little interest and approval was signalised by the members of the Society and the Profession generally. But when month after month of the present year went by without the much-talked of Year-book making its desired appearance, curiosity relaxed, interest waned, and murmurs of impatience here and there became audible. At last, at the fall of the year, a re-assuring announcement was speedily followed by a distribution of copies of the work before us, and the yearning *literati* could begin their new session by comparing notes with their Medical brethren "scattered in every corner of the earth,"—for they had now in their possession the first volume of the "Annual Compendium of Scientific and Practical Medicine."

We, among the rest of the members, received the Year-book with the kindly feelings with which a father meets his long-lost son, for we had everything to gain from its columns, both in our public and private capacities, and were inclined to help it up the narrow ladder that leads to the temple of Fame rather than say anything in disparagement of so laudable an undertaking. But we wanted some good grounds for so doing, and consequently set about in earnest to read the report from the beginning, and, we speak conscientiously, to the end. The recollection of past sufferings is said by some philosophical writers to be agreeable; and, as a general parallel, it may be said that the feeling of our having read an entire book right through is one of extreme sweetness. But to a critic it is doubly so, for it quiets the fluttering tide of his conscience to know that beauty can be nowhere sleeping, and have escaped the searching of his eye,—that he has driven the field and the covers, and that the game has at least been started, whether it came within range or not. And moreover his chase has two purposes, as besides the bagging of game, he has to destroy the vermin that infest the literary preserves. With the weight of responsibility thus doubled, we approached the Year-book,—and what we saw and found we can report with a quiet conscience; for it is not a book to be sold hereafter, and whose destinies our criticisms might influence, but one that by this time stands upon the shelf of many of our readers, a book regarding which the proprietors had no choice, but one which their representatives bargained for upon general principles,—a book which, if it is a failure, can only be excused by the consideration of the moderate amount of money which it has cost its possessors.

In the preface the General Editor, "explains the plan of the work, and the manner in which it has been executed." Of the five sections of the Report, the first is entitled the "Institutes of Medicine," a collective term, which revives an effete definition, and is intended to embrace Anatomy, Physiology, Histology, and Animal Chemistry; and this Report is said to be, "in fact, an epitome of Science applied to Practical Medicine." The author of this epitome (or rather the editor, for all the gentlemen have, with due modesty, only laid claim to have edited their reports, not to have written them,) is the General Editor, Dr. Harley.

The second portion of the report, edited by Dr. Handfield Jones, is on Pathology, Therapeutics, Clinical Medicine, and Physiology.

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Reports on General, Aural, Ophthalmic, and Dental Surgery, by Mr. Hulke, make up the third section of the Year-book.

The fourth portion is allotted to Dr. Graily Hewitt's report on Midwifery and Diseases of Women and Children.

The fifth portion is a report by Dr. Odling on Legal Medicine, Public Hygiene, and Dietetics.

The sixth portion of the Year-book is a tremendous index of fifty-one pages, which may, perhaps, turn out the most useful portion of the volume.

We have come to the conclusion that the arrangement adopted in the report of giving the title of each work or paper reported upon in a subdivision at the beginning of that division, thus separating report from title, and of heaping titles together to the extent, in some instances, of *five pages*, is most inconvenient. If every title were connected with the relative extract by a figure, a successful search could be instituted. But there being no system in the lists of titles, and the titles not being referred to the extracts by numbers, it is in almost every case useful, if not necessary, to search for information by the help of the index. That done, two pages have mostly to be borne in mind,—the one for the title, the other for the contents of the paper. There can be no doubt, then, that either the costly index might be saved, were a proper and perspicuous system adopted, or if the index is to be retained it should be mainly relied upon, and the inconvenient arrangement of separating the extract of a paper from its title should be abandoned.

In the preface, the General Editor continues by stating, that "in all cases the foreign titles have been briefly translated." It would be a difficult task to find out by reflection what is implied by a "brief translation." A translation of a sentence from one language into another must necessarily render the entire meaning of that sentence, otherwise it ceases to be a translation. A translation, therefore, does not admit of abbreviation; and the titles of foreign papers, if given in an abbreviated form in English, can not be said to have been translated. Now this is positively the case with many of the titles, the English versions of which are not only not correct translations of the originals, but frequently convey a very imperfect idea of the original title, and in a good many cases fail altogether in conveying any portion of the meaning of the original title. Nay, more, it may sound incredible, but it is true, that in some instances the so-called translations are not versions, but positive *re*versions of the original sense, and state just the contrary to that which the author intended to state. For these assertions we tender ample proof in the following quotations:—Engert (p. 3) "On Animal Buds and Cells" (we have at once translated the quotation correctly in order to save space and trouble) is briefly translated "Histology."—*Ibid.* Reinicke: "Contributions to Modern Microscopy, or Micrology," is rendered "On the Microscope." There is no extract of either of these works in the text,—a fate which is shared by many others, more particularly by the last ten of this particular list. It is, therefore, quite impossible for the reader to make out from the translation what the original title referred to. The "translation" is a useless farce. Wittich (p. 4) does not speak of the colouring of "tissues," as the translation has it, but of the "colouring of the dead organic cell."—*Ibid.* Radlkofer's paper "On the True Nature of the Laminæ of the Yolk," is reported to treat of "The Ovum." It is impossible to know what is meant by laminæ of the yolk,—Germanice, "Dotterplättchen,"—without consulting the original; but that explanation ought to have been afforded by the reporter. Luschka (p. 13) "The Accessory Lachrymal Bone of Man" is rendered "On the Human Lachrymal Bones."—On p. 27 we find the following "brief translation" of the concluding portion of the title of a paper by Dr. Brown-Séquard:—"Sang des Mammifères injecté dans le Système circulatoire des Oiseaux:" "Blood of Birds injected into Animals," etc. On p. 28, crystals of "hæmin" are described as blood-crystals,—from which they differ as much as sulphate of soda from carbonate of potassa. On p. 38, Zussana, "Monografia delle Vertigini e Richerche di Fisiologia Neurologica," is translated "On the Physiology of some Nervous Diseases," while it should be "Monograph on Vertigo, and Researches in Nervous Physiology." Funke (p. 74) "On the Endosmotic Relations of Peptone," is translated "On the Endosmotic Equivalent of Peptone." "Verhalten" has probably been mistaken for "Verhältniss;" but as the extract has something about equivalent of peptone, the mistake is of little consequence. On p. 82 is a translation which beats everything else by its boldness and brevity. We give the paragraph in full:—

Berthelot: "Sur la Transformation en Sucre de divers principes immédiats contenus dans les Tissus des Animaux Invertèbrés." ("On the Transformation of Sugar into different 'Immediate Principles.'")—*Compt. Rend.*, 1858, tome xlvii. p. 227.

We pause at this extraordinary version; we are startled; we scarcely dare to trust our eyes; we look again; and also read the preceding title and its "brief translation":—

Benvenisti: "Sulla Formazione per Metamorfosi Regressiva dello Zuckero e dell amido," etc. ("On the Retrograde Metamorphosis of Sugar," etc.)

Still more startling. We need hardly say that it is the *formation* of sugar and starch by retrograde metamorphosis, not the retrograde metamorphosis of sugar, upon which Benvenisti wrote. The Reporter *destroys* the sugar in the translation, where it is intended to be *formed* in the original. In the quotation there is, indeed, a loophole for escape from our strictures; the quotation may not be complete, and in that case the title signifies nothing. But the translation of Berthelot's title stands immovable—an everlasting memorial of French scholarship.

To continue our criticisms on these brief translations would be a waste of paper, and probably a heavy tax upon the patience of our readers. We are glad to say that, with the exception of some "misprints," the Report on Medicine mostly gives correct translations of titles. The Report on Surgery appears free from reproach in this particular. In the Report on Midwifery we found some corrections necessary; and in that on Diseases of Children some translations caused us no little amusement. At p. 395, for instance, we read:—

Morvan: "Blutung aus dem Ohre in Folge eines Trauma des Kindes." (Bleeding from the Ear in a Child in Consequence of a Dream.)—*Arch. Gén.*, vol. v. *Jahrb. der Kinderheilk.*, 1858, Part II. *Canst.* iv., 430.

Never had dreaming any such serious consequences, until the author of the Report dreamed that Trauma meant Traum; the *alpha* at the end of the word proved to him an *alpha* "privativum postfixum," which ran away with his Greek and German at the same time. Trauma, *το τραῦμα*, is the Greek word for a wound, a lesion, which is always supposed to be something real, and not a dream.

While in the Reports on the Institutes, on Medicine, and Midwifery, the original titles have been mostly given in German, even though in some cases they be of French and Italian origin, which latter two languages have not so frequently been made use of, the Reports on Surgery and Forensic Medicine have discarded quotations in the original languages altogether, and, with a few exceptions in the beginning of the Surgical Report, have given translations only. We have compared some of these translations with the originals, and have found them correct. It appears to us that this course should have been followed throughout the entire Year-book, as it would have saved much space, much unnecessary trouble, and the mass of orthographical blunders which disfigure almost every page, particularly when titles are enumerated. In the Report on the Institutes we have counted in a single page as many as ten blunders in the spelling of foreign words; in the subsequent Reports these blunders are of rare occurrence; in the Forensic Report they are altogether avoided. Of the mutilations of the names of authors, the list of errata on page x. gives only a faint idea. The very preface of the General Editor in one line gives the name of Noiret, who in the list of abbreviations on page ix. is twice properly spelled Noirot, and another Bouchardt, which we believe to mean that of Bouchardat. On page 67, the name of the celebrated musician and teacher of singing, Garcia, is twice spelled Grazia; and that of Czermak is misspelled in the same line. On page 106, the name of the polypus actinia has six times been printed actina. The New Sydenham Society, in order to make the Report serviceable, should get the volume revised, and publish a supplement containing a list of errata. We are ready to give them the use of our own copy of the Report for that purpose, although we do not pledge ourselves by any means to have marked all errors in the margin.

"The Reports themselves," continues the General Editor's preface, "consist of concise abstracts of the original matter

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contained in British and American Medical Journals, and separate Treatises—and of the epitomes of Continental Year-books. Among the Year-books to which we are chiefly indebted may be mentioned — 'Canstatt's Jahresbericht,' 'Schmidt's Jahrbucher,' 'Henle and Meissner's Bericht,' and the French 'Annuaires' of Noiret, of Jamain and Waher, and of Bouchardt and Sandras." The "Annuaire" of Sandras we do not happen to know; that of Bouchardat is edited by him alone. Noirot's "Annuaire" gives extracts of publications foreign to France. There is nothing in all these French "Annuaires" that can not be found in Schmidt or Canstatt. So far as foreign literature is concerned, the Report is nothing but an extract from "Canstatt's Bericht," and from "Schmidt's Jahrbücher," (twice misspelled Jahrbucher, in the preface,) the Medical Reports alone frequently giving German papers from the French of Noirot.

We are far from saying that the use which has been made of these various Reports is not legitimate; but we maintain that the manner in which this Year-book has been "got up," reflects no credit upon our English literature. Of all places on the earth London is the one which possesses not only the best men, but also the most ample, satisfactory, and accessible means for the production of a first-rate Original Report. Yet here all these facilities are ignored in principle: papers published in London are quoted from German extracts; German papers are quoted from French extracts; some epitomes have positively been transcribed, and re-extracted, and re-adjusted four times, until—deprived of all sense and meaning—they at last figure in this Year-book. Can we wonder any longer at such nonsense as that which we recited in connexion with the name of Morvan, when we consider that his paper was published in the "Archives Générales," thence transcribed into the "Jahrbuch der Kinderheilkunde," thence reported in "Canstatt," and from this latter source its title transferred into the "Year-book"? Can we be astonished if the essential parts of foreign papers have perished on such circuitous routes, if all the errors of transcribers and commentators have accumulated to an intolerable intensity and amount?

As a matter of course, none of the Editors will be responsible for errors which they have simply transcribed. Under these circumstances responsibility becomes impossible, and the first condition of a Year-book—reliability—is, of course, not fulfilled. We had much better be without a Year-book than have an unreliable one palmed off upon our good nature and credulity.

"In making their abstracts, the Editors have generally avoided giving an opinion regarding the merits of any of the papers." We wish they had done so absolutely, for we have found some of their opinions singularly unfortunate; we also wish they had not quoted the absolute and often incorrect critical *dicta* of foreign reporters, without taking at least some trouble to ascertain their correctness. The portion which is most to blame in this respect is the report on the Institutes. Valentin's opinions there pass as the most absolute *ipse dixits* that we have ever met with. Such tutoring is not to the taste of a liberal and free Profession, and must be abandoned. The value of a paper must become apparent from its extract—in that consists the art of reporting; and an extract, to be valuable, must be condensed; good reports can only be produced by extraction of all that is material, and subsequent condensation. Neither of these mental processes have the editors adopted for their purposes with regard to foreign publications, though their reports on English publications show well enough that they were aware of the principles in question.

"The authors whose material has been made use of, and who may think themselves restricted in the space assigned to them, are entreated (by the General Editor) to bear in mind that the Reports of the Editors were restricted by the space at their disposal." This sentence is ominously apprehensive of the dissatisfaction of authors, and in language bearing no burden of extravagant elegance ushers in a lamentation about space, which is so often reiterated in the text, that we feel called upon to examine a little closer into this question of space. Let us suppose that the Council of the New Sydenham Society restricted the space to be devoted to the Reports to what it actually represents,—namely, thirty-four sheets; and leaving aside the question whether it is enough for the purposes intended or not, let us inquire whether the space so allotted has been made use of in the most profitable manner. The Year-book is for 1859,—yet there are papers reported dating so far back as 1856; many were printed in 1857. Of foreign publications those of 1858 are reported; of English publications those of 1859; and a good many of former years. The space given to former years has been taken from the "Year-book for 1859." Then, matters have been introduced into the Year-book which are neither of use nor of interest to the Medical Profession. Thus, in page 17, we meet Huxley's Observations on the Development of the Stickleback. Where is the connexion of this sublime subject with the Institutes of Medicine,—with "Science applied to Practical Medicine?" And then it is given in such transcendental language! He first speaks of the development of the tail, and then of that of the palato-pterygoid arc, and hyomandibular suspensorium. In speaking of the homologies of the bones of the fish's face, Huxley says that, in it, "Cuvier's palatine is the homologue of the palatine of the abranchiate *Vertebrata*, and his pterygoid is the homologue of their pterygoid, and that his jugal is their quadratum, or incus." Huxley cannot, however, find any homologue of the temporal and symplectic. They appear to be specially piscine elements . . . and so on. Why not write Latin at once, and have done with this barbaric mutilation of the Queen's English? Or why introduce such "piscine" disquisitions at all into a Medical treatise? Zoology is exceedingly interesting in its place, but here the stickleback is "out of water."

We might point out much irrelevant matter, introduced here and there at the cost of subjects of great interest to the Profession. Thus, what "Harley said" in a discussion (p. 107) should, in our opinion, not have been introduced into a report of this kind. Such traits of vanity we meet with in other places, and particularly in some very improper foot-notes: they spoil and destroy the objective nature of the report.

From the "List of Abbreviations (of Titles of Periodicals) referred to" (p. ix.) we were induced to believe that a practical system of literary references had been adopted, by quoting periodicals, in every case, in the abbreviated form. But what was our astonishment when we found this arrangement confined to the Forensic Report. There, indeed, it has been adhered to with perfect correctness. Moreover, those interminable "vol., vol.," and "p., p.," have been left out, the volume being indicated by the first, the page by the second, of two figures, separated by a colon. What amount of space, labour, trouble, and error would it not have saved had this arrangement been carried out in the entire volume. What is the use of all those second-hand quotations, twenty-five per cent. of which are sure to contain erroneous figures? The reference to the "princeps" publication, the correct quotation of the original book or article, in the shortest possible form consistent with identification, is all we want. The references to warmed-up extracts and stale *réchauffés* are of no literary value.

By these and other means much space has been wasted; and authors may well complain that their productions have been treated in a very brief manner, particularly those authors of whose publications no extract whatever, but a title only, and that a mutilated one, has been given. But what can an author be "entreated to bear in mind," when he is "reported" in the following manner:—

P. 96. Heynsius: "Ueber die Entstehung des Ureums." This means: "On the Origin of Urea," but is *briefly* translated, "On Uræmic Poisoning." Now, let us look for the extract, p. 104:—"Heynsius says that normal urine contains no albumen. On account of the contents of the tubuli uriniferæ being acid. The urine he imagines, becomes albuminous as soon as it is alkaline."

Now, we ask, in what connexion do the original title, its translation, and the extract stand with each other? Is there any sense in this mode of reporting? Is the style even decent? We have given the exact punctuation of the quoted passage, and also correctly transcribed the reporter's Latin. The General Editor evidently excels in the appreciation not only of modern languages, but also in those of antiquity. Tubuli uriniferæ in this place he matches by some Latinisms in others. On p. 4 he supposes "pubis" to be a nominative, and gives a paper by Aeby "On the Symphysis Ossium Pubis," as being "On the Pubis," etc. The same paper is again quoted at p. 14, with this identical

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blunder. A man should really learn his grammar, and particularly declension, before he undertakes to write Latin or Scientific Reports. A schoolboy would deserve and receive castigation for such blunders.

It would be unjust to allow it to be inferred that the other Reports contained such gross errors as those which we have indicated, and which, happily, we can say are not "Institutes of Medicine," in any sense whatever. We do not desire to let even a suspicion rest upon them; and we therefore explicitly say, that we could discover nothing in the Reports, particularly on Medicine, Surgery, and Forensic Medicine, that at all approached the extraordinary nature of the "Epitome of Science." But we cannot at present decide whether even these Reports are thoroughly reliable or not. It would require many more comparisons with originals than we have either time or inclination to institute. We are not "game" for that description of sport. Neither are we enabled to say whether the Reports, supposing them to be correct, would be of much use to the Profession. This the Profession, or rather the members of the New Sydenham Society, will have to decide for themselves. For ourselves we can say: that we think the Reports too short and overcrowded with irrelevant matter, that some are positively illiterate and badly composed, and all much too late. Like a limping messenger, the Report brings us "old news," and announces the birth of the child when we have just celebrated its christening.

Among the curiosities, the following seem yet deserving of being mentioned:—The style of the report on Humphrey's Anatomy, p. 5; the repetition of the story about urea from albumen by permanganate, long since disproved, p. 9; the safe and general description of Longet's Physiology on the same page; the false stop after Pterodactylus Fittoni, p. 14; which subject of Pterodactyli, together with that of Earnshaw's differential equations on p. 56, can hardly be said to have more applicability to the Practice of Medicine, than the development of the stickleback; oval-corpuscled-blood, p. 32. On p. 62 Edward Smith is reported to have given the results of a series of experiments on the quantity of air inspired:—1st. In the whole of twenty-four hours with and without excretion of food. On p. 71 is a delicious chemical formula "(Po_3 CaO)," of which no one could guess the meaning, were it not stated to signify acid phosphate of lime, 2 CaO, HO, PO_5. On p. 93 it is stated that Scherer and Strecker are now both of the opinion that hypoxanthin and xanthic oxyde are identical, while they are not of that opinion; and the reporter himself states the reverse of his own assertion in the beginning of his report, where he says that Strecker's sarkin was in reality the same as Scherer's hypoxanthin. On p. 98 it is reported that Fleming observed the urine of a child . . . "the addition of nitric acid rendered it again transparent, and caused it to effervesce with the disengagement of ammonia." Were a Medical student to state this in his elementary examination, he would certainly be rejected. On p. 100 is another fabulous name, that of "Redenbocker;" p. 101 shines with "prophylamin." P. 115 gives a specimen of the reporter's appreciation of the Greek tongue, for he makes the plural of entozoon a singular, and reports upon "an entozoa." And so we might go on pointing out error after error, but we are tired of the ungrateful task.

As we believe it to be the intention of the Council of the New Sydenham Society to publish Year-books hereafter, we take leave to tender them some advice upon the subject, with perfect kindliness of feeling, and prompted solely by a wish to assist the furtherance of their object. They should engage a man who possesses sufficient general and practical knowledge of the whole field of Medical literature to undertake the responsibility of the Editorship-in-chief of the Year-book. This gentleman should have less to report than to arrange and supervise; he should guard against all those imbecilities which we have been obliged to expose, and his should be the responsibility for the general literary character of the volume. With his assistance the Council should add to the present staff of reporters a sufficient number of competent Medical authors, to prepare original extracts from original papers only, and to be themselves with their names responsible for the correctness of their extracts. Not twenty, but fifty competent gentlemen could be found to do work which is remunerated at the rate of £7 per sheet. The Council should next take care that the Report upon the year 1860, for example, should be ready early in the spring of 1861. If these suggestions were adopted and worked out in detail we have no manner of doubt that the New Sydenham Society would be able to produce a Year-book at once an ornament of English literature and an honour to the Society and to the Profession generally,—a Year-book pleasing to the reader, useful to the Practitioner, reliable for the purposes of practice in every shape, agreeable to the experimental inquirer and indispensable to the author. Such a book we most heartily wish may be the New Sydenham Society's Year-book for 1860.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

DEATH FROM THE ENTRANCE OF AIR INTO THE UTERINE VEINS DURING THE EMPLOYMENT OF THE DOUCHE.

By M. DEPAUL.

This patient had already been attended by M. Dépaul, she then being nineteen years of age and rickety, but so small in stature as to resemble a girl of ten or eleven. She was then delivered of her first child by perforation, and cautioned, on account of her deformed pelvis, against becoming pregnant again. A second pregnancy, however, did ensue, and premature labour was induced at the eighth month by means of the uterine douche, with the hope of saving the child. M. Blot, however, was enabled to effect the delivery only with the greatest difficulty, by employing the perforator and version. Severe metro-peritonitis followed, but the patient completely recovered in a month or five weeks. A third pregnancy was fortunately terminated by natural abortion at two and a-half months. On the occurrence of a fourth pregnancy M. Dépaul resolved to induce abortion at seven months and a-half. He was making the third application of the douche, keeping the gum-elastic canula at about a centimetre or so from the os uteri, when, after four or five minutes, a peculiar noise was heard, indicative of the escape of air. Every part of the apparatus was found to be in order, the aspiratory tube being always kept at the bottom of the vessel containing the water. The administration was, therefore, continued, and all seemed to go on well for some instants, when a gurgling was heard in the vagina, and the patient complained of severe pains. M. Dépaul encouraged her, and continued the operation, when, for the third time, air quitted the tube with the water, and gurgling was again heard in the vagina. The canula was now withdrawn, and M. Dépaul desired the woman to get up and walk about the room, but just as she was attempting to do so, she became pale, and fell backwards, the heart ceasing to act. During twelve minutes every effort was made in vain to re-animate her, although two or three incomplete inspirations at first gave some hopes of success.

In the hope to save the child, the Cæsarean operation was now resorted to; and when the uterus was exposed, in place of being of a brown-red or blackish colour, as it is always found to be after this operation, it was only of a pale, decoloured red. An incision, penetrating through only a portion of its substance, gave issue to a kind of sanguinolent froth, in place of the black blood which ordinarily flows. On subsequent incisions less blood flowed, and bubbles of air escaped from time to time; and as soon as the bistoury penetrated within the cavity of the organ, a mass of air passed through the lips of the incision from the uterus, it having been confined between the internal wall of this and the membranes, as these latter had not yet been penetrated. The placenta was found detached to a slight extent, and as it was removed, bubbles of air issued out with the blood from between it and the inner surface of the uterus.

The detachment of the placenta which existed, to a certain extent, allowed of the possibility of the entrance of water and air into the uterine sinuses; and M. Dépaul thus explains the penetration of the air into the uterine veins, and thence into the circulatory torrent of the vena cava inferior. The air having entered between the membranes and the internal surface of the uterus, was, so to say, imprisoned during the contractions of the uterus, exactly as the liquor amnii is

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retained there after the bag of waters has been pierced. The liquor amnii then flows away at the commencement and at the end of each contraction, but during the contraction itself the head of the child so exactly plugs up the uterine orifice, that it cannot flow away. At the end of each contraction, the air existing in the cavity of the uterus underwent aspiration by means of the gaping orifices of the uterine sinuses, and was carried hence into the venous system of the uterus, and thence to the vena cava inferior and the heart. The gurgling of the air was heard on three different occasions, and it was forced into the uterine system, with each successive portion of water injected. But now comes the question, how did the air gain access to the pump and tube? M. Charrière examined all parts of the apparatus employed, and found it in perfect order. The only suggestion offered at the Society of Surgery, where the case was related, was that possibly the air might have entered the orifice of the canula, while the injection was suspended, and then was forced out with the water which issued when the pump resumed its play. The friends would not allow an autopsy. The infant which was removed, was resuscitated, but only lived for 15 hours.—*Union Médicale*, No. 84.

EXCERPTA MINORA.

Treatment of Prolapsus Ani of Children by Subcutaneous Injection of Sulphate of Strychnia.—A child, four years old, came under the care of M. Foucher, who had suffered for several months from prolapsus of the mucous membrane of the rectum. When not returned immediately, great pain and difficulty attended its reduction, owing to its being closely grasped by the sphincter. M. Foucher determined to apply Wood's plan of subcutaneous injection to this affection, in order to act directly upon the fibres of the sphincter. He therefore, with one of Pravaz' syringes, injected in the direction of its fibres, and just external to the anus, ten drops of a solution of sulphate of strychnia, in the strength of twenty centigrammes to twenty grammes of water. Twenty-four hours afterwards fourteen drops were again injected. The cure was immediate, and six months afterwards had remained durable. Without attaching undue importance to the cure of a case of disease which is sometimes very easily relieved, it is deemed desirable to direct attention to a mode of treatment so simple, and accompanied by so little pain.—*Gazette des Hôp.* No. 83.

Voluntary Dislocation of the Crystalline Lens.—M. Chassaignac exhibited a patient to the Paris Society of Surgery who had the power of producing a dislocation of the lens voluntarily. Paralysis of the iris exists, and the patient is enabled to cause the passage of the lens from one chamber to the other, its transparency being completely retained. Some years since M. Larrey also presented a child, exhibiting a similar peculiarity, and the lens in that instance did not become opaque until three or four years afterwards.—*Union Méd.*, No. 125.

Treatment of Old Fissure of the Anus.—M. Gosselin observes that most of these fissures may be easily cured, whatever be the means adopted. Still he regards forced dilatation as the most expeditious and the most convenient for the patient, while incision best guards against relapse. In many cases he has combined with advantage these two modes: first dilating, and then incising the fissure, which is then easily visible throughout its whole extent. He has observed the fissure and its pains persisting after forced dilatation oftener in women than in men. But besides these fissures thus easily cured, there are others which resist various modes of treatment successively employed, or, when cured, are succeeded by new ones just as painful as the others. After, in such cases, trying the various means one after another, M. Gosselin resorts to *daily dilatation*, which he has found attended with good results. The index-finger is passed into the anus daily until the pains after defecation have disappeared or notably diminished.—*Gazette des Hôp.*, No. 91.

On September 27 M. Ricord delivered his last lecture at the Hôpital du Midi, and during two hours delighted his audience. He gave a summary of the works which illustrate his name. "We have rarely assisted," writes an observer, "at an ovation more enthusiastic, more sincere, and more deserving, than that which was bestowed on the Professor and on the Physician—by those whom he had taught, and those whom he had treated as his patients."

PROVINCIAL CORRESPONDENCE.

IRELAND.

Dublin, November 7, 1860.

The first "introductory" of the present Session in Dublin, was delivered on Monday, October 29, in the theatre of the College of Surgeons, by Dr. Jacob. The learned Lecturer's address consisted chiefly of sound practical advice to those entering the Profession, with more especial reference to the new regulations suggested by the Medical Council. The importance of preliminary education was first dwelt upon, and Dr. Jacob impressed upon his hearers that they would find it impossible to make those studies which ought to be preparatory cotemporaneous with the proper discharge of their duties in the Hospital and the dissecting-room, and that therefore they ought to come to the study of the Profession possessed of the advantages of a sound classical and scientific education. He next cautioned students against neglecting or deferring compliance with the new rule requiring them to have their names, ages, etc. duly registered, whereby they might be unable to obtain credit for the time spent in professional education previously to such registration. Dr. Jacob also alluded to the more practical manner in which it is intended that the examination for the rank of Physician or Surgeon shall in future be conducted, and, after some further observations, concluded his very useful address amid the warm applause of his hearers.

The business of the Session was opened on Thursday, the 1st inst., in the Richmond, Whitworth, and Hardwicke Hospitals, with a very eloquent address by Dr. Robert Adams, President of the Royal College of Surgeons in Ireland. Among the audience were, in addition to a crowded professional assemblage, the Right Hon. Edward Cardwell, Chief Secretary for Ireland, and his Private Secretary, J. Cardwell, Esq. Dr. Adams insisted on the absolute necessity of an acquaintance, as preparatory to the study of the Profession, with the ordinary classic authors, as well as of a sufficient knowledge of the most useful modern languages, and of mathematics. He next spoke of Anatomy as the foundation upon which was to be raised the structure of future acquirement in the healing art which each pupil was destined to attain. He dwelt on its importance as being the science which imparted a correct and accurate knowledge of the wondrous structure, the lesions and diseases of which were afterwards to be submitted to their treatment. He adverted to the facilities recently given to anatomical study, observing that in former years Anatomy had no protection from the law, subjecting those who pursued it zealously to many difficulties and disadvantages. He quoted the assertion of Sir Astley Cooper, in reply to an expression of surprise that a man so gifted and refined could take pleasure in a pursuit so revolting to the uninitiated. Sir Astley, even at the zenith of his professional fame, declared that he would consider any day ill spent some portion of which was not devoted to anatomical research. The President took occasion, when speaking on this subject, to remind his young friends (the pupils) of the unfitness and impropriety of thoughtless conduct when engaged in the pursuit of anatomical science. He dwelt on the respect due to the dead, and adverted to the well-known fact that all civilised nations have been remarkable for their deference to the remains of the departed. The Jews and Mohammedans were careful not to tread a fragment of paper under foot lest perchance the name of the Deity might happen to be written thereon; but he could assure his young friends that the human body was a volume, every page of which bore the impress of the Almighty Creator, and displayed the perfection of His work. The President then went on to speak of the attendance of students on Hospital practice, and dwelt with emphatic force upon the excellence of the system whereby that most important branch of Medical study was made specially valuable to the student—he meant the appointment of resident pupils, who were selected by the Surgeons and Physicians according as they displayed in greatest perfection the qualities most desirable for such a trust. Competitive examinations had been given up as a test for these appointments, there being many attributes required in a resident pupil beyond mere smartness in answering

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questions in Medicine and Surgery. Steadiness, zeal, attention, and courtesy, resulting from a kindly sympathy with the sufferings of the patient, were all requisite and important qualifications. The Lecturer dwelt on the great value of these appointments, and observed that it ought to be the ambition of each hard-working pupil to obtain them, as enabling him to familiarise himself with the symptoms of diseases in all their varied aspects—to cultivate habits of observation, and, in short, to acquire that tact and readiness in the relief of suffering, and that promptitude in the preservation of life or limb in cases of accident, which practice alone could ensure. The teachers in this Institution would be ever found as happy to impart information as the pupils could be to receive it. Neither pains nor expense had been spared in providing all the means and appliances necessary to ensure the achievement of solid professional knowledge. To this end the Museum had been stored with casts, drawings, preparations, etc., illustrating the condition of diseased structures and the various pathological phenomena, a knowledge of which could thus be better conveyed than by the most able and elaborate spoken or written descriptions.

The learned President went on to speak of the dignity and utility to society of the Medical Profession. Some might seek to make young Medical men discontented with their Profession, but they should remember how many and how noble were its opportunities for doing good. The discontent of men with their own pursuits was a failing as old as human nature itself, and had formed the topic of the Roman satirist in the days of Mecænas and Augustus. The last wills and testaments of many illustrious men of the Profession had shown that with them the ruling passion, even in death, had been their love for the Profession, and their zeal for its advancement. The President quoted the munificent bequests made by Sir Astley Cooper, Mr. Carmichael and others for promotion of the interests of the Medical and Surgical arts. After dwelling with eloquent effect on the feelings, impulses, and ambitions which ought to actuate the Medical student, and give energy to his efforts, the learned President urged above all upon his young friends a due recognition of the solemn and sacred trusts which one day would be confided to them in their capacity as practitioners, and feelingly advocated their remembrance and observance of the precepts of religion. He concluded his able and interesting address amid the marked applause of all present.

On the same day the opening address was delivered in the Ledwich School of Medicine by Dr. Wharton, who chose for his subject "Progress," considered under the heads of,—1, Its advantages, as evidenced by certain improvements in the practice of Medicine and Surgery, as the comparatively modern abandonment of the use of the trephine in cases of fracture of the skull, Professor Porter's successful employment of tracheotomy and laryngotomy in cases previously considered to be beyond the reach of art, and Sir Philip Crampton's introduction and Dr. Bellingham's subsequent revival of the treatment of aneurisms by compression. 2. Self-improvement, in the acquirement of general knowledge,—a portion of his subject which the Lecturer illustrated by many examples furnished by the Senate, the Bar, and the Medical Profession,—showing that the brightest ornaments of each have been, and are, men whose attainments are not limited by their special and indispensable studies, but who arrive at eminence in the field of science, of art, and of social amelioration. Dr. Wharton expressed his approval of the changes introduced by the Medical Council with respect to the preliminary education of the student. 3. As to the means whereby Progress is attainable, Dr. Wharton directed the attention of his hearers specially to the importance of exercising self-control, and economy of time. He particularly commended the study of human anatomy, which he considered to be the true basis of all Medical knowledge, and showed that in order to attain to true proficiency in the science, they should commence by acquiring an accurate acquaintance with its foundation,—the osseous system. Dr. Wharton concluded his eloquent address by giving some excellent advice to such of his hearers as were that day commencing their Medical studies.

The sixth Winter Session of the School of Medicine of the Catholic University was opened on Friday, November 2, by Dr. Sullivan, the Professor of Chemistry and Dean of the Medical Faculty. After some preliminary observations, the Lecturer, in a very able and learned address, considered the function of Chemistry with respect to Medical education, and its relation to the great basis of Medicine—Physiology. In a clear and able manner he showed how recent discoveries in chemical science, especially those based upon the researches of Liebig on the properties and composition of organic matter, had completely changed and rendered more important the relations which chemical analysis and research bear to physiological and pathological knowledge. Having established this fact by a succession of able arguments, the learned Professor concluded his address with some valuable observations on the errors of the present system of Medical education.

The Winter Session was opened in the Medical School of the University of Dublin, on Monday, November 5, by Dr. McDowel, the Professor of Anatomy and Physiology. Towards the close of his introductory lecture, which was on the subject of Animal Organisation, the Professor alluded to the Prize Medical Scholarships recently liberally founded by the Board of Trinity College, showing that as they would be awarded for general attainments, they would be free from the objection which attached to the old scholarship, namely, that the latter tended to encourage attention to one branch of study to the neglect of all others.

The opening of the Session at the Meath Hospital, on the same day, was rendered especially interesting by the presentation of an address from the students to William H. Porter, Esq., M.D., Senior Surgeon of the Institution, congratulating him on his recovery from the effects of his recent severe railway accident, as well as on his election as representative of the Royal College of Surgeons in Ireland in the General Council of Medical Education and Registration. To this graceful and well-merited tribute of respect and affection, Dr. Porter returned a suitable answer, and after a short interval he proceeded to deliver a most excellent lecture, introductory to the Surgical Clinical Course.

The Fourth Winter Session of the Medical School in connexion with Steevens' Hospital was also opened on Monday the 5th inst. when the chair was taken by Lord Talbot de Malahide, who delivered a most eloquent address, and presented certificates of general proficiency to the following pupils:—J. F. Clarke, A. Dunne, C. Elliott, S. Flood, R. W. Forsayeth, J. Fraser, R. Hickson, T. Hoskin, R. Hyde, J. W. Jones, R. P. Keys, A. Martin, E. M. M'Causland, W. Payne, A. Preston, T. Purcell, A. Stewart, R. Swan, D. Tate, T. Telford, C. W. Thorp, F. C. Vines, W. Wilkinson, and W. P. Young. Sir Henry Marsh, Bart., moved, and Dr. Croker seconded, a vote of thanks to his Lordship, which was passed unanimously.

The Medical Clinique at the Meath Hospital commenced on Tuesday, November 6, at ten o'clock, with an admirable address by Dr. Stokes, the Senior Physician of the Hospital.

The Introductory Lecture at the Adelaide Hospital was delivered on the same day, and at the same hour, by Dr. Hudson.

THE CHRISTIAN MEDICAL ASSOCIATION.—Last week the seventh annual meeting of the Association, established by the late Dr. Golding Bird for the promotion of Christian principles amongst the members of the Medical Profession, was held at the Freemasons' Tavern, Dr. Williams in the chair, and was very fully attended, the majority present being Medical students, and it was to them specially that the chairman and the other speakers addressed their observations. The chairman inculcated upon them the necessity of earnestness both in secular and eternal matters, as a means in the one to success and in the other to salvation. Mr. Moore detailed the origin and explained the usefulness of the institution, and quoting a letter received from the Bishop of Labuan, himself a Medical man, recommended to them the promotion of missionary enterprice, and stated that preaching the Gospel and healing the sick might go hand in hand, the latter being made subordinate to the former. They were also addressed in feeling terms by Mr. Grainger, Dr. A. P. Steward, Mr. C. Brooke, Dr. Protheroe Smith, &c., all of whom invited them to attend the weekly meetings of the Association, held every Saturday evening at the Freemasons' Tavern.

M. HEYFELDER has lately described a case of pleuritic abscess, which pointed between the second and third rib on the right side. It pulsated with each beat of the heart. He says that he is only aware of two similar cases on record,—one by M. Aran, and another by Dr. Stokes.

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GENERAL CORRESPONDENCE.

EXAMINATIONS OF THE UNIVERSITY OF LONDON.

LETTER FROM DR. CARPENTER.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am desired by the Senate of the University of London to request that you will give immediate publicity to certain arrangements which they have made with the desire to remove or to mitigate (so far as may be practicable) the inconveniences to which those candidates for Medical Degrees might be otherwise liable whose curriculum of study happens to correspond with the period of transition between the old and the new Regulations. It may be well for me to point out, in the first place, that the new Regulations essentially differ from the old:—

1st. In the institution of a Preliminary Scientific Examination, to which the Chemistry and Botany of the First M.B. have been transferred; with the addition of Natural Philosophy and Zoology.

2nd. In the transference of Physiology (a) and Chemical Toxicology from the Second to the First M.B. Examination.

Feeling confident that the curriculum as now amended will really prove in the end more advantageous to the Candidate, as corresponding with the natural sequence of his Medical studies, and that no serious inconvenience would accrue from at once bringing it into operation, the Senate determined upon this course after due deliberation, and have since found no reason to alter their decision. Being most desirous, however, to make the transition as little inconvenient as possible, they have carefully considered all the representations which have been made to them by those who urge that they are injuriously affected by the change; and, as the result of that consideration, I am directed to announce a temporary modification of the Regulations upon the following points:—

To Candidates who matriculated in July last, the same exemption is now accorded from the additional subjects of the Preliminary Scientific Examination, as had been previously granted to those who matriculated before June (b).

To Candidates who would be qualified, by the completion of two years of Medical study subsequently to matriculation, to present themselves for the First M.B. Examination of 1861, and who would be required to pass the Preliminary Scientific Examination in the same year, the option will be given of postponing the whole of their First M.B. Examination (if they so desire) until 1862, without thereby postponing the date of their Second M.B. Examination. They will thus be admissible to the Preliminary Scientific Examination and its honours in 1861, to the First M.B. Examination and its honours in 1862, and to the Second M.B. Examination and its Honours in 1863. Such as do not wish, however, to compete for honours at the Preliminary Scientific Examination, and feel themselves prepared for the First M.B. in 1861, will probably find it more desirable to present themselves for it in that year; postponing their examination in Physiology (as allowed by the Regulations) until the succeeding year, if they so desire it.

For Candidates who have already passed the First M.B. Examination, the Second M.B. Examination will be conducted under the Old Regulations in the years 1861 and 1862, so as to give to all such Candidates the opportunity of obtaining their degree without any additional trouble. But for such as may not avail themselves of this opportunity, and who delay presenting themselves at the Second M.B. Examination until after the omission from it of Physiology and Chemical Toxicology, the necessity will arise of their showing their proficiency in these subjects at some First M.B. Examination before they can be admitted to the Second.

Dissatisfaction having been expressed at the imposition of an additional fee of £5 for the Preliminary Scientific Examination, I have to point out that the fee for the M.D. Examination having been reduced from £10 to £5, the whole cost of the degree remains exactly as it was.

It may be well for me to add that the total amount of the rewards held out by the University for special proficiency in the various branches of study, included in the Medical curriculum, though differently distributed, has been increased by £80 per annum. I am, &c.

WILLIAM B. CARPENTER.

University of London, November 8.

(a) As I have received many inquiries respecting a supposed change in the character of this Examination, it may be well for me to take this opportunity of stating that no change whatever has been made in its requirements; a knowledge of those parts only of Comparative Anatomy being expected without which the general facts and doctrines of Physiology cannot be properly understood. The subject of Histology, now for the first time formally introduced, has been for many years past included in the Examination Papers.

(b) This date was fixed as being that at which the Regulations were adopted by the Senate, and with the expectation that they would be promulgated before the Matriculation Examination of July. Their promulgation, however, having been retarded for several weeks, by delay in the Home Office, the Senate recognise the fairness of not imposing upon Candidates who then matriculated, additional subjects of which they had no information.

FINANCE OF THE MEDICAL COUNCIL.

[To the Editor of the Medical Times and Gazette.]

SIR,—When new Acts of Parliament are obtained, such exaggerated anticipations of the good to be effected by the change have always been excited during their passage through the Legislature, that no one can be surprised when in the first working of the new law they fail to effect the benefits which were expected therefrom. The Medical Act of 1858 is very far from being an exception to this general rule. In the opinion of many of the most educated and liberal of the Profession, the spirit of the Act has wrought great damage to the whole body; it has virtually reduced it to a one-faculty constitution, it has degraded and virtually almost extinguished the order of Physician, by permitting every qualification, however slight, to be entitled to that designation. These innovations have resulted in a "great discouragement" to the ancient practice of undergoing the intellectual training of our old Universities before entering upon Professional study. All these evils have been accepted, or rather submitted to, and yet the new Medical Council, as established by this Act of Parliament, must, according to documents now made public, be pronounced by many, a failure.

Setting aside the consideration of the nature of the work done by this Council, the actual element of existence—the funds for their support,—seems likely to be denied them. The first statement of the financial affairs of the Council is now before the public, and it exposes a frightful discrepancy between the scale of their expenditure and that of their receipts.

It seems obvious, in estimating their future means, the framers of the Act must have received very incorrect information from the various Licensing Bodies, who must have exaggerated the numbers actually entering the Profession.

According to the roughest estimates generally talked about while the business was in prospect, 1000 registrations were to be expected every year, and £25,000 were to accrue during the first year from the registration of gentlemen already in practice. The £25,000 has been received and funded, but the anticipated number of 1000 registrations of those entering the Profession have fallen, according to the opening experience, to 400. The annually expected income was thus £6000, say £5000 from annual registrations, and £1000 interest of funded property. The Council, however, have not framed their expenditure according to this liberal estimate; for it may be seen that against a probable £6000, they begin by expending £8000. The future years, of course, with 400 entries, will show a great falling off even of the anticipated £6000 per annum, and yet nothing appears in the face of the account to show that ordinary years can be worked at much reduction from the present rate, according to the system set on foot.

An inspection of the items of expenditure will show that inevitable payments, such as "registrars and clerks," and the expenses of the offices, such as printing, stationery, etc., will absorb more than the current revenue of the Council. There will remain, then, fees to the Council and the travelling expenses of the Branch Councils without any provision. The twenty-five members of the Council must, therefore, go unremunerated; and we must remember that these gentlemen consist of the more distinguished members of the Profession.

That a Bill should have passed the House of Commons

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without a liberal provision for its working, is the more cruel to the Medical Profession, as it stands in opposition to other Bills affecting other public services; as, for instance, that by the Attorney-General for alterations in the Bankruptcy and Insolvent Courts, as well as that in the Ecclesiastical Courts. Here there is not only large provision for the future working of the Bills, but compensation in excess for those who are superseded by them, partly taken from the Consolidated Fund; while not one sixpence of public money is added in the case of the Medical Act to the payments made by the Profession, part of which payments, namely the twenty-five thousand pounds, consists of a newly-invented tax mulcted upon those already in practice, who gain no benefit whatever from the Act.

While fairly considering the working of the Act, it is not right to overlook certain benefits to some of the Corporations which have arisen from it, and in a way which was scarcely to be anticipated. The sort of revolution which has taken place by this Act has given an exceptional opportunity for the Colleges of Physicians to gather into their community a number of members who had neglected or declined, on entering on their career, to undergo the regular examination and pay the proper fees. All such of those who had, by their subsequent career, proved themselves equal to their duties, have been rallied into the respective bodies.

This, in principle, has removed a certain amount of anarchy which had crept into the Profession; while it has brought in a considerable, though only exceptional revenue.

Whether the benefits can be balanced against the evils of a remission of examination,—the proper function of the Colleges, although that remission has been permitted under urgent circumstances,—is a consideration that it is now too late to ponder. Be that as it may, the Colleges of Physicians of London and of Edinburgh (especially the latter, which has opened its doors widely to any qualification), must have this year received considerably more than their average income. I am, &c. M.D.

[We do not altogether coincide with the opinions expressed by the writer of the above letter; but the present pecuniary position of the Medical Council which he points out, is matter for very serious consideration. A bankrupt Council is not a desirable representative of the Profession.—Ed.]

CONSTRUCTION OF HOSPITALS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I do not know that much has fallen to your share as a result of the recent Social Science meeting held at Glasgow. That meeting is now generally acknowledged to have been a great success. Besides the immediate object of such a gathering, there is the social intercourse of men who have seen much and travelled far, whose ideas are liberal and enlarged by observation, who have been accustomed to look at the institutions of a place from no isolated point of view, and must eventually form conclusions of their own, favourable or unfavourable to the places which they visit. And perhaps no truth more deeply impresses itself on the mind of the observing traveller than that the "wheels of time bring back the follies of the past oftener than its wisdom."

After all that you have written, Sir, on the construction of Hospitals—after all that has been written in the pages of your contemporaries—after all that has been written in the pages of the *Builder* newspaper—after all the ventilation the subject has gone through of late,—and it never has passed through a trial so severely critical before,—I did not anticipate that Glasgow, with its untold wealth, should not only have missed the golden opportunity of erecting a Model Hospital, but should raise an edifice in which every defect in *site*, *plan*, and *construction* should be reproduced and perpetuated in the most aggravated form.

The new Glasgow Infirmary, behind the old building, converts the whole into a great square; and the site is horrible to think about. A graveyard, filled with dead to overflowing, has been desecrated under the most revolting circumstances. The graves have been dug up, and the bones carted away like rubbish—the long hair of women still sticking to the skull (in one instance, with the ribbon which restrained the flowing tresses still attached); and the whole ground, saturated with the products of organic corruption, giving forth, when freshly turned up, a stench such as a graveyard only can evolve. And all this is done under the very noses of the municipal authorities and the managers of the Hospital! Not only do they know of its being done, but the town actually sold the ground, and the managers of the Infirmary brought the graveyard, that they might build an Hospital on it. The statements are almost beyond belief.

As to the structure of the building, it is based on no good principle. On the contrary flats are piled on flats; four stories high of wards; basements are sunk under basements; so that with two basements and four flats, we have six stories in all. The arrangement of the wards is bad in every sense, wards are within wards, and offices are within wards; and, while the water-closets from their positions must taint the air of the wards, right up and through the middle of the ward is a large chimney-shaft obstructing the ventilation. In short, almost every arrangement that has been adopted ought to have been avoided; and a great opportunity has been lost of building for Glasgow a Model Hospital.

I beg to enclose my card, and to subscribe myself, meanwhile,

October 30. X. Y. Z.

IRIDECTOMY IN GLAUCOMA.

Note from Mr. Lawrence.

[To the Editor of the Medical Times and Gazette.]

Sir,—In my short note on Iridectomy, published in your Journal of the 27th ult, which I had not seen in print till to-day, there is a small but important omission in the ninth line of the first column, page 416, to which I take the liberty of calling your attention, as it materially diminishes the interest of the communication. After the word "was" in that line, the following short sentence should have been inserted:—"Iridectomy was immediately performed."

I am, &c.

Whitehall-place, November 7. Wm. Lawrence.

TURNING.

Letter from Mr. Pearson.

[To the Editor of the Medical Times and Gazette.]

Sir,—I should not have been tempted to make any observations upon the elaborate paper by Mr. Figg which has appeared in your Journal, had he not attributed to Dr. Simpson the merit of having revived in Great Britain the operation of turning in cases of pelvic distortion. Much as I admire that eminent Physician-Accoucheur, and however grateful I feel for the very valuable contributions he has made to Obstetrical Science, I cannot allow such an assumption to pass unnoticed, as I am personally able to state that for fifty years past at least, that excellent method of terminating difficult labours, has often been practised in this town. When I joined the late Mr. Hutton of this place as assistant, in the year 1823, he very early instructed me in this method of safely conducting difficult parturition, stating that in the course of his long practice, extending from the year 1800, he had often had recourse to it successfully. The most remarkable instance which I now recollect of the value of this operation, in which I was concerned, occurred in the year 1835, when I was called in consultation to a case of great pelvic distortion, formed by the sacrum projecting so much as seriously to diminish the conjugate diameter. This was a second labour, the female having been delivered of her first child two years before, by craniotomy, under the care of a very talented Surgeon in Bolton. When I was called in, she had been in labour about twelve hours, the os uteri was well dilated, but the head had not made the slightest advance into the pelvis. I at once suggested to the Medical attendant the possibility of effecting the delivery by turning, instead of again having recourse to craniotomy, which offered the only alternative. This gentleman declined to make the attempt, but consented to my undertaking the management of the case. I am glad to say, I succeeded in delivering a male child, asphyxiated at first, but which soon recovered, and is now a healthy man. Two years afterwards I delivered the

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same female of a second child by the same process, a female, and who is now a mother. This woman is still living. With regard to the value of this operation as a means of effecting delivery in natural labour, I think the detail Mr. Figg gives of the various accidents occurring in his own practice—in which we must consider him to be peculiarly expert—must have the effect of deterring most Accoucheurs from following it up. Broken and disabled limbs, still-born children, lacerated perineums, to say nothing of that low form of hysteritis, terminating in pyæmia, which is occasionally induced by the operation of turning, even in cases where it is desirable to have recourse to it, is too formidable a list of casualties occasionally arising from that mode of effecting delivery to induce the Profession to make such an innovation on Nature's laws, however powerfully advocated.

I am, &c.

Staleybridge, November 5. JOHN PEARSON.

FISSURE OF THE ANUS.

LETTER FROM MR. HENRY SMITH.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the September number of the *Journal of Practical Medicine and Surgery*, issued in Paris, great prominence is given to the new mode of treating fissure of the anus by forcible dilatation of the sphincter, as practised by M. Robert in the Hôtel Dieu.

In the article in question the views of that Surgeon as to the pathology of this frequent and painful disorder are first detailed, and to these there cannot be any exception taken. With regard, however, to his practice it is to be hoped that no English Surgeon will follow his advice, for it is stated that in respect to incision of the sphincter, "M. Robert altogether rejects this operation which is always more or less serious, may give rise to phlebitis, to erysipelas and has even occasionally proved fatal." The remedy recommended is "forcible dilatation performed suddenly with the forefingers, or with a bivalve speculum, introduced closed and withdrawn open, or gently and gradually by the successive introduction into the anus of both thumbs which are subsequently parted, until their palmar aspect comes into contact with the tuberosity of the ischium on either side."

To this proceeding I would strongly object, not because, in itself, it is, to say the least, unsurgical and clumsy; but in the first place, for the reason that the mode of treatment adopted by the majority of well-educated English Surgeons is as simple as it is effectual, insomuch as it consists merely of the fair incision made through the fissure or ulcer. There is not the slightest occasion for dividing the whole of the sphincter muscle, as advised by Boyer, in the majority of these cases. The adoption of this method renders the proceeding as severe as it is represented to be by M. Robert, but I think that most of those who have been in the habit of putting in practice this modified plan, originally suggested, I believe, by the late Mr. Copeland, of merely dividing the ulcer, will agree with me that it is a proceeding as simple as anything can possibly be in operative Surgery, and is, if done properly, as a rule, certainly effectual.

Why, then, if this be so, have recourse to the extraordinary method recommended by our French brethren? But I will assign another reason why we should hesitate to follow this plan, which consists, as we are told, of "forcibly distending the anus in several directions:" this is, that after such violent manipulations, there is a great chance of the sphincter losing its power, either partially or entirely. We see this result from continued distension, after extensive prolapse of the rectum, and a similar effect is produced upon the sphincter of the bladder by the action of dilatating instruments, employed for facilitating the removal of a calculus.

No such result can possibly follow the operation of incising the ulcer. Moreover, the proceeding is so simple and so rapidly effected, that in the majority of cases it is not needful to employ chloroform. In the absence of any hitherto undiscovered objection to this admirable and effectual mode of treatment adopted by most British Surgeons, I trust that we shall still adhere to this plan, and not be induced to follow the unsurgical and questionable proceeding so strongly advocated by M. Robert.

I am, &c.

16, Caroline-street. HENRY SMITH.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, November 1:—

Carpenter, Robert Henry Spencer, Durham
Mitchinson, Charles C., Royal Lancashire Artillery Militia
Sutton, Frederick John, Ilminster, Somerset.

APPOINTMENT.

BAILEY.—Mr. Francis J. Bailey has been elected Honorary Surgeon to the Liverpool School for the Deaf and Dumb, in the place of James B. Nottage, Esq., resigned.

DEATHS.

BUIST.—Dr. Buist, of Bombay, of dysentery.

MAULT.—At sea, off Pernambuco, on board the ship *Antipodes*, Samuel Mault, late of Fenny Stratford, Buckinghamshire, M.D. St. Andrews, L.R.C.S. Edin., aged 35.

MYERS.—October 26, at Prospect-place, Deal, George Myers, late of Sandwich, Kent, M.R.C.S. Eng., L.S.A. Lond., aged 53.

PRIDHAM.—October 30, at the Crescent, Taunton, Somersetshire, Edward Parker Pridham, formerly of Exeter, M.R.C.S. Eng., aged 70.

WILDEY.—October 31, at Marine-terrace, Southsea, Hants, William Wallace Wildey, of Cosham, Portsmouth, M.D. St. Andrews, M.R.C.S. Eng., L.S.A. Lond., Surgeon R.N. (Seniority, January 14, 1857), late Assistant-Surgeon Royal Marines, aged 38.

SIR HANS SLOANE was the first Physician in this country who received the title of Baronet, the highest title to which his successors have ever yet arrived in England. Sloane was very rich; he was Lord of the Manor of Chelsea.

SPECIALTIES IN THE UNIVERSITY OF BOLOGNA.—A Chair for the clinical teaching of Venereal and Cutaneous Diseases has been established in the University of Bologna; and Dr. Gamberini, well known both at home and abroad for his writings on Syphilis, has been appointed its first Professor.

BELGIAN LUNATIC ASYLUMS.—These are stated to be 51 in number:—6 (including Gheel) being in the province of Antwerp, 11 in Brabant, 6 in Western and 16 in Eastern Flanders, 6 in Hainault, 4 in Liege, and 2 in Limbourg. The entire kingdom contains 4907 insane persons amidst 4,520,000 inhabitants; *i. e.* 1 in 920.—*Union Méd.*, No. 126.

SUPPRESSION OF THE SAVOYARD UNIVERSITY SCHOOLS.—A decree, published in the *Moniteur*, suppresses the University Schools of Theology, Law, Medicine, and Pharmacy, established at Chambéry, Nice, Annecy, St. Jean-de-Maurienne, Moutiers, Bonneville, and Thonon, declaring that diplomas of Doctor in Medicine and Pharmacy, obtained at Sardinian Universities prior to January, 1861, by persons natives of Sardinia,—and henceforth by annexation Frenchmen,—will be considered as equivalent to French diplomas.

THE MIDLAND MEDICAL SOCIETY.—This Society, we are glad to hear, has been re-organised under the Presidency of Dr. Fleming, with the view of affording to the profession in the Midland district the means of contributing to the advance of the science of Medicine, and, what is much needed, an opportunity of free access to its literature. Already a large library of books and periodicals is in use. The reading-room is open daily. Meetings are held twice a month in Birmingham (from October to May inclusive) for the reading of scientific papers, and the relation of instructive and important cases. The subscription is one guinea per annum.

THE PRACTICE OF PHYSICIANS IN FORMER DAYS.—Mayerne, who was Physician to five kings—three English and two French, viz. James I., Charles I. and Charles II., and Henry IV. and Louis XIII. of France—recommended a drunken debauch once a month to his patients, as a fine stimulant for the system. Among his drugs were pulverized human bones; and his famous gout-powder was principally composed of the "raspings of a human skull unburied." His most potent medicine—the Balsam of Bats—which he always prescribed for his Royal patients when under an access of hypochondria, was an unguent compounded of "adders, bats, sucking welps, earth worms, hogs' grease, the marrow of a stag, and the thigh-bone of an ox." He had also, as may be imagined, great faith in amulets and charms. One of

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the most celebrated nostrums of the Old English Physicians was that of Bulleyn—the Electuary of Gems; it was compounded of dissolved sapphires, jacinths, cornelian, and emeralds, with basil seed, citron peel, mace, red coral, amber, ivory shavings, ginger, pepper, spikenard, saffron, cardamons, wood of aloes, cinnamon, gold and silver, and musk; together with a number of other inferior matters—including honey and conserve of roses. It was a remedy for kings, causing them, according to the prescription, to be "bold spirited, the body to smell well, and engendreth in the face good colour."—*A Book about Doctors.*

UNIVERSITY COLLEGE, LONDON.—The Council held their first Session for this current academical year on Saturday last, Mr. Grote, F.R.S., Treasurer, in the chair. The Professorship of Botany, vacated at the close of the last session by the retirement of Dr. Lindley, was filled up by the appointment of Mr. Daniel Oliver, jun., F.L.S., Librarian at the Royal Gardens, Kew. The Longridge Prize of £40, for general proficiency in Medicine and Surgery, was awarded to Mr. William John Smith; and the Liston Gold Medal, for reports and observations on the Surgical cases in the Hospital, to Mr. William Hickman.

THE peculiar virtues of the Hottentot Venus of past notoriety have again been discussed and dissected by Dr. Lambl, who has discovered an anomalous condition of the lumbar vertebræ in her kind, whereby the posterior protuberances are explained. This discovery, however, is stated by others to be imaginative; and the old opinion, therefore, still holds firm, viz, that the aforesaid protuberances are fatty masses—pure and simple. The objectors' position is maintained (in part) by reference to "two female Bosjesmans, who, thirty years ago, were offered for sale in Paris by English speculators on the strength of their portrait," which was subjected to the attention of any Parisian Barnum.

A GALLANT HOSPITAL APPRENTICE BEFORE THE TAKU FORTS.—Here Lieutenant Gye, of Milward's Battery, a most promising young officer, son of the director of the Royal Italian Opera, was shot through the thigh. A gunner was wounded almost at the same moment. A lad of 15, on the Indian Medical Establishment, a soldier's son, and Fitzgibbon by name, was on the field as Hospital apprentice, attached to the 67th. Without a moment's hesitation he rushed to the artilleryman and dressed his wounds under a tremendous fire. In so doing he was shot in the arm, but the bullet has been extracted, and the wound is healing. A more gallant lad never lived. His character is excellent, and he well deserves some promotion.

LUNACY STATISTICS.—The following very interesting statistical facts concerning English Lunatic Asylums have lately been published by Dr. Tuke:—There are 31,957 persons legally certified as of unsound mind; it may, therefore, be calculated that of the adult population more than 1 in every 300 is afflicted with mental derangement. The question as to their treatment is one of great public interest. From the returns in the 14th report of the Commissioners in Lunacy it is demonstrated that private asylums, conducted by resident Physicians, take the highest place as curative institutions, and that the rate of mortality in them is less than in any other asylum of the same description. The following results are taken from the tables given by Dr. Tuke, and show the comparative advantages of 151 establishments devoted to the treatment of the insane:—

	Per cent. of cures.	Per cent. of deaths.
60 Private asylums with Resident Physicians	38·6	4·3
30 Ditto without Medical Residents	36·	4·1
20 Ditto receiving paupers	34·	7·7
41 County and borough asylums	34·	7·7

It is satisfactory to find that in some of the private asylums cures amount to more than 50 per cent. of the admissions. The importance of prompt Medical treatment is shown by the recovery of nearly 80 per cent. of the cases admitted under Medical care during the first three months of the malady.

WE are pleased to recognise the death of Red-Tapism in the following account of our Hospital arrangements for the wounded in China:—"Nothing could be better than the arrangements for getting the wounded off the field on the 21st ult. They were taken at once to an airy, comfortable Hospital, and I saw them all the same evening. Their wounds had been dressed, and they were well-supplied with beef-tea, sago, and all sorts of Medical comforts. The arrangements reflected great credit on Dr. Muir, on Mr. Thompson, attached to the 2nd division, and on the Medical Staff. All the wounded are now on board ship. A word for the Coolies, on whose conduct at Pehtang I remarked so strongly. Without these on the 21st we should have fared badly. Chirping and chaffing, they went under the heaviest fire without a moment's hesitation, carried their wounded man two miles and a-half, and returned again as quickly as possible. Six of them have been wounded, and I am glad to hear that all the Coolies employed on the 21st will be decorated with the order of the dollar. The health of the army is not now so good. A fortnight's encampment in the mud has produced diarrhœa, dysentery, and ophthalmia, and there have been two cases of sporadic cholera, both ending fatally. But in forty-eight hours we shall be on firm ground, and in a lovely plain, with abundance of water."

THE LESSON OF THE SEASON.—The Registrar-General's last Quarterly Return contains the following admirable passage:—"The weather of this quarter may be looked at as an experiment on the health of the people. Employment has been easily obtained by workmen, but the prices of provisions have been high. And this general survey seems to establish the fact, that the salubrity of the season is chiefly due to two circumstances: the reduced temperature of summer, and the abundant supply of water by rain. The low temperature retarded the putrefaction of the town impurities; and the water washed them away; so both the forces acting in the same direction, gave a great result. A careful study of the circumstances of each locality by which the result was produced, cannot fail to be instructive; and to confirm the faith of the authorities in the simple sanitary elements with which Nature works. If Wolverhampton is, as the Registrar conjectures, extraordinarily healthy, because the frequent rains have swilled away the impurities from which in hot summer weather noxious effluvia arise, thereby preventing the sickness, and diarrhœa more especially, caused by such vapours in the air, and impurities in the water-supply, why should Wolverhampton ever be again as unhealthy and as dangerous to its inhabitants as it was before? It is true the town has no command over the rain; but it has unquestionably the power to wash away the impurities from its cesspools and its sewers. Its engineers can supply the town with sweet waters in abundance for the use of the inhabitants. If the Birmingham and Aston district, too, lose only 1244 inhabitants by death when the town is well washed, why should they ever die again at the rate of last summer when 1815 of the people perished? The remedy is too simple to obtain immediately all the attention it deserves from the municipal authorities. But they cannot do better than imitate the great Oriental dignitary suffering from leprosy, as our towns are now suffering from other diseases, who although he was wroth when told to 'wash and be clean,' yet finally obeyed the injunction, and was healed."

BOOKS RECEIVED.

The Principles and Practice of Surgery. By W. Pirrie, F.R.S.E. Second Edition. London: 1860.

The Signs and Diseases of Pregnancy. By T. H. Tanner, M.D. London: 1860.

Infant Feeding. By C. H. F. Routh, M.D. London: 1860.

The Modern Treatment of Syphilitic Diseases. By L. Parker, F.R.C.S. Fourth Edition. London: 1860.

Combe's Physiology. Fifteenth Edition. Edited by J. Cox, M.D. Edinburgh: 1860.

The Sea and its Living Wonders. By Dr. G. Hartwig. London: 1860.

Chemistry in its Relation to Physiology and Medicine. By G. E. Day, M.D., F.R.S. London: 1860.

Sanitary Condition of Indian Gaols. By J. Ewart, M.D. London: 1860.

Gout. By W. Gairdner, M.D. Fourth Edition. London: 1860.

The First Steps in Chemistry. By R. Galloway, F.C.S. Third Edition, London: 1860.

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VITAL STATISTICS OF LONDON.

Week ending Saturday, November 3, 1860.

BIRTHS.

Births of Boys, 956; Girls, 912; Total, 1868.
Average of 10 corresponding weeks, 1850–59, 1616·7.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	539	510	1049
Average of the ten years 1850–59	543·5	528·9	1072·4
Average corrected to increased population..	..	..	1179
Deaths of people above 90	..	2	2
Deaths in 15 General Hospitals	32	12	44

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	..	10	12	1	3	5	..
North ..	490,396	3	8	8	5	8	6	5
Central ..	393,256	..	3	5	2	5	3	..
East	485,522	..	14	8	4	11	4	2
South ..	616,635	..	9	14	1	7	6	14
Total.. ..	2,362,236	3	44	47	13	34	24	21

TO CORRESPONDENTS.

Students had better apply to Dr. Humphry, Cambridge.

Mr. Baly.—Recent experiments of M. Moreau confirm those of M. Claude Bernard, which showed that the electrical discharges from the electric-eel may be felt, although the muscles of the animal be paralysed.

PRECEDENCE OF DOCTORS AND PHYSICIANS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will your correspondents who answer all "Notes and Queries," declare to me the law of the Heraldic Precedence of Doctors and Physicians; *i. e.* of M.D.'s of an University, and Fellows or Licentiates of a College of Physicians?

In his "Commentaries," Blackstone gives a "Table of Precedence," and in it, after Knights' younger sons, places Colonels, Serjeants-at-Law, and *Doctors*, followed by Esquires, Gentlemen, etc. Now am I correct in my belief that no mere *Physician* is here meant, but a *bona fide* University Doctor of Divinity, Law, or Medicine?

I think this is the true view, because I find in some comments on the dignity of "Esquire" (which is the grade *below* "Doctor") that it is of seven degrees, and that the seventh consists of "Counsellors-at-Law, and *Bachelors* of Divinity, Law, and Physic," evidently only recognising University *status*. If then I am correct, is it not very apparent that for a Fellow or Licentiate of a College of Physicians (not having a Degree), to assume the title and rank of "Doctor," is the same, as though a Knight were to call himself a Baronet, or a Baron were to insist that he was a Viscount? I am, &c. GRIFFIN.

PHYSICIANS AND DOCTORS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Really, the Fellows and Members of the London College of Physicians are becoming perfectly intolerable in their attempts to libel the character of the Licentiates of the Edinburgh College. As one of the latter I can keep silent no longer. I know what examinations are. I have passed the double examinations at the College of Surgeons and Apothecaries' Hall; I have been successful in some ten or a dozen competitive examinations, for prizes and Scholarships at a London School; I have sat in the same lecture-theatres, studied in the same clinical wards—have read with, studied with, discussed with, I have, in short, measured myself with, students who have passed the examinations at the London College of Physicians (some of whom are among my most intimate friends). I have compared my examination at the Edinburgh College with their examinations at the London College, and am perfectly convinced that it was in every way as searching and creditable as theirs; and in some respects more so. In what, then, may I ask, does the wonderful virtue of the London College consist, that its members presume to look down upon us and "call us dogs,"—and this, too, in the public journals? Surely the names of Dr. Craigie and Dr. Gairdner, who were among my examiners, are a sufficient guarantee for a fair examination: at least no one finds fault with the latter when he examines at St. Andrews. A Graduate of the latter, because he has got the "Degree of Doctor of Medicine," is passed through the London College, and is henceforth unapproachable! The "Fellow" and "Member" seem to have forgotten that even we despicable Edinburgh Licentiates can, when they get their new Charter, become unapproachables—veritable L.R.C.P.L.s, by the mere aid of two bits of metal!

The London College has quite misunderstood our object in going to Edinburgh. It was not to avoid their examinations, but their exorbitant fees and absurd restriction not to dispense medicines. Verily, it is no virtue to be ignorant of dispensing, nor is the public prepared to see how this places them so far above their neighbours.

A word or two about the title of Doctor. I am surprised that any Licentiate, as such, should have assumed the M.D., for he has not the slightest claim to it; but as a Physician he has, not only by courtesy (and there is little of that shown to us), but by custom, a right to place Dr. before his name. This prefix has no necessary connexion with the Universities, but is to the Physician what "Rev." is to the clergyman,—the public have invented it, and will continue to use it.

In conclusion, I would suggest to my fellow-Licentiates the desirability of avoiding the assumption of doubtful titles, and follow the example of the editors of the "Medical Directory," and write after the name the abbreviation *Phys.* The public would soon learn what it meant, and none could dispute our right to use it. I do not see any objection (except the novelty, which would soon wear off,) why a Licentiate who wishes to follow general practice, should not adopt the title of Physician-Surgeon, a term common enough on the Continent, and leave the affix "Dr." to those who wish to practise as Physicians only.

Apologising for this long trespass upon your space,
Yorkshire, Nov. 5. I am, &c. A. B., *Phys.*

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your correspondent "A Fellow of the Royal College of Physicians of London," "as one who knows well, and has long been connected with the London College," should also have known that there is no law of the College of Physicians of London, which requires its Fellows or Members to possess the Degree of M.D. The following distinguished Physicians are non-graduate Fellows of the London College:—

John W. Woodfall, A.M. Cantab.; Robert Temple Frere, A.M. Cantab.; John W. Hue, A.M. Cantab.; William Addison, F.R.S.; Henry Hunt; Charles Radclyffe Hall, F.R.S.; C. Metcalfe Babington; Henry Davies.

It is true persons holding the Diploma from the Royal College of Physicians, London, invariably call themselves M.D.'s, whether so or not, and singular, as showing a want both of principle and justice. Graduates freely accord this title to the Licentiates of the London College, while they refuse even the prefix Dr. to those of Edinburgh! Why is this invidious distinction between the Members of the different Colleges of Physicians?

With respect to the Edinburgh Licentiates being stigmatised as inferior to their London brethren on account of being permitted to supply their patients with the requisite medicines, I shall only say, that the M.D's. of the Universities of Oxford, Cambridge, London, Dublin, and Edinburgh, can, if they please, do the same.

As showing the perfect equality of the Edinburgh Licentiates to those of the London College, I quote the words of Dr. Haldane, the Registrar of the Royal College of Physicians, Edinburgh, "To whatever title the L.R.C.P's. London lay claim, the L.R.C.P.'s Edinburgh have an equal right."

Justice and courtesy demand, that whatever rank or titles are accorded to the Licentiates of one Royal College of Physicians, should be equally extended to all. I am, &c.

A MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

November 7.

P.S.—I forgot to include the name of Richard Dawson, of spermatorrhœa celebrity, as one of the ornaments of the London College.

COMMUNICATIONS have been received from:—

Professor SIMPSON; Mr. LE GROS CLARK; Dr. GOODFELLOW; Dr. MARKHAM; REGISTRAR-GENERAL; Dr. MCWILLIAM; Dr. CROFT; Dr. COTTON; Dr. HUNT; Mr. BAILEY; Mr. RIGBY; Dr. DEVENISH; Mr. VINCENT; Dr. GODARD; Dr. ROUTH; Dr. PINCHER; Dr. HOBSON; Dr. FLEMING; Dr. CARPENTER, and Mr. LAWRENCE.

APPOINTMENTS FOR THE WEEK.

November 10. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

12. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Clinical Discussion. M. Groux, the subject of Congenital Deficiency of the Sternum, is expected to attend, to exhibit certain Phenomena connected with the Heart's Action.

13. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Mr. John Adams "On a Case of Gastrotomy for Extra-Uterine Gestation." Dr. Handfield Jones "On a Case of Proptosis Goitre, Palpitation," &c.

14. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 8 p.m. (Council, 7½) Mr. Solly "On a Case of Farcy."

NORTH LONDON MEDICAL SOCIETY, 8 p.m. Dr. Part "On a Case of Poisoning by Strychnia, in which treatment was successful."

15. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

HARVEIAN SOCIETY OF LONDON, 8 p.m. Discussion of Clinical Cases, by Dr. Pollock and W. Weeden Cooke.

16. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. Practical Evening, for the narration of Cases and Exhibition of Specimens. Dr. Fincham "On a Case of Renal Abscess, accompanied by some anomalous Nervous Symptoms."

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HOUSE in LONDON for SECOND-HAND INSTRUMENTS is Mr. WM. LAWLEY'S, Lombard House, 78, Farringdon-street, City. (Established upwards of a Century.) Pocket and Dissecting Cases from 10s. 6d. each. N.B. The largest stock of Second-hand Dissecting Cases in London. Also, a great variety of New and Second-hand Army and Navy Regulation Cases. Instruments Bought, Sold, or Exchanged

To Students and others.—You will do

well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch. Dissecting Cases complete from 10s.

Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford-street, London to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph.D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

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The Profession is respectfully informed, that the WANDLE FELT COMPANY having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 13, Hanover-street Long-acre, London, and also through the Wholesale and Retail Druggists in town and country.

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Messrs. ANDERSON were the first and original Introducers of this preparation into England, the immense demand for which has tempted several spurious imitations to be made, the most flagrant being a compound of potash, ether, and mucilage, which, if allowed to stand, throws down an alkaline deposit. Anderson's Oil of Horse-chesnuts is receiving the approval of the first members of the Profession, who state that it is the most valuable external application in cases of Gout, Rheumatism, Lumbago, Neuralgia, Toothache, &c.

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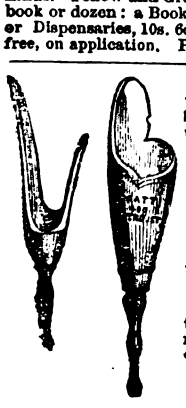

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"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol. i. p. 319.*

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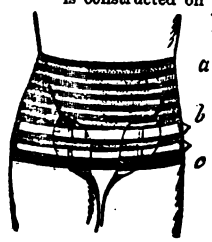

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32, Soho-square, London, W., October 22, 1860.

NOTICE.—The copy of the MEDICAL REGISTER to be printed and published in 1861, as directed by the 27th Sect. of the Act, will contain those names only which appear on the General Register as existing on the 1st day of January, 1861.

It is particularly requested that claims for the Registration of first, or additional Qualifications, and notices of Alteration of Residence, may be sent to this Office as soon as possible.

Medical Society of London.—LETTSOMIAN LECTURES ON MEDICINE.—"Practical Observations on some of the Points of Difficulty in the Investigation and Diagnosis of Tumours and Intumescence of the Abdomen," by CHARLES J. HARE, M.D., on MONDAYS, November 19, 26, and December 3, a Half-past Eight p.m.

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J. E. EDWARDS, Clerk to the Visiting Justices.

Chester, October 23, 1860.

Durham County Hospital.—Wanted, a HOUSE-SURGEON for this Institution, who must be a Licentiate of the London Society of Apothecaries. Salary, £80 a-year, exclusive of board and lodging, to be increased to £100 at the end of two years, with the approval of the Committee. The Election will take place on Thursday, December 13, 1860. All Certificates and Testimonials to be addressed (prepaid) to the Treasurer, on or before Tuesday, December 11.

November 1, 1860. FRANCIS GREENWELL, Treasurer.

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November 1, 1860. House Surgeon and Secretary.

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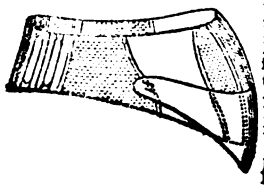

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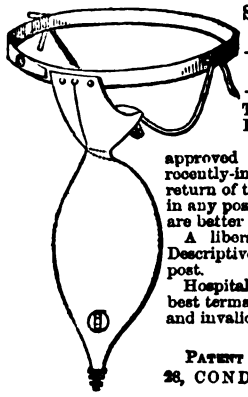

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(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale, Aug. 17, 1850 ; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854 ; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855 ; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855 ; Abeille Médicale, Revue Clinique ; Repertoire de Chimie et de Pharmacie ; Annuaire de Thérapeutique pour 1851, page 199 ; Orfila, Elements of Chemistry ; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319 ; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854 ; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs ; Soubeiran, Treatise on Pharmacy ; Dorvault, Officine, &c. &c.

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ORIGINAL LECTURES.

LECTURES
ON THOSE DISEASES OF THE KIDNEY
GENERALLY KNOWN AS
BRIGHT'S DISEASE.

DELIVERED AT

The Middlesex Hospital.

By S. J. GOODFELLOW, M.D.
Physician to, and Lecturer on Medicine at, the Hospital.

LECTURE VIII.

GENTLEMEN,—In this Lecture I shall bring under your consideration the alcoholic compounds, and the other causes of these diseases of the kidney of which I have not yet spoken. As with the other causes, so shall I proceed with these. I shall first describe their mode of action and their effects upon the system generally, and then upon the kidney more particularly.

That alcoholic compounds are a frequent cause of kidney disease, as they assuredly are of other diseases, is unquestionable. I do not feel called upon to furnish elaborate statistical tables to prove this. The fact, unfortunately, is but too evident from daily observation; and it is important to know that these compounds are not only morbific when taken into the stomach, but also when inspired by the lungs. I have had ample proof of this in the frequency of these diseases of the kidney in painters, from inhaling the vapour of turpentine while engaged in mixing, flatting, and working in close rooms; in French-polishers, from the vapour of naphtha and alcohol with which their varnish is made; in tapsters, who are constantly drawing the raw spirit, and serving it over the counter, and may be said to be living in a spirituous atmosphere. You know how extremely absorbent the bronchial mucous membrane is. One of the most striking examples of the influence of alcoholic vapour in the production of kidney disease was presented by one of my out-patients about four years ago. He was a young man about 23 or 24 years of age, who had always enjoyed good health up to the time at which he entered on the business of a barman. There is no reason to believe that he was a "drinker." On the contrary, he had a great dislike to spirits. After he had been some time in different situations he went to a large gin-shop at Oxford. Soon after, he was attacked with dropsy, without any apparent cause, and albumen was found in large quantity in his urine. After being under treatment for some time without deriving much benefit, he was recommended to go to London to consult a Physician, who was known to have devoted much attentiou to these diseases. He continued under the treatment recommended until his means were expended, and he then became an out-patient at the Middlesex Hospital. He was at this time in a situation in a large gin-shop in Charlotte-street, Fitzroy-square, where he was engaged, with many others, in constantly drawing and serving the raw spirit. When he came to me, he was so evidently unfit for his occupation that I recommended his giving it up for a short time. He did so, and in the course of about a month or so, the dropsy disappeared entirely, there was no longer any albumen, or casts of tubes, or blood-corpuscles in his urine. His complexion had regained its usual freshness, and he seemed in perfect health. I recommended him to be extremely careful in his diet, to keep himself warmly clad in flannel and other woollen clothing; and I pointed out to him the extreme danger of drinking spirits or any other fermented beverages. I have every reason to believe that he implicitly followed my directions. A short time afterwards, to my disappointment, he presented himself again, nearly as bad as before in every respect; and, notwithstanding the use of the same remedies, and the same general treatment, which had seemed to be so effectual before, very little change for the better took place until I again advised him to give up his duties. He then recovered rapidly, as before. This experience was not lost upon me. All other circumstances were much as before, except that he was not exposed to the vapour of spirits; and if he had been a drinker, in spite of his positive denial, he had the same opportunity, I knew, of gratifying his propensity as when engaged in his occupation. I was convinced then, that his complaint, if not caused by the vapour of the spirit to which he had been so constantly exposed, was certainly kept up by it, and I recommended his leaving the business altogether, and following some other and healthier occupation. He followed my advice, after consulting his friends, who were more than usually respectable for a man in that situation of life, and he has remained quite well ever since. This was the first case that drew my attention to this mode of causation, and I have had numerous examples since of the same effects from alcoholic compounds, as well as from other highly vaporisable hydro-carbons.

There being no doubt of these compounds being causes of kidney disease, what is their mode of action, physiological and pathological?

Their Physiological Action.—According to current notions, which are founded for the most part upon the theory of Liebig (a), supported by the experiments and researches of Bouchardat and Sandras (b), and since also by Duchek (c), the alcohol passes in the system, principally in the blood, through several oxydising stages, until it ultimately becomes metamorphosed into carbonic acid and water, which are exhaled principally by the lungs. This theory, so plausible, and so satisfactory in many respects, and so calculated to explain many acknowledged effects of alcohol, and supported as it is by the results of direct experiments and chemical analyses made by the first Chemists of the day, was generally received as true. According to this theory, alcohol was regarded as an aliment—one of the tertiary, non-azotised aliments,—and therefore subserving the processes of respiration and calorification. The successive changes that alcohol was supposed to undergo in the capillary vessels of the system from the oxygen brought by the blood, were into aldehyde, acetic acid, and carbonic acid and water. The carbonic acid resulting from the decomposition of the acetic acid was supposed partly and chiefly to get out of the system in a gaseous state by the lungs, partly to become united to several bases, and eliminated by the kidneys and other emunctories. Duchek goes so far as to say that it sometimes becomes converted into oxalic acid. It has been generally observed that the quantity of carbonic acid in the air expired soon after the ingestion of alcohol or any spirituous liquors is very perceptibly diminished, and considerably less than before. To explain this diminution, it has been stated that alcohol, by the action of an oxydising body, loses two equivalents of hydrogen, and gives rise to aldehyde:—

$$C_4 H_6 O_2 + O_2 = 2 H O + \underbrace{C_4 H_4 O_2}_{\text{Aldehyde.}}$$

At a second degree of oxydation, the alcohol loses two equivalents of hydrogen, which are replaced by two equivalents of oxygen, and acetic acid is produced:—

$$C_4 H_6 O_2 + O_4 = 2 H O + \underbrace{C_4 H_3 O_3, H O}_{\text{Acetic Acid.}}$$

This transformation of alcohol into acetic acid takes place out of the body, as you know, under the influence of ferments, or dry platinum-black. By a further oxydation the acetic acid becomes converted into carbonic acid and water, which are ultimately carried out of the system in the way I have already pointed out.

Nothing apparently could be more satisfactory than this explanation, and you perceive how completely it accounts for the diminution of the quantity of carbonic acid. The alcohol takes all the oxygen, and, therefore, the fatty matters cannot be burnt off; they remain in the system to give rise to the drunkard's fatness, whether deposited as fat, or taking the place of the proper organic principles, and leading to fatty degeneration. The whole of the oxygen is used up in gradually converting the alcohol into carbonic acid, which, as it is slowly evolved, unites with the different alkaline and earthy bases, to be finally eliminated by the kidneys and liver. This was

(a) "Nouvelles Lettres sur la Chimie." Edition française, publiée par Gerhardt. 1852. P. 244.

(b) "De la Digestion des Boissons alcooliques, et de leur Rôle dans la Nutrition." Pp. 448, et seq.

(c) "Prager Vierteljahschrift für die Practische Heilkunde." Prag: 1858.

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supposed very likely to happen when, from the deadening, numbning, paralysing influence of the alcohol upon the nervous and muscular systems, the respiratory movements became so reduced in frequency and extent, that but little oxygen could be introduced into the blood, from the small quantity of air gaining admission into the lungs.

Now all this theory, plausible and satisfactory as it is, has been completely, and, I think, successfully, proved to be false. It will not bear a searching inquiry into the true facts of the case. And after all, as the sequel will prove, we are obliged to come back to the old opinions, as derived from unbiassed experiments, and before facts were made to square with chemical theories. MM. Lallemand, Perrin, and Duroy (d) have made this inquiry in the true spirit of philosophy, and in the most searching manner. It is impossible to read the account of their experiments and analyses without being convinced that they had one object alone in view, and that was truth, apart from any preconceived views or theories. It is altogether out of the scope of these lectures to quote at length the beautiful, ingenious, and very satisfactory experiments by which they have been led irresistibly to their conclusions. Suffice it to say that the results of their experiments admitted of no other conclusions than those which the authors came to, and which are of great value in explaining the pathogenic action of alcoholic and allied substances. These gentlemen then have found upon evidence, which I do not see how any one can gainsay, that whether alcohol, or its compounds brandy, rum, gin or whisky, be taken into the stomach, or inhaled by the lungs, it is only found as alcohol in the blood and in the tissues, especially in the nervous substance, for which it would seem to have a special attraction; and that it has no claim to be regarded as an aliment. When taken into the stomach some small portion may become converted into acetic acid, by the gastric juice and the mucus acting as ferments. But even this small quantity does not enter the blood. In this list fermented drinks which contain more or less nutrient matter mixed with the alcohol must be excluded, such as wine, beer, cider, perry, etc. Wines contain even nitrogenous matters, also colouring and fatty matters, and salts; cider contains glucose, mucilage, vegetable acids, etc.; beer also contains glucose, dextrine, and allied substances in considerable proportions, nitrogeneous matters, bitter and aromatic principles, and salts. According, then, to MM. Lallemand, Perrin, and Duroy alcohol is neither transformed nor destroyed in the organism, and is ultimately eliminated without undergoing any modification. They have detected it in considerable quantity in the blood, brain-substance, when freed from membranes and blood, and in the urine by means of distillation; they have shown afterwards by the aid of exact doses analogous to the process of analysis by the method of volumes, that alcohol diffuses itself in the tissues, and that it accumulates in the brain, and in the liver, where it is found in larger quantities than in the blood and other organs. They have proved by multiplied experiments, verified by counter-proofs, that alcohol does not undergo any modification in the economy, and that it does not give rise consequently, to any bodies resulting from its oxydation, such as aldehyde, acetic acid, etc. It is only in the stomach that it is susceptible of experiencing any modification, for a small fraction of alcohol ingested is there converted into acetic acid by the action of the gastric juice and the mucus, which act then as a ferment; but this action, altogether local and special to the stomach, ceases the moment the alcohol penetrates the venous radicles. These authors have shown, moreover, that it is eliminated by the lungs, the skin, and the kidneys, as alcohol. It is not only after the ingestion of a *great* quantity of alcohol that they met with it in the organs, for they found it in the blood of a dog, nine hours after he had taken only 30 grammes (3 drachms 37½ grains) at 21°; they met with it in a man who had drunk about 30 grammes (about 3½ drachms) of brandy; they observed, finally, that the pulmonary exhalation of a man who had taken a litre (⅞ths of an Imperial quart) of wine, of a middling alcoholic richness, contained alcohol for eight hours after taking it, and that the urinary secretion gave evidence of its presence during fourteen hours. The authors may well ask,—"Is this the mode of action of an aliment?" All the tests for the detection of aldehyde, and acetic acid, were had recourse to after alcohol had been administered in various ways, and in every dose, but without avail; whereas when very small quantities of these substances were administered, evident indications of their presence in the blood, and in the organs, and in the exhalations from the lungs, were at once observed. I have already described how the diminished quantity of carbonic acid exhaled after the ingestion of alcohol, was explained under the old theory. It remains to show how the diminution can be accounted for under these observed, indisputable facts. Now, it appears, from the researches of MM. Lallemand, Perrin, and Duroy, that alcoholic substances exert a very remarkable action upon the blood, which presents in animals alcoholised numerous globules of fat, like cholesterine, visible to the naked eye, and swimming on the surface of that fluid. This is of such interest in connexion with our subject, that I shall again refer to it when I come to speak of the pathological effects of alcohol. At present it is in its physiological *aspect* that they are of importance. Since alcohol produces a modification so singular, may it not offer also, when present, an obstacle to the disengagement of carbonic acid, or delay even the combination of oxygen with the carbon of the blood? If this be the case, alcohol contributes to nutrition, not actively as an alimentary substance, but in an indirect manner in exercising a moderating influence upon organic decomposition. With respect to its influence independently of this separation of the fatty principles, and perhaps their conversion into a non-saponifiable state, but little is positively known. It is conceivable, however, from the properties which alcohol is known to possess,—its great diffusiveness through, and attraction for, water,—its power of dissolving some very important animal principles, and of coagulating others,—that it does exert a considerable influence upon the physical, and also probably upon the chemical qualities of the blood, and blood-corpuscles. Nothing definite, however, has been observed. Dr. Addison, of Brighton, whose able researches have thrown light upon some physiological and pathological processes, has observed some very curious effects upon adding sherry wine to blood out of the body (e); and it is possible that alcohol, when taken into the system in large quantities, may in time work such changes, and even destroy the red corpuscles already formed, and hinder the full development of others. MM. Lallemand, Perrin, and Duroy, however, saw no alteration in the corpuscles, even when alcohol was added to the blood out of the body, and also in blood taken after large quantities had been imbibed.

Poiseuille's experiments proved that its mixture with the animal fluids both when directly injected into the blood-vessels, and after being taken into the stomach, retards the circulation through the capillaries, although its first effect is to excite the heart to increased action. It diminishes the want of food, and impairs or destroys the appetite for it. Bouchardat remarks that with drinkers of brandy and other alcoholic liquors, the alcohol acts by diminishing and suppressing probably the functions of absorption by the stomach in respect of every other substance; it augments, on the contrary, the secretion of that organ; and from these conditions arise the increased secretion of mucus, the disgust for food, and the emaciation. Of course such liquids as beer, some wines, and cider, and other nutritious and true alimentary and fattening drinks, are not included.

That it affects the nervous system, and indirectly, if not directly, the muscular system also, I need scarcely mention; it is too often rendered obvious to us. A moderate quantity produces an excitation of the nervous system, which extends over the whole economy; a still larger dose produces great disturbance of the cerebral functions, which another and still larger dose completely annihilates. The same effects nearly are observed upon the muscular system. A moderate dose seems to impart strength to the muscular contractions, while a very large dose destroys all voluntary contractility, and a poisonous one that also of the involuntary muscles. Flourens' experiments upon the effects of alcohol upon birds

(d) "Du Rôle de l'Alcool et des Anesthésiques dans l'Organisme: Recherches experimentales." Par Ludger Lallemand, Maurice Perrin, et J. L. P. Duroy. An abstract of the work has been published by M. Racle, who was permitted to see the first part while the original work was passing through the press. But justice demands that the original work should, in all cases, be referred to and quoted, and the Authors have the full reputation to which their very elaborate and very able investigations so pre-eminently entitle them.

(e) "Gulstonian Lectures on Fever and Inflammation."—*Brit. Med. Journ.*, 1859.

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are very instructive. Its effect upon them resembled that produced by the removal of the cerebellum, except that the intelligence remained. With alcohol, I need not say it was destroyed. In poisoning by alcohol the respiratory movements and those of the heart were the last affected,—those of the heart the last. Even for some considerable time after respiration had ceased, the heart continued to beat. In the experiments which I made upon the frog, which some of you witnessed, the heart continued to beat, the circulation went on, for some time after respiration had ceased.

Their Pathological Effects.—That alcohol is a local irritant is unquestionable, and that it produces its effects upon the system partly in this way is very probable. It may act remotely by sympathy to some small extent, as Orfila believed. But we have seen from the very able researches of MM. Lallemand, Perrin, and Duroy, from whose book I have already quoted so largely, that it is rapidly absorbed by the venous radicles, and that its principal action is directly upon the different organs which it irritates, and eventually inflames. Especially has it been proved to be present in greater proportion in the nervous tissue than elsewhere, which it more particularly excites. It disturbs its functions; it perverts and ultimately destroys the intellectual faculties, and even the emotional faculties; it disturbs the function of the sensory nerves, both common and special, as shown by subjective tactile phenomena, strange perversions of taste, double vision, and other disorders of the optic nerves, tinnitus aurium, and other disorders of the auditory nerves. It equally disorders and destroys the function of the motor nerves, as shown in irregularity, and absence of consentaneous action of the movements. From these effects upon the cerebro-spinal system it is more than probable, that it disturbs and impairs the functions of the organic nervous system, as evidenced by defective nutrition and secretion. When taken in the form of brandy, whisky, gin, and such fluids, it impairs nutrition, probably from its great attraction for water, inspissating the blood and juices of the body. I need not mention in what large proportion water enters into the composition of the tissues and fluids of the body. It is probably in this way that it acts as a diuretic so far as the increase of the watery part of the urine is concerned, not only from the increased quantity of water ingested with and after the brandy, but from its abstracting it from the tissues. There is no doubt that it tends to harden the brain substance, and produce atrophy of many of the structures, not only by increasing the quantity of connective tissue and other white fibrous tissues, and so leading to undue pressure upon the more important parts, but by condensing the tissues directly by the abstraction of water. There is no doubt of its exerting this destroying influence upon the liver. I shall endeavour to show you that it does so upon the kidney also. As a general rule, it irritates and inflames the tissues of the stomach and duodenum, and even the pancreatic and hepatic ducts, and it probably affects and deteriorates the secretion of these glands. It produces hypertrophy of the connective tissue forming Glisson's capsule, which in its turn, presses upon the small vessels, and upon the hepatic cells, and produces atrophy of these anatomical elements in two ways; first, by cutting off the supply of nutrient materials, and secondly, by absorption from pressure. The digestive processes are probably still more impaired by the bad quality of the bile and pancreatic secretion.

Now, very much the same changes take place in the kidney as in the liver, and other organs. We have seen that alcohol passes through the vessels and tissues of this organ as alcohol; it irritates these tissues, as it does similar tissues in other parts; it leads to blood delay; it impairs the influence and function of the nervous system; it produces hypertrophy of the connective tissue, forming the stroma or framework of the organ, and of the capsule; and it produces a granular appearance precisely as it does in the liver. In fact, this alteration is very commonly seen in both these organs in old drunkards, especially and almost exclusively those who take the raw spirit in large quanties, or spirit mixed with only small quantities of water. Those who drink largely of beer and perhaps of wine, are found to have a somewhat different form of kidney, especially when taken as gin, brandy, etc. But we have seen that alcohol, separates and modifies the fatty matters of the blood. MM. Lallemand, Perrin, and Duroy, have seen this. Most Pathologists believed that so far as the relation between cause and effect could be traced, it was almost certain that alcoholic beverages, when largely and continuously consumed for any length of time, led to fatty degradation. This separation has now been actually seen and proved. Now, this separation and alteration of the fatty principles of the blood probably plays a very important part in the pathological effect of alcohol, when taken in large quantities, in the form of brandy, gin, whisky, etc. Now, saponifiable fatty matters, that are visible to the naked eye, are calculated to impede the circulation through the capillaries,—if not cut off the blood-supply altogether,—and so produce atrophy of the secreting tissues, while the connective tissue, supporting the vessels, would receive an undue supply of blood plasma, and therefore become hypertrophied. It is not improbable that some of these fatty matters become transuded with the exudates, and thus lead to the presence of fat in the tubules, and also in the intertubular substance; some may also remain in the walls of the capillary vessels, and replace in time the normal elements. We had a case in Cambridge Ward in the summer, which most of you witnessed, and which offers a striking example of this, for large fatty particles could be seen by the naked eye floating upon the surface of the blood. This man, whose name was Beck, was admitted on the 25th of May. On his admission he was considered almost moribund. The dyspnœa was extreme, and so was the anasarca. There was evidence of enlarged heart, and of extreme œdema of the lungs, and of effusion into the left pleural cavity. Many of you will recollect the opinion I gave as to the nature of the changes that we should find in the kidney. According to his own confession he had drunk immensely, principally of gin; but he was not at all particular. He was a musician, and in the habit of playing at dancing parties; but he was always well off, lived well, and except at times, when he was more drunk than usual, he was not liable to exposure to cold. He had had eleven children, but they all died in infancy or early childhood. From the cause alone in this case you will recollect that I ventured to state what would be the condition of the kidney after death. At that time we did not expect that he would live many days. He, however, rallied for a time, but died eventually on the 29th of the following month, the immediate cause of death being an attack of bronchitis. During his stay in the Hospital, we had opportunities of confirming the diagnosis by the examination of his urine, and the general symptoms and signs. I told you that the kidneys would probably not be enlarged, and that they would not vary much from the normal weight. I stated that they would be found to be extensively granular, that there would be numerous small cysts, that the cortical portion would be much reduced in thickness, and that there would be a considerable quantity of fatty matters. This turned out to be an accurate description in every respect. Although this man was a drunkard by his own confession, yet it was impossible to see much of him, without being convinced that we had got the whole truth from him. You will recollect how he won the regard of all who watched his case, from the patience with which he bore his great sufferings, and the intelligence and other good qualities which he evinced. There were several other circumstances of interest connected with the diagnosis in this case, but as I only quote it for the purpose of alluding to the spirit-kidney I do not think it necessary to speak of them now. In persons who become the subjects of kidney disease from the excessive consumption of beer, another form of kidney is found. Instead of the small granular kidney, with its cortical portion diminished at the expense of the medullary portion, it is generally a mixed kidney, something between the large white kidney, which we see after scarlatina, and the true granular kidney with more or less of fatty deposit, both in the tubes and in the interstitial tissue.

Never overlook in seeking for the mode of causation of these diseases, the great influence of the sympathetic nerves,—the greater and lesser splanchnic and even of the par-vagum—upon the secretion; and, if any cause is in operation to interfere with the function of these nerves, how the circulation of the organ is necessarily affected, and therefore its secretion also. I have now given three of the most important causes; I may say, perfect types of their respective kinds. One, namely, scarlatina, is an example of our first category,—those whose action is upon the blood primarily, and upon the nervous system, and the tissues of the organ, secondarily; another, namely cold, is an instance coming under our second category,—

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those which affect the nervous system primarily, and the blood and tissues secondarily; and thirdly, alcohol and its allied compounds, which may fairly be said to partake of the characters of both these modes of action, indeed, of all three. Perhaps with strictness it ought to be placed under our second heading.

It now only remains for me to give you an example under our third class, those which either by direct or reflex action, affect the tissues of the organ primarily, and its own nerves secondarily.

The key to the action of these causes, is to be found, I take it, in these quotations from M. Claude Bernard:—"Albumen is constantly in the urine (f), and the tissues of the organ, and its blood-vessels become turgid and black, every time that we irritate the substance of the kidney. If, leaving the organ intact, we even irritate its nerves, the same effects ensue." "If the function of the nerves be suspended, temporarily or permanently, the secretion of the kidney will be arrested, and the circulation also, and the organ will be rapidly destroyed." Consider the effects of such direct irritants both upon the nerves, and structures of the organ as alcohol, turpentine and cantharides, in connexion with these results of experiments performed by M. Claude Bernard, and you can have no difficulty in understanding their mode of action in the production of these kidney diseases.

The same may be said of those disordered states which act by producing reflex irritation. Calculi in the pelvis of the kidney, the ureter, or the bladder. Catarrhal affections, gonorrhœa and so on, dysmenorrhœa, and even Onanism and excessive venery.

You are aware that the renal plexus is chiefly formed by the solar plexus and the lesser splanchnic nerves, and that the renal plexus gives branches to the spermatic plexus: hence the morbid sympathies which exist between the kidney, the ureter, and the testicle; and, by the communications with the solar plexus, with the stomach and diaphragm, and, indeed, with the whole system. You will not fail to perceive, then, how any irritation in the ureter, the testis, the uterus, etc., is calculated to give rise to reflex irritation in the kidney, and *vice versâ*.

In the next Lecture, I shall give a cursory review of the several forms of kidney, the result of one or other of the several affections coming under the general denomination of Bright's Disease.

(f) "Leçons sur les Propriétés physiologiques," etc.

ORIGINAL COMMUNICATIONS.

ON THE

ACTION OF CERTAIN SUBSTANCES UPON PHTHISIS.

By RICHARD PAYNE COTTON, M.D.

Fellow of the Royal College of Physicians, London; Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

No. IV.—Mineral Acids—Hydrochloric Acid.

In the present communication I have to report the effect of hydrochloric acid upon twenty-five in-patients of the Consumption Hospital. As in my former observations upon remedies in phthisis, the cases were not selected, but taken as they chanced to be admitted into the Hospital, those only being excluded which presented some special complication requiring appropriate treatment.

Of the twenty-five patients, seventeen were males and eight females. Their respective ages varied from sixteen to forty years. Ten were in the first stage, four were in the second stage, and eleven in the third stage of the disease. In twelve instances the mineral acid was given alone; in thirteen cases it was combined during part of the time with cod-liver oil. The dose of the acid varied from ten to fifteen minims of the dilute hydrochloric acid of the Pharmacopœia mixed with peppermint-water and administered three times a-day. In three cases it was tried for only a fortnight, but in all the rest it was continued for periods varying from four to thirteen weeks.

Of the twenty-five patients, eleven *greatly improved*; six *slightly improved*; and eight received *no benefit*. Of the *greatly* improved cases, seven were in the first, two were in the second, and two in the third stage. Of the *slightly* improved patients, one was in the first, one in the second, and four in the third stage. Of those who received *no benefit*, two were in the first, one in the second, and five in the third stage.

Sixteen patients gained in weight; eight lost weight; and in one there was no alteration. The changes in weight were particularly noticed in reference to the cod-liver oil. In six cases, although no oil was taken, there was a great increase of weight (an average of six pounds to each patient); but in all the rest who either did not or could not take the oil, there was more or less loss of weight. Without reference to the oil, however, those *greatly* improved were found to have increased in weight, although such increase bore no direct proportion to the amount of improvement, some who had gained the least having been quite as much benefited as any of the rest.

The improvement was in several cases very marked indeed, both locally and generally; the disease appearing to be arrested, and the patients declaring themselves "quite well." This was especially noticed in three cases, in one of which the disease was already in the second stage; in two of these no cod-liver oil had been taken, in one this remedy had been occasionally added to the acid. Two other persons, who had actual vomicæ, also improved very decidedly, the pulmonary secretion greatly diminishing, all the general symptoms subsiding, and the patients ultimately leaving the Hospital materially improved in every particular. Of the seventeen more or less improved cases, seven took no oil; while in ten, it was occasionally taken in combination with the acid: in two of the latter cases the oil seemed to make little, if any, difference; but in at least four, it appeared to contribute materially to the general result.

In five of the patients who were obviously benefiting under the hydrochloric acid, the experiment was made of changing it temporarily for an equivalent dose of *liquor potassæ*. In one of these, there was no marked effect, the patient appearing to do equally well under either acid or alkali; but in the other four the change was more or less prejudicial, the patients unhesitatingly affirming that they were progressing less than when taking the acid. Much care was used in making this observation, the patient's own words being, in each case, recorded.

In very few instances did the hydrochloric acid at all disagree. Now and then a little gastric pain was complained of, but in no case was it necessary permanently to abandon its use. As a general rule, the appetite greatly improved under its administration.

For some years past I have frequently prescribed for phthisical patients the mineral acids in conjunction with gentian and other vegetable tonics; but I became anxious to examine, as far as possible, the separate influence of the acids. The frequency with which consumptive persons suffer from dyspepsia,—the fact that the free acid frequently occurring during healthy digestion is the hydrochloric,—together with the well-known solvent effect of this acid upon the plastic constituents of the food, pointed rather to it as the proper object of the experiment, than to either the nitric or sulphuric acid. I have no reason, however, to think that either of these acids, or the compound known as the nitro-hydrochloric acid, may not be equally beneficial; but upon this point I hope to make further observations.

After making due allowance for other influences, so favourably brought into operation at the Consumption Hospital, I cannot help coming to the following conclusions:

1. That the mineral acids are well suited to a large number of phthisical cases.

2. That the dilute hydrochloric acid especially, in doses of ten or fifteen minims twice or thrice a-day, is an important auxiliary to other treatment; and may oftentimes be usefully employed, either alone, or in conjunction with other mineral or vegetable tonics.

46, Clarges-street, Piccadilly.

Honours to French Army Doctors.—Two officers of the Intendance Militaire, three Medical officers, and six of the Hospital corps have been raised a step on the occasion of the capture of the Chinese forts.

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ON SOME POINTS CONNECTED WITH THE PATHOLOGY AND TREATMENT OF PROLAPSE OF THE RECTUM (a).

By HENRY SMITH, F.R.C.S.

It is not my intention in this paper to treat generally of the important subject under notice, but I am going to request your attention to one or two particular points connected with the pathological features of prolapsus of the rectum, and with the treatment which is suited to certain forms of the disorder.

There has not been much room for discussion respecting the main pathological changes which take place in the production of this disease, for the simple reason that a prolapsed rectum can be readily examined on the living body, both by the eye and the fingers, and some most able Surgeons have described in their works with remarkable accuracy the principal features of the disease; but on one point there has been, and is now, a strong divergence of opinion as to whether most frequently the prolapsed part consists of the mucous and muscular coats of the rectum, or of the mucous membranes simply. Some of the older writers have leaned too strongly to the opinion that the mucous membrane of the bowel alone was involved, while of late there has been an opinion expressed as strongly on the opposite side. There cannot be a doubt in the mind of any one who carefully examines the disease in the living body, and who has investigated the subject by studying morbid specimens taken from the dead body, that, although in the majority of instances the prolapsed part consists of the mucous membrane alone in a relaxed and thickened condition, yet, in some cases, the muscular coat of the bowel is protruded beyond the sphincter as well as the mucous membrane. It is not only an interesting but an important fact to ascertain properly, because it will happen that the treatment which will be adapted for the one form of the disease will not suit the other. In cases where the mucous membrane only is prolapsed local measures, and those of a less energetic nature, are sufficient for a cure, whereas in instances where the muscular coat is brought down beyond the sphincter, local measures alone will either fail, or it will be necessary to employ means more decided and more severe. As an illustration of the prolapsus consisting of all the tissues of the bowel I may refer you to those large descents which are sometimes seen in children as the result of some irritation in the intestinal tract or in the bladder. We know what a difficulty there is occasionally in keeping up such a prolapsus after it has been carefully returned, and that the best regulated local measures will not suffice for a cure until the general health of the child is improved by nutritious diet and powerful tonics, which especially tend to enhance the power of the muscular system. We know how elaborately the muscular tissues are supplied with blood-vessels, and how largely their nutrition and power of action are under the influence of remedies which increase the tone of the system.

The other instances in which we find that there is protrusion of the entire structure of the bowel are seen in those cases of long-standing prolapsus in adults, where the protrusion is of immense size, as large as the fist or a fœtal head, and coming down on the least exertion of the patient. Within the last week, I have been consulted on a case of this description, occurring in the person of an old gentleman, of a weak frame and feeble circulation. The prolapsus had existed for forty years, and it has reached its present enormous size in consequence of neglect of proper surgical treatment. In such cases as this, there is no doubt that at first, the mucous membrane of the bowel was simply protruded, but afterwards the other tissues became involved, and at length the tumour consisted not only of the thickened mucous membrane, but the muscular coat also was extended beyond the sphincter.

In those cases of prolapsus of the rectum of much more frequent occurrence, where the disease is more limited in extent, and where the mucous membrane alone is protruded, there is a considerable difference in the pathological features, and that too of considerable practical importance, especially when viewed in relation to a mode of practice I am in the habit of adopting. In some of these cases it will be found that the mucous membrane is simply extended beyond the sphincter, in but a very slightly altered condition, the whole circumference of the lining membrane of the bowel may be down, or only one or two semicircular folds may be prolapsed: in other instances, however, besides this prolapsed membrane, the protruded part may consist of the muco-cutaneous lining of the sphincter, in a highly congested and thickened condition, forming in fact, the greater portion of the disease. This part is protruded first, and may be seen as a dark blue ring around the anus, while situated above it is the proper mucous tissue of the bowel simply relaxed and prolapsed, but otherwise in a normal state.

There is a point of considerable importance, both pathological and practical, in connexion with prolapsus, to which I wish to call your attention, and which has not been sufficiently alluded to by writers, this is the condition of the sphincter ani. In some cases we shall find that this muscle acts in a normal manner and that the anal aperture is not larger than ordinary, although there may be a considerable prolapsus of the mucous membrane; in other instances the sphincter seems to have lost a considerable degree of its contractile power, the aperture is enlarged and easily distended; in a few cases to such an extent that the whole fingers, when formed into a cone, may be passed into the rectum. In these instances this laxity of the sphincter is the chief cause of misery, for when it exists in a great degree the patient loses, either partially or entirely, control over his rectum, and the fæces escapes involuntarily. A remarkable instance of this fell under my care in the person of a patient, aged 70, who had suffered for twenty years with prolapsus, and indeed it was this circumstance which drove him to consult me. When there is a partial loss of the power of the sphincter the patient is continually harassed by calls to the closet night and day, although there may not be any actual involuntary discharge of fæces. Of course this loss of power of the sphincter is the greater misfortune of the two, but in some instances of prolapsus of the mucous membrane when the sphincter is in a healthy condition, the following accident may and does occur, especially when the protruded membrane has on its surface one or more distinct hæmorrhoidal tumours, the protrusion occurs on one occasion to a larger extent and the patient cannot return it as usual, the most severe symptoms of course rapidly set in, and although this accident is very likely to be followed by a cure in consequence of sloughing of the constricted parts, yet one would be very unwilling to bring about this condition purposely, for death has followed upon the intense amount of inflammation which has occurred. Not long since I was called to an old lady, 70 years of age, to whom this accident happened, and not being in a healthy condition she was reduced to a great amount of suffering, for violent inflammation and sloughing of the protruded membrane had taken place; this latter process was hastened by placing ligatures around the diseased parts, and she made a good recovery.

The treatment which should be adopted in cases of prolapsus of the rectum must differ according to the pathological condition of the part, especially as regards size and the state of the sphincter. It has hitherto been customary among Surgeons to use the ligature in most of the cases of prolapsus requiring surgical operation, and of these I am only now talking; and undoubtedly, where the disease has become very extensive, and particularly when associated with distinct hæmorrhoidal tumours, the ligature must be used, if there be not any contraindication to a surgical operation. This is especially the case when, from the large size and the peculiar feel of the tumour, there is every reason to believe that the muscular coat of the bowel is protruded as well, for any operation short of the ligature will be useless in removing the disorder. In some of the cases also alluded to, when the prolapsus is voluminous, and there is a very relaxed state of the sphincter, the ligature alone can be depended upon; but for such instances, which are by no means uncommonly met with in old people of the middle and upper classes, I have lately put in practice an operation which I do not wish to claim as particularly new, for it is a combination of two agencies employed before for similar conditions, but which I particularly wish to bring before your notice. It consists in first applying the strong nitric acid, on one or more occasions, to the mucous membrane; and subsequently, when this agent has had some decided effect, to remove with curved scissors

(a) Read before the South Hants Medical and Chirurgical Society, Sept. 22, 1860. Dr. Wiltin, President, in the Chair.

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narrow strips of skin and mucous membrane from around the verge of the anus at right angles to the orifice. The latter remedy alone was employed both by Hey and Dupuytren, and lately recommended by Syme; but my experience tells me that alone it is not to be depended upon; but if the mucous membrane, which is always in such cases in an extra-vascular and relaxed condition, is first brought into a more healthy state by the contracting and slightly escharotic powers of an agent like nitric acid, the effect of removing the loose folds of skin which are so generally associated with the relaxed state of the sphincter, is very admirable. Two objects, in such instances, are sought by the Surgeons, and indeed are absolutely necessary for an efficient remedy—viz. the contraction of the mucous membrane, and the bracing up of the sphincter: these two results are brought about by the combined proceedings mentioned. I must, however, not omit to state that it is perfectly useless to employ the nitric acid in those instances where the prolapsed mucous membrane has become thickened and indurated, as is very often the case: the agent will produce no good effect; both patient and Surgeon will be disappointed. The application of the acid is more especially advisable in those cases where the mucous membrane is granular, very vascular, and readily bleeds: the effect of one application in such an instance is sometimes really astonishing. But there is one caution I wish to impress; and that is, that the Surgeon must not be misled into the abandonment of further measures because after one application of the nitric acid he finds that the bleeding and prolapsed bowel suddenly disappears. It will sometimes happen that one application will be followed by remarkably good results like these, and that afterwards the symptoms return. It is better, in cases of extensive prolapsus, that the acid should act gradually than suddenly; the effect will be more permanent. It will be necessary to apply the nitric acid when the disease is extensive, on several occasions perhaps four, six, or eight times; but it is generally attended with so little pain, that the patient does not object to submit to it. If the sphincter ani be not in a weak condition, but acts normally, there may not be any necessity of cutting away the thin slips of muco-cutaneous covering; but if there are any pendulous flaps of integument, these should be excised. These operations, which should be effected by sharp curved scissors, are of course painful; but the application of the freezing mixture of ice and salt will much deaden the pain.

This treatment may be considered as perfectly free from danger, and is so admirably adapted for those cases where the patient will either not submit to the ligature, or where there is some contra-indication to this proceeding. For instance, many of the worst cases of prolapsus occur in aged people who are, or who consider themselves, too old to undergo the ligature; others have some symptoms of lurking organic disease about their brain or heart, and it would be highly perilous to use the ligature, but the treatment I advocate may be used with perfect assurance of safety. To illustrate this important fact I will allude to two cases which have lately been under my notice. The first was a gentleman, aged 73. He had a bad prolapsus, and when told by me that I could only recommend the ligature with confidence, to destroy his disease, he refused to undergo it. I tried by some applications of nitric acid to remedy it, but he became dissatisfied and consulted a Surgeon of great eminence who strongly recommended the ligature and applied it; the patient died three or four days after from an attack of apoplexy. Now there were certain indications about this gentleman which would have prevented a Surgeon who knew them and carefully considered them, as I had done, from frequent observation of his case, from performing this operation. The patient was very peculiar in his manner and habits, and thought by his friends to be very "strange," as the term goes, and in addition to this he had almost entirely lost the control over his bladder during the few last months of his life, without the existence of any stricture or disease of the prostate. Now these two facts indicated some lurking mischief about the nervous system, and should have prevented the Surgeon from operating. No doubt the stimulus of the operation of the ligature which is much more severe than is imagned, lit up the lurking mischief in his nervous system and destroyed life. To this the eminent Surgeon who performed the operation readily assented when he was questioned by me.

The other instance is that of an old military man, nearly 70, who has had prolapsus with severe pain and bleeding. He was anxious to get some relief; he had a peculiar nervous twitching about his face, and a feebleness of the lower limbs; and on making inquiry of one of his family, I ascertained that he had had something approaching a fit on two occasions. I at once decided against employing the ligature, for this reason, and resorted to the employment of the treatment I have advised with great benefit.

It is not to be supposed from the remarks I have made that I am averse to the ligature in suitable cases, but if it can be dispensed with, and a milder mode of treatment can be successfully adopted, the Surgeon is bound to put it in force. For although I believe, when properly performed and in healthy subjects, the operation of ligaturing portions of the mucous membrane of the rectum is by no means dangerous, still we cannot conscientiously tell a patient there is no risk; independent of the peculiar danger attending the proceeding, such as *pyæmia* or *tetanus*, some serious and annoying accidents are liable to follow this operation, and I shall here draw attention to some of these.

One very peculiar and unlooked-for sequence of this operation for prolapsus worthy of relation occurred in practice not long since. I operated upon a fat old lady who had not much stamina,—the circumstances of the case were such as to demand a speedy and efficient operation; I used the ordinary precautions in the process, and the patient did very well the first day or two. On the third day, however, to the great surprise of her Medical attendant and myself a severe hæmorrhage suddenly took place from the part, and had such an effect on the patient that it made me very anxious. I was at a loss to account for this very unusual occurrence, where neither the knife or scissors had been used; but on going to make an examination I found that there had been a rapid slough as large as a shilling formed by the side of the rectum laying bare the muscular coat of the bowel for near an inch in extent, and no doubt one of the inferior hæmorrhoidal arteries had been opened up and hence the bleeding which was so profuse and which occurred on a second occasion; but fortunately by keeping up pressure, and by the local application of strong nitric acid, the sloughing process was stopped and the patient made a good recovery. But this might have destroyed the patient had it gone on further. The cause of the sloughing was this:—The patient, who was very fat and heavy, lay a great deal on her back after the operation, and the pressure of the bed induced the sloughing of the part already of necessity irritated by the close proximity to the ligature. We learn from this interesting case the importance of not allowing patients to lie much upon the back after this operation, they should rather be induced to lie on either side.

There is another point connected with the operation of the ligature of the mucous membrane of the rectum which calls for attention, and about which there is considerable divergence of opinion. I refer to the supposed danger of suddenly arresting the great discharges which are so frequently seen attending on these complaints. I believe that, in some instances, the sudden arrest of bleeding, or of a very profuse muco-purulent discharge by the ligature, is liable to be followed by fatal consequences, although many erroneous notions have been promulgated about this. In very robust or full-blooded persons, the sudden stoppage of the discharges may predispose to, or bring on, some internal congestions of the brain or lungs; and, therefore, in such, one should be careful about employing the ligature. I have never had good cause, in my own practice, to suppose that any serious result of this kind has occurred, but I will briefly detail one case which, if the circumstances had not been accurately investigated, would have led one to the supposition that the operation produced a disastrous result of this kind.

In March last one of the finest-looking officers in the army, of large frame, in robust, ruddy health, and aged fifty, consulted me for prolapsus and hæmorrhoids of a severe nature, which had existed for many years. He was a cavalry officer, and had seen arduous service in various campaigns, having to ride much; and for many years, on such occasions, the hæmorrhage was very profuse; but—*and this is important*—there had been scarcely any bleeding for the last two years. I advised the ligature, which operation was also strongly recommended by Mr. Fergusson, who, at my request, was consulted. I performed the operation, which was followed by no untoward symptom, and in the course of seven or

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eight days, the ligatures had separated, and I left the patient under the care of his Medical attendant, Mr. Coleman, of Kingston. The patient was out in a fortnight, but did not regain his strength so readily as is the case after this operation; and one night, about three weeks afterwards, he suddenly dropped down dead. Now, at first sight, one would be inclined to say that here was the very case to prove the danger of suddenly stopping the discharge from the rectum. And had I not investigated the point, I should certainly have supposed that a sudden congestion of the brain had been caused by the cessation of the discharge; but the fact of there having been scarcely any bleeding during the last two years, militates against this doctrine. Mr. Coleman, who is a very able and shrewd practitioner, considered that it was disease of the heart that destroyed life,—that the man had a feeble heart, and that the low diet to which he had been of necessity reduced, had further enfeebled it, and hence its action had suddenly ceased. It was a most unfortunate thing that no post mortem examination could be obtained.

Before I conclude these straggling remarks and imperfect observations, I will make one allusion to the diagnosis of prolapsus of the rectum. It may seem unnecessary to insist upon the importance of making a correct diagnosis, but this surprise will cease when I inform the Society that I lately saw a morbid specimen taken from the body of a dead woman, where the whole circumference of the prolapsed rectum had been encircled by a ligature, under the supposition that the tumour was a prolapsus of the uterus. As may be imagined, death was the result of the occlusion of the canal. This proceeding, too, was effected by a man of considerable repute.

Time will not allow me to make any further remarks, although there are several other points of interest connected both with the pathology and treatment of prolapsus; but I trust that the few subjects I have hit upon so transiently and imperfectly may be considered worthy of discussion.

London.

THE HISTORY AND PRESENT STATE OF MEDICINE IN CHINA.

By B. HOBSON, M.B. Lond., M.R.C.P.
Late Medical Missionary in China.

(Continued from page 453.)

As the pulse plays such an important part in diagnosing and prognosticating disease in China, I ought, before going farther to describe in a few words, the Chinese theory of the pulse, on the right knowledge of which, the Chinese say, all treatment of disease depends. It is the foundation upon which the whole superstructure of their Medical practice rests. Demolish this, and institute in its place the true knowledge of the circulation of the blood, and the first step is made for future improvement. Some able foreign writers upon the Chinese have affirmed that they do understand the circulation of the blood; which they say they find given in Medical treatises on the pulse. I doubt the competency of any one, but a Medical man conversant with their writings, to say whether the Chinese have a knowledge of the circulation or not. I acknowledge they knew ages ago that the blood is the chief source of life, and that it moves or oscillates in blood-vessels; but the anatomy and proper function of the heart is unknown; there is no special name of, or distinction between, arteries and veins, still less of the intermediate vessels, the capillaries; there is no mention of the valves of the veins, which struck Harvey so forcibly as being put there for some object; no allusion to the change of blood in the lungs, nor anything in fact said about its circulating in a double circle; nor its special uses in the economy. The same words, also, which are used for the motion of the blood, are equally applied to the circulation of the spirits, or air: which moves about in vessels, as well as the blood, and which is no new theory; for arteries, being always found empty, were supposed to contain air by Hippocrates, and even down to a much later date. But the Chinese theory of the circulation and the pulse is not only absurd, but impossible; its untruth is proved to demonstration on the very face of it; for it sets at defiance the simplest laws of hydraulics, and gives a vital force and quality to a pulsating and conducting-tube, which it could never possess. The extent of the pulse is one Chinese inch on the right and left wrists, and nowhere else. It is divided into three parts, called Tsün, Kwan, and Chih: each of these has an external and an internal pulse; that is, there is a distinct pulse in each of these three places, and on the inner and outer side of the pulsating vessels, making altogether twelve pulses, six on the right and six on the left. This explains why both wrists must be felt, and the astonishment that is expressed on a foreign Physician's being content with feeling the pulse in one wrist only. Besides these twelve, there are others which scarcely admit of explanation, being too refined even for Chinese Doctors themselves; and are confessed to be unimportant in practice. But of those just mentioned, each one of the twelve corresponds with, or belongs to, twelve viscera, two of which are imaginary, viz. the gate of life, and three upper, middle, and lower membranous expansions, which I translate membranes of the viscera. The following table will show the theory more clearly:—

CHINESE THEORY OF THE PULSE.

Extent.—One inch, or three fingers placed side by side on the right or left wrists.

Division.—Into three parts.

1st, called Tsün; 2nd, Kwan; 3rd, Chih.

Pulse of the Left Wrist.

Tsün	External side	belongs to the	heart
	Internal side	,,	small intestines
Kwan	External side	,,	liver
	Internal side	,,	gall-bladder
Chih	External side	,,	kidney
	Internal side	,,	bladder

Pulse of the Right Wrist.

Tsün	Outside	belongs to the	lungs
	Inside	,,	great intestines
Kwan	Outside	,,	spleen
	Inside	,,	stomach
Chih	Outside	,,	gate of life
	Inside	,,	membranes of the viscera.

There are four kinds of pulse. 1st, *Fow*, the strong full pulse. 2nd, *Chin*, deep, feeble, small pulse. 3rd, *Che*, the slow pulse. 4th, *So*, the quick pulse.

The three places of the inch pulse may each have a different pulse.

The Kwan may be *Fow*, or strong and full
The Tsün may be *So*, or quick
The Chih may be *Chin*, or small and feeble
} All at the same time.

Who can say, with this theory before them, that the Chinese know anything about the true circulation of the blood! Its glorious discovery is alone due to our celebrated countryman, Dr. Harvey, in the times of Charles. But the Chinese are not only ignorant of the circulation, but of the cause of the pulse; the propelling power of the heart, and the conducting power of the arteries are altogether unknown. There is no pulse for that important organ the brain, or the spinal marrow, muscles, and bones, etc. But while they write learnedly about the wonderful properties of the pulse, and palm a lie upon the public, in professing to distinguish its minute and varied forms, yet I have never met with one Chinese Medical Practitioner, who dared affirm to my face that he had done so; or was willing to try his boasted skill upon any patient of mine, though offered a considerable reward, to point out any well-known disease by the pulse alone. The doctrine of the circulation of the blood being so important, I entered upon it very freely in a Treatise on Physiology, and I rather expected, as it ran counter to their views, and, if received, would in time prove fatal to their darling and much-vaunted theory, that it would meet with opposition and ridicule. But, singular enough, it was generally admitted to be true, or at least unobjected to and unopposed in any way; but it may be long before these new views will shake the public confidence in a long-trusted oracle. I should have said before that medicine-shops abound everywhere, and are clean and respectable in their appearance; everything is sold by weight, fluids as well as solids, there is no fluid measure; and though their scales, small and large, can weigh medicines from one or two grains to several pounds, yet the weights for making up prescriptions in common use, are from one candareen and a-half, or ten grains, to a leang, or ten drachms. In looking over a prescription-book, I see the drachm weight is more frequently used than any other, varying from 1 to 8,

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which is of itself a clear proof that medicines administered in such doses can neither be powerful nor possess much healing virtue.

A very intelligent Chinese Physician, who aided me in preparing a work on Medicine, and a digest of the British Pharmacopœia, thought I was making a mistake when I gave grain-weight doses instead of drachm doses; and he could scarcely believe that rhubarb could possess any potency in the small doses that we prescribed. On looking a little more into this matter, I found that the medicines sold in the druggists' shops, were not only naturally weak in their medicinal properties, but were often much injured by damp and the careless mode of collecting and drying them. Rhubarb, instead of a bright yellow variegated color, was generally of a dark colour with little smell. On inquiring the cause, the medicine vendor said that the people would only pay for cheap medicines, and, with regard to rhubarb and musk, all the best was bought up for the foreign market; so between the ignorance of the Doctors, and the poor quality of the medicines administered, the sick in China stand but a poor chance of deriving much benefit by Medical skill, even though the doses are unusually large. But the custom of dispensing an inferior kind of medicine is not peculiar to China. Is it not the case even in England, where there is a College of Physicians to prepare a Pharmacopœia, and an Apothecaries' Company to see it properly carried out, that there are three classes of medicines in the market, and of course much adulteration to suit purchasers of cheap drugs?

On the Climate and Diseases of China.—An Empire which extends over 30° of latitude, and 40° of longitude, must have a great variety of climate, and diseases corresponding therewith. My own experience is confined to 10° of latitude on the eastern coast, and one or two hundred miles inward from Canton, latitude 22°, to Shanghae, latitude 32°. The former place being just within the Tropics, there is, as might be expected, a long continuance of heat, heavy tropical rains, and south-east winds in the hot months; almost equal days and nights throughout the year; with little spring or autumn; a short but very pleasant winter of four months, without ice or snow; cool evenings after sunset in summer; a clear sky, with little rain in winter; vegetation rapid and exuberant during the eight months of heat, and not very sensibly diminished except for a short period during the brief winter: still the climate and productions of the South of China are not purely tropical. The comparative absence of malaria, and bracing of the winter months after the extreme heat of summer, render Canton, Macao, and Hong Kong pleasant and healthy residences for Europeans. Our troops that have occupied Canton for more than two years, have had fewer sent to Hospital, in proportion, than on the home service.

Shanghae, compared with the same latitude in Europe, might be expected to be at least temperate—not very hot or cold; but such is not the case. The summer heat for two or three weeks is excessive and most oppressive, and the cold in the winter months is at times extremely severe during the prevalence of the piercing north-west winds across a great tract of country in China, Tartary, and Siberia. The ice is often two or three inches thick, and snow is upon the ground frequently; the seasons are more marked than at Canton, and the climate corresponds very much to that of England, except in the greater heat at Midsummer: the winds are variable, and rain abundant, especially in the spring months; the winter is bracing to invalids from the South, but does not suit them for a continued residence; it is more adapted for new-comers, direct from Europe. Shanghae and the neighbouring cities, Soo-Chow, Hang-Chow, and many others, are situated on the large and fruitful plain of the Yang-taze-keang, whose waters once covered it. The land is highly cultivated, and is covered with rich crops of rice, wheat and cotton. In this great plain there is much marshy ground, and an immense area of rice cultivation. Malaria is necessarily evolved in great quantity for several months in the year; and this is proved from the greater preponderance of periodic diseases over any other, excepting ophthalmic affections, which are met with everywhere in China. I will here insert a note upon the comparison of these two parts of the Empire, which I prepared when at Shanghae in 1858:—

1. That a far larger proportion of diseases among the inhabitants of this vast plain (where irrigation is greater than in any other part) are of an intermittent or periodic character arising from malaria, and must be treated by quinine and other antiperiodic medicines. Canton and Macao are nearly entirely free from marsh effluvia, and hence intermittent fevers, neuralgia, dysentery, and nervous depression are much less common in these parts than in the neighbourhood of Shanghae.

2. That inflammatory affections of the breathing organs are far more frequent in this part of China; hooping-cough and croup are scarcely known, and acute bronchitis, pleurisy and pneumonia, are very rarely seen in the South of China. I observed no difference as regards sanguineous discharges, dropsical effusions, and pulmonary consumption.

3. Shanghae is more trying to young children, especially during the time of teething. It is also unsuitable, from its sudden alternations of temperature, and increased cold and dampness, to persons of weak lungs, or of a rheumatic diathesis. It is also disagreeable and enervating at first to residents who have been accustomed to the tropics, especially to those of a nervous, excitable temperament, or liable to intermittents. Children of foreigners can remain much longer in China than they can do in any part of India, excepting the Himalayas.

4. Cutaneous diseases among the natives in the North are much more frequent and severe, owing to want of frequent ablution, and from wearing the same wadded clothes for months together, and even for successive years during the winter months, without washing the under garments. Scrofulous enlargements of the glands and leprosy, are, however, far more common in Canton than at Shanghae, probably from the excess of heat.

Diseases that are most dreaded are small-pox in the spring months, cholera and infectious fevers in the hot months. Diarrhœa and dysentery occur at all seasons of the year, but more in the summer and autumn. Cachectic and anæmic diseases seem common everywhere, arising no doubt from insufficient food and foul air combined. Tumours and calculous diseases are of greater frequency in the south; but though the climate there is more relaxing, the vigour and activity of the native mind are superior to what is usually met with in the middle provinces of China. I attribute this difference (which has been remarked by many) chiefly to the morbific influence of malaria which contaminates the atmosphere, in that rich and extensive plain. The apathy and timidity of the Keäng-soo people are proverbial. Inflammatory diseases assume a far more passive than active form, and require less depletion than similar diseases in temperate climates. Blood-letting from the arm, which is often recommended in European practice, is rarely required, nor can it be easily borne in tropical climates, either in the person of the European or native. The latter are also highly susceptible to the influence of mercury. A few grains of grey powder, the weakest of all the mercurial preparations, repeated a few times will salivate readily. Dysenteric affections among the Chinese can be early and safely restrained by astringents, as they are usually of a passive form. A Chinese Doctor, however, does not discriminate between active and passive disease; and he will treat all dysenterics alike by powerful astringents. A foreign gentleman had confidence in the Native Practitioner, and, suffering from acute dysentery, he called one in to attend upon him. He took his astringent medicines, which increased the activity of the disease to such an extent that his life was for some time despaired of, and his sufferings were extreme. The same medicines given to a Chinese, would probably have been attended with the best results.

(To be continued.)

UNIVERSITY OF EDINBURGH.—The increase in the number of students in the University, which was marked last year, continues this session. We understand that Lord John Russell's eldest son has this year matriculated in the University, in which his father was a student fifty years ago.

CONTEMPLATED PROSCRIPTION OF SMOKING IN THE FRENCH SCHOOLS.—It is said that a circular is about to appear from the Minister of Public Instruction, ordering the adoption in all colleges and public institutions, of the severest measures against the use of tobacco, and the introduction of cigars. Reports have been laid before the Minister, showing that the pupils smoke from eight to ten cigars a-day; and that both the physical growth and intellectual development of many of these pupils are seriously impeded.

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REPORTS OF HOSPITAL PRACTICE

IN

MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

THE LONDON HOSPITAL.

EXCISION OF THE KNEE-JOINT—AMPUTATION FOUR MONTHS LATER—RECOVERY.

(Under the care of Mr. CURLING.)

THE subject of the following case is Caroline L., a fair-complexioned, delicate girl, aged 12. In February, 1857 she suffered from measles, and her mother states that she has never been quite well since. She was admitted into the London Hospital six months afterwards for debility, with palpitation of the heart. While there, she fell against the door-step, and struck her left knee, which caused pain, swelling, and stiffness of the joint, for which she was transferred to Mr. Curling's care. The swelling having subsided, she was soon afterwards discharged. She was, however, again admitted, in 1859, the knee still remaining painful and stiff. After a short stay in the Hospital she was sent to the Margate Sea-bathing Infirmary in August of that year, where she continued till her admission into the London Hospital for the third time on June 7, 1860. The left knee was then highly inflamed, swollen, and very painful. Several sinuses communicated with the joint—two or three over the patella, and one almost half-way up the thigh, on the outer side. She was sleepless, with flushed face, hot skin, rapid and feeble pulse. The treatment at first was palliative. Good diet and wine. Opiate lotions with poultices. One or two small abscesses were opened as they formed. There was no improvement; the pain continued intense; she had no sleep. After consultation, Mr. Curling resolved on excision of the joint, which he did on June 21, under chloroform, by a horse-shoe incision, the convexity of which extended to about an inch and a-half beyond the lower border of the patella. The articular cartilages were found destroyed, and the bones extensively diseased. About one and a-half inches of the femur, and about three-quarters of an inch of the tibia were removed. The patella, being hopelessly diseased, was taken away. There was but little hæmorrhage. The bones came into good apposition. The wound was closed by silver sutures, and the limb carefully put up on a back splint. Ordered milk and beef-tea, eight ounces of wine, and tr. opii, mxx. statim.

June 26.—Union is taking place, though feebly.

27th.—The sutures were removed, and an upper splint adapted, to obviate the tendency of the upper fragment to tilt up.

July 2.—Wound improving; less pain; child seems better.

12th.—Mr. Curling made a small opening to let out discharge just below the incision on inner side.

16th.—Less tilting; less discharge and pain. Has a small bed-sore on back. Ordered emp. sapon. on spongio-piline. To sit up in bed.

24th.—The back is better. She can now move the whole limb, without bending the joint or touching it, which she did voluntarily.

During August and September the state of the parts relapsed. The union became less firm, the bony matter being evidently absorbed, and several sinuses reopening. The apparatus was left off, and a gutta-percha splint applied under the knee.

October 10.—It seems certain that there is no bony union; the knee is intensely painful; the old sinuses have reopened, and at least one new one formed, which discharge a thin, sanious, offensive pus. As the child's health was failing, amputation was now decided on.

The limb was removed on October 11, under chloroform, at the middle of thigh, by equal anterior and posterior flaps.

Since the amputation, the girl has done uninterruptedly well. The main ligature fell on the fourteenth day, and the wound, in a large part of its extent, was then soundly healed.

November 10.—The girl is now in good health, and with a sound stump.

The above notes of the case are from those taken by Mr. W. B. Woodman, the dresser of the patient. The following description of the parts on dissection after amputation is by Mr. Couper, the Demonstrator of Anatomy at the Hospital School:—

Account of the Dissection of the Parts after the Amputation.—The wound had healed with the exception of numerous sinuses, which were situated chiefly in the course of the cicatrix. Rough bone was reached by a probe passed through almost any of these openings. The head of the tibia had been drawn towards the popliteal space, and the extremity of the femur projected considerably in front. The outer anterior part of it, more prominent than the rest, was exposed by an ulcerated opening in the integument. The leg was slightly flexed, and nearly fixed in that position. Considerable lateral motion of one bone on the other could be effected, and was attended by a grating sensation. The skin, on being raised, was found firmly adherent to the bones; and their ligaments, both at the inner aspect of the knee (where the adhesions were most extensive) and round the orifice of each of the many sinuses. In the situation of the ligamentum patellæ the bones were joined by a thick band of condensed cellular membrane, nearly three inches in breadth, where it sprang from the tibia and widening considerably as it spread over the prominent extremity of the femur. There was also a ligamentous union of the bones behind, which was very thick and unyielding. The limitation of the movements of flexion and extension already noticed was chiefly due to these two bands. On opening the joint the surfaces of the femur and tibia were found coated by a soft reddish gelatinous matter, which was easily washed away. After its removal the rough, cancellous surfaces of the bones remained exposed. They were soft and easily disintegrated by the point of the scalpel. Th re was considerable atrophy of that part of the femur which rested on the head of the tibia, its expanded lower end having suffered a diminution posteriorly not accounted for by the excision. No excavation of the head of the tibia was apparent. The periosteum of the femur was enormously thickened, and could be detached with ease. The surface of the lower five inches of the bone was livid and pierced by large foramina, from which blood oozed when it was pressed by the finger nail. The point of the knife could be sunk to some depth into this new osseous layer, and then was abruptly arrested by a denser surface within.

A longitudinal section of the portion of femur removed having been made, the medullary canal was seen to be much enlarged, at the expense of the hard bone of the shaft, of which but a thin shell was left. The cancelli, too, were large. The spiculæ of bone were unusually fine, and, after being washed, their reticulations were visible to some little depth from the surface of the section. Both were filled by a pinkish fluid, of the consistence of thin paste, in which, under the microscope, molecular matter, and numerous pus-cells were seen floating. When this fluid was washed away by a gentle stream of water, no vestige of a medullary membrane was visible.

The dense bone of the shaft had obviously preserved its natural pale colour, and apparently its natural density. At one point on the wall of the medullary canal, bordering on the line of section made by the saw, a loose lamella of bone was removed without difficulty by forceps. It was flexible, and did not break when bent. Its tenuity permitted its minute structure to be observed under the microscope. The spiculæ of the cancellous bone were also quite flexible, and did not break when bent. They were transparent, easily examined under the microscope, and resembled bone from which the earthy matter had been removed by an acid. The lower third of the femur was encased by a reddish, spongy, osseous layer, which became gradually thinner at the upper part, and was lost about five inches from the lower extremity of the bone. In the reverse direction its thickness increased, and at the abrupt termination of the adventitious stratum, on a level with the rough articular surface of the condyles, it was more than a-quarter of an inch.

The same semi-fluid matter constituted the medulla of the tibia. Near the middle of the shaft, however, distinct indications of a medullary membrane were observed. There was likewise attenuation of the cancellous bone which this fluid infiltrated.

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The periosteum was thickened and easily detached from the tibia. The shell of hard bone was extremely thin, but there was no deposit of new bone on its outer surface, except to the extent of about an inch, behind where the tibia expands into its articular head. The epiphysis of the fibula was entire, and its attachment to the tibia normal; the shaft of the fibula appeared healthy.

HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

CASE OF WASTING—PALSY OF BOTH ARMS.

(Under the care of Dr. RAMSKILL.)

Ann C., a widow, aged 49, was admitted on May 29, under the care of Dr. Ramskill, for paralysis of both arms. The following is a brief account of her previous history. She states that she was born before the full time of pregnancy, and that she has from her birth been delicate, and has often suffered from faintings. Her father suffered much from rheumatism, and two of her brothers have died of consumption, but there is no family history of proclivity to any form of paralysis. She married at the age of twenty-four, and has had one child. Menstruation ceased four years ago. For more than a year before she had any symptoms of paralysis, she began to fail in health. She had, however, no special ailment, and she attributed her ill health to want of rest and fatigue in nursing her husband in his last illness. She had no other work except her usual household duties; nor could any questioning elicit any history of injury to the spine. The first marked symptom in her illness was an unnatural sensibility to cold, which has continued, and even now the bare mention of cold water is disagreeable. The first decided symptom of paralysis was a weakness in the right arm. She experienced gradually increasing difficulty in moving it away from her side. It slowly extended to the forearm and finger, and in five months from the commencement the arm was quite useless. The left then became affected in the same way, and thus both arms at length hung motionless by the side. She is quite certain that in neither of the arms was there any pain before the paralysis, but she observed that the arms wasted just in proportion to the increase of the paralysis. She is tolerably well fleshed, but her complexion is muddy and unhealthy. She is intelligent, but her speech is drawling and hesitating, and her gait awkward; the latter apparently from some degree of protuberance of the abdomen. Her head leans forwards, as if she had a difficulty in keeping it erect.

On examination, both upper extremities are found much emaciated. The fingers are straight, round, and fat, as if from deposit of cellular tissue. Forearm flattened anteriorly, but with a considerable deposit under the skin of soft, adipose tissue, which seems to have taken the place of the muscles. The arm is much wasted. There is only a trace of the biceps, deltoid, and pectoralis. The anterior short fold of the axilla is a rigid fold of skin and cellular tissue. Posteriorly, on both sides, the supra and infra, spinati, teretes latissimi dorsi and rhomboidei, are wanting. The head of the humerus and its prominences, can be distinctly felt. The scapula, with its processes, stands out prominently; it seems dragged upwards by the trapezius and levator anguli scapulæ, which alone are perfect. The lower angle is lifted from the chest, from paralysis of the serrati, and the bone seems extraordinarily prominent and twisted on its axis. There is hardly any difference in appearance of the two sides, except that the right scapula is more twisted than the left.

The lumbar curve is somewhat exaggerated by the unopposed action of the erector spinæ, and the head droops from a weakening of the muscles which should support it. There seems to be no affection of the muscles of the lower extremities, nor of the face, nor of any others. She has no power of motion of the upper extremities, but being asked to move, swings each arm on its axis. One exception exists; the third finger of the left hand has power of flexion to the extent of a quarter-of-an-inch. On the application of electricity, great pain is complained of, and she shrinks from its application. There is no trace of electrical irritability of any of the muscles involved, with the exception of a small part of the flexor communis digitorum of the left hand, that portion going to the third finger. Electricity, exposure to the air, and a cold cloth cause a fibrillary undulation, a just visible wave of tremor on the common flexor of the left hand. Sensation of touch, heat, and pricking, is everywhere perfect. She applied to the Hospital for loss of motion, and for a recent symptom which had appeared in both forearms, viz. shooting pains which prevented sleep, and occasional cramps or twitches.

Dr. Ramskill remarked that in cases of this kind the radical lesion must be sought for in the muscles themselves, for change in the muscular tissue is the only constant phenomenon. After death alterations in the cord have been found in some cases, in the posterior roots of the spinal nerve more frequently, in the anterior roots only in others, in the peripheral distribution of the nerves in another series, and in some, no discoverable lesion in the nervous system could be detected. The treatment was ordered, having this point in view. Sulphuret of potassium baths were ordered every day. This substance is the most effective stimulant to muscles known, next to electricity, which was also applied every two days, with a strong current and quick intermissions. Iodide of potassium and tonics were given internally, combined with generous living, and as much exercise as could be taken in the open air. Under this treatment the patient has improved in general health, the fibrillary tremors have ceased, the neuralgic pains have disappeared, she carries her head more erect, her stomach is less protuberant; but although the patient asserts that she has some power in her upper extremities, and shows it by beginning to move them, yet this is only done by moving the side of the body, and it is doubtful whether anything further can be done beyond what has been accomplised, viz. arrest of the progress of the disease. It is to be anticipated that the atrophy will extend to other series of muscles, involving at length those of respiration, when some accident, such as the supervention of bronchitis, will terminate life by apnœa, from the patient's inability to expectorate accumulating mucus.

This case presents the peculiarity of having in its causation no inherited proclivity, no exposure to cold, no excess of muscular fatigue, no syphilis, only grief and general fatigue, acting on an originally feeble constitution. It is rare for neuralgic pains to appear so late as in this case. A very different prognosis may be given when the first muscles involved are those of the forearm and hand, and when the treatment is early applied, chiefly because of other means of inducing an increased current of blood to the affected part can be adopted.

ROYAL LONDON OPHTHALMIC HOSPITAL.

In the Hospital Reports of this Journal for March 18, 1858, will be found the details of a case in which Mr. Lawrence had been compelled to extirpate the collapsed globes of both eyes, on account of destructive inflammation of a very peculiar kind. The chief feature of the attack had been extrusion of the globes by solid œdema of the orbital tissues.

Mr. Lawrence remarked at the time that the case was, as far as his experience went, all but unique. The case detailed below is one which it strikingly resembles in some features. Thus in both a chronic state of proptosis was the first symptom; in both the disease attacked first one eye and then the other; in both the cornea ultimately gave way, and in both extirpation of the lost globes was necessitated by the pain caused. In neither was there any purulent discharge from the conjunctiva, the chemosis, which was extreme in both, being attended by a dry state of the mucous surface. In Mr. Lawrence's case the patient was a young woman, much out of health; while in Mr. Wordsworth's, as will be seen, he was a robust man.

The reader who is interested in the matter may find some interesting clinical remarks on "Protrusion of the Eyeball from Inflammation of its Fibrous Investments," by Dr. O'Ferrall, in the *Dublin Hospital Gazette* for 1846.

EXOPHTHALMOS FROM CHRONIC ŒDEMA OF THE ORBITAL TISSUES — DESTRUCTION OF BOTH GLOBES.

(Under the care of Mr. WORDSWORTH.)

Edwin S., aged 44, a blacksmith, residing in Herts,

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applied in 1859, at this Hospital, on account of swelling in both orbits, which was stated to have been progressing gradually for some time, producing considerable pain, with protrusion of the globes, and disturbed vision. He was a robust, muscular, and very powerful man, and had worked hard at his calling, living freely, drinking beer largely, etc. There was no history of syphilis nor of gonorrhœa (except at a long previous period). He had frequently been subject to attacks of gout in his fingers, and to erratic pains in the larger joints. On admission he was much depressed in spirits, excitable, and peculiarly "fidgety" in manner. His face was florid and marked with some spots not unlike secondary syphilis; skin sodden and moist, with general want of tone; pulse of tolerable power, but rather small and rapid, tongue clean and pale, appetite good, and thirst moderate. Both eyes were prominent, directed properly, and fully under the control of the muscles; some effort was required to close the lids completely. The conjunctivæ were much gorged, red, and œdematous, and the cellular tissue of the orbits seemed much hypertrophied, and infiltrated with fluid, so as to form elastic cups around the globes. The indurated state of the tissues behind the latter was distinctly perceptible by slight pressure with the fingers. There was little pain or tenderness, but at night an accession generally occurred and disturbed his rest. He has also an ulcer on the leg. No cause was assigned for the origin of the disease. Iodide of potassium was given in moderate doses with apparently good effect, and under its use the ulcer on his leg healed up. His constitution was well sustained by a generous diet, including beer, and rest procured by narcotic emollients to the region of the orbits. After a short period, these remedies ceased to afford relief. He went out, and the protrusion increased. The right eye gradually became prominent, and the globe was then protruded till the lids ceased to protect the cornea, which ultimately softened and died, and thus destroyed the organ. Whenever he stooped he had numbness in both orbits and eyes. He stated that the increase of protrusion in this eye had followed a blow. As he suffered much pain, the right globe was excised.

For some time the left remained much in the same condition, and he resumed his usual occupation. This appeared to have the effect of re-lighting the disease, and he returned to the Hospital. The left eye was now collapsed, and projected beyond the palpebral aperture. It was pushed straight forwards, as if something occupied the orbit equally. The conjunctiva of the eye was dry, red, swollen and insensitive. The upper third of the cornea was translucent, and the iris could be seen; the lower two thirds were infiltrated, and had been perforated some time previously. The eye felt soft. At his urgent request the globe was excised, July, 1860. He recovered well from the operation. After removal, the hypertrophy of the areolar tissue in the orbits was so great that he could not wear a glass eye. The following is Dr. Bader's account of the examination of the eye after removal:—The globe was flattened from before backwards, probably on account of the pressure of the contents of the orbit. The eye was divided in halves. No lens was found. The sclerotic, choroid and retina were in apposition. The choroid appeared of a healthy brown, the retina around the optic nerve was sprinkled with numerous apoplectic spots. A few small apoplexies were observed in other parts of the retina. A small fold of retina was displaced from the choroid, outside from the yellow spot. This fold of retina was greyish, translucent, swollen, as was also the retina immediately surrounding the optic nerve. The remainder of the retina was transparent. The vitreous space corresponding to the area of the retina was occupied by transparent fluid. The one corresponding to the ora serrata was occupied by normal vitreous. The retinal vessels did not appear to be diseased beyond what might be accounted for by the impeded exit of blood from the eye. The retinal elements, as well as the optic nerve-fibres, were visible. The cellular tissues of the orbit were much hypertrophied. There was no other morbid growth.

CEREBRAL CONGESTION—RETINAL APOPLEXY IMPLICATING THE YELLOW SPOT.

(Under the care of Mr. POLAND.)

The following case furnishes a good example of the connexion between cerebral congestion and apoplexy of the retina. It is, of course, most probable that the extravasations into the retina occurred during the original attack, although their effects were not noticed till subsequently.

Ann S., aged 48, applied as an out-patient on October 20, for loss of sight in the right eye. There was nothing whatever abnormal seen on a superficial examination. Both eyes seemed quite alike. She said that with the right she could barely discern objects, and everything appeared in a mist. She gave the following account of the coming on of the affection: About six weeks previous to her admission, she had what she says her doctor told her was "congestion of the brain." One day she was suddenly seized, while talking, with great giddiness, and was not able to stand; but there does not appear to have been any paralysis. She was taken to bed, where she remained for a fortnight. During the whole of this period she was unable to stand, and even lifting her head from her pillow caused great faintness and giddiness, but she does not appear to have ever been quite insensible. It was not, however, until she returned to her household duties, that she found that her sight was impaired. She had, as she says, a misty appearance before her, and on trying the eyes separately, found it was due to the failure of the right.

The ophthalmoscope was used, the pupil being dilated by atropine. Small white patches and blood spots were found scattered on the retina about the yellow spot (macula lutea). The optic entrance was normal.

The patient was a stout, flabby, pale woman. She looked dull, heavy, and oppressed, and answered in a slow hesitating manner, and complained much of giddiness. Her pulse was feeble; tongue, flabby and pale. Menstruation ceased a year and a-half ago. Her feet, hands, and face have not been swollen; and on examination of the urine, no albumen was found in it. She has never had epistaxis. Her hearing is impaired on both sides, and she has a constant rushing noise in the ears. One of her uncles had several fits, in the last of which he died suddenly. One of her aunts also died in the same way.

November 3.—She has been treated by aperients and blisters behind the ears; she appears much better in her health and has lost the dull, oppressed look she had when admitted, but the sight does not seem to be improved.

TUBERCULOUS DEPOSIT IN THE EYE—SUPERVENTION OF TUBERCULAR MENINGITIS—DEATH—AUTOPSY.

(Under the care of Mr. WORDSWORTH.)

Mary A., aged 4, was admitted October 22, 1859. She was a delicate-looking child, one of a family of several children, all of whom had shown one or other symptoms of head affections. Before proceeding to the details of the case itself, it may be well to mention the following particulars as to family predisposition. The eldest child, a girl, aged 15, has had several epileptic fits, and is subject to severe attacks of vertigo. Her first convulsive attack was at the age of sixteen months. She has recently passed many round worms. The second child is a boy, aged 13. He has suffered so much from his head, as to be unable at times to go on with his studies. The third, a girl, died at the age of about three years, of "epilepsy and convulsions." She began to have "fits" fifteen months before death, at various intervals. For several days before death she had almost a constant succession of convulsions, being in the intervals quite insensible. The fourth, a boy, aged 9, appears never to have had any marked cerebral symptoms, but he is not well developed, and his legs are crooked. He could not walk alone until he was two and a-half years old. A miscarriage occurred after the birth of this child. The sixth (including the miscarriage as the fifth) was Mary A., the subject of the case. The seventh is a girl, aged one year and ten months. She has a very large head. The forehead is prominent, the anterior fontanelle widely open, but the membrane is not elevated. She has twelve teeth. Her legs and arms are thin, but not bent, and she cannot stand alone. She can only just talk. In the spring of last year, when cutting the lower incisors, she had "five or six fits nearly every day for five or six weeks"; and after a short interval the fits returned, when she was cutting the upper incisors, and continued until within the last two months. The mother of the children has never shown any tendency to head affections, and is now quite well; one of her brothers died at the age of 22, of consumption; another is living now, and is ill with a bad cough;

one died in infancy; she has two sisters living and healthy. She says that her husband is healthy, with the exception of sudden attacks of giddiness, which, for a short time, prevent him from doing anything, and oblige him to support himself by taking hold of something. These he has had for many years, —when he was a young man, before marriage. He at that time, she says, lost for twelve months all sense of taste and smell. It has seemed advisable to place on record the family history of the patient before proceeding to the details of the case itself. It is not often that, in Hospital practice, we are able to procure so clear a history of hereditary tendencies.

Mary A. was considered by her parents to have had generally good health, but when brought to Mr. Wordsworth she was of delicate aspect. It appeared that, at the age of nine or ten months, she had a slight convulsive fit, but except this she was never, until her last illness, apparently out of health. A year and ten months prior to her death it was noticed that, in certain positions, "a flash" could be seen in the left eye. It was not attended with any pain, and at first did not attract much attention. For three months before her admission at Moorfields she was under Medical care; but as no improvement followed, she was sent to the Hospital. She was then quite blind in the left eye. The pupil was dilated and inactive, its area appearing to be occupied by a slightly floating, non-vascular, whitish substance behind the lens. No vessels were seen on its surface. She could see quite well with the other eye; but by the ophthalmoscope there was seen a small prominence near the optic entrance, which Mr. Wordsworth considered might be due to the commencement of a condition in this eye similar to that in the other. Mr. Wordsworth prescribed one grain of grey powder to be taken twice a-day, and fifteen minims of syrup of the iodide of iron three times a-day. Careful directions as to diet were also given, and warm baths were ordered to be occasionally used. The child improved in appearance; the pupil became smaller, and the growth did not seem to increase. The treatment above indicated was persevered in, with slight interruptions, for six months, during which time the disease did not materially advance. In January, 1860, the child had hooping-cough, and her health became impaired. At this time the removal of the globe was recommended, but the parents would not then consent. She was not brought again to the Hospital for some time. When she next attended she was very much changed in appearance, being thinner and dejected; had sleepless nights, great irritability of the stomach, and scarcely any appetite. The child gradually got worse, and on her next appearance at the Hospital she was very ill, the pulse irregular and intermittent, and there being great irritability of the stomach. Two days later she lapsed into a state of insensibility, and became convulsed on both sides. Her mother said that in the first convulsive attack the breathing was not affected, but the eyes rolled about. On the same day she had several fits, and in the intervals complained of severe pain in the back of the head. The next night she had twelve or fourteen attacks, but in the intervals she was supposed by the mother to be sleeping quietly. Two days later she died. The convulsions were said to have been confined to the left side during the last two days.

Autopsy.—The head being opened, there was found to be considerable injection of the brain and membranes; six to eight ounces of fluid in the ventricles. The left optic tract was enlarged into a nodular tumour as large as a marble, just in front of commissure, but gradually approached its normal size near the globe. There were also considerable adventitious growths, or rather infiltrations, from the ethmoid bone into the cavity of the cranium, and through the sphenoidal fissure near the body of sphenoid bone, causing softening and disintegration of the anterior parts of the middle lobes of the brain.

Only the left eye was allowed to be removed for examination. Dr. Bäder reported that the mass of morbid deposit which occupied its fundus consisted not of cancer, as had been suspected during life, but of true tubercle.

In placing this case on record it is due to the reader to admit that some slight doubt still remains as to the true nature of the disease. The autopsy was performed under very disadvantageous circumstances, and the parts taken away were mislaid before a conclusive examination had been made. During the child's life Mr. Wordsworth had regarded the case as one of medullary cancer of the eye attacking the brain secondarily; and some of the conditions noted at the autopsy certainly support that view. On the other hand, the report of so able a pathologist as Dr. Bäder must be held conclusive as to the nature of the deposit in the eye itself, and there can be little doubt that the disease within the cranium was of similar nature. It will be seen that the family history favours the tuberculous hypothesis. A somewhat similar case, in which very excellent observers regarded deposit in the eye as tubercle, which was afterwards proved to have been cancer by the secondary growths, may be found in Dr. Beale's "Archives of Medicine," vol. i. page 238.

GUY'S HOSPITAL.

CAULIFLOWER EXCRESCENCE OF THE OS UTERI REMOVED BY THE ECRASEUR—RECOVERY.

(Under the care of Dr. J. BRAXTON HICKS.)

Mrs. B., aged 47, of a prematurely aged appearance, sallow complexion, and in a weakened state of health, had been regular in her menstruation till about five months since, when the natural discharge was replaced by a watery one, mixed with considerable quantities of blood upon any exertion. She had, during that period, suffered much from pain in the loins, and from a feeling of debility. On examination per vaginam, a growth about the size of a small orange, was found proceeding from the posterior lip of the os uteri, attached by a pedicle about one-fourth of its diameter. The tumour was flattened out where it pressed on the rectum, and was so soft that the finger could easily be made to pass into its texture, causing severe hæmorrhage. It was superficially irregularly lobulated. The watery discharge was very offensive and profuse. As the cervix above the growth was still unaffected by any enlargement or by pain, Dr. Hicks thought it a very favourable case for removal. The operation was performed three days after admission. The cervix was brought down within the reach of the écraseur, by the double canula and whipcord. When the former instrument was fairly applied, the latter was removed, and the cervix slowly divided. No hæmorrhage resulted, nor did any bad symptom subsequently arise. The patient left the Hospital ten days afterwards much improved in health. The growth proved to be a well-marked cauliflower excrescence. Towards the exterior it was composed principally of the hypertrophied villi; in the interior, however, mother cells, with other anomalous forms, were found in abundance. The os at the point of section was, as far as microscopical examination could reveal, perfectly sound in texture. Whether the disease will appear again, it is premature to say. The condition of the cervix was perhaps the most favourable which could have been met with for operation.

CANCER OF THE LIP REPEATEDLY RECURRENT AFTER EXCISION DURING A PERIOD OF TEN YEARS.

(Under the care of Mr. POLAND.)

The following is a brief statement of the facts in an interesting example of repeated recurrence of cancer of the lip. The man came under observation when he was Mr. Poland's patient in 1854. The final result is not known; but Mr. Poland informs me that he has heard nothing of him since his last discharge in 1854. Had the man, on any of the occasions, neglected to apply for surgical assistance, no doubt he would soon have had his glands affected, and the disease would have assumed a more serious aspect. As it is, it affords a good instance of cancer kept at bay by the knife:—

Thomas C., aged 60, a labourer, of good general health, was admitted on February 14, 1854, under Mr. Poland, with a cancerous ulcer of the lower lip, of the size of a florin. He had had similar disease ten years before, which was excised in the course of the following year. He remained well for two years, when it reappeared, and was removed a second time, six years and a-half ago. He kept well for another three years, when it again manifested itself and was again excised, and healed.

The present disease had existed six weeks. Mr. Poland excised the part by an ample V incision. Pins were used to bring the edges together. The man left, well, on March 10, 1854, and has not subsequently been seen.

RICHARD CROSS, Esq., M.D., has been chosen Mayor of Scarborough.

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Medical Times and Gazette.

SATURDAY, NOVEMBER 17.

THE MEDICAL JOURNAL ASSOCIATION.

For some weeks past the following advertisement has appeared in this and other journals:—

"Editorship of the 'British Medical Journal.'—As the office of Editor of the *British Medical Journal* will become vacant on the 31st of December next, it is requested that all candidates for the appointment will communicate, not later than November 17, with Dr. Williams of Worcester, and forward to him, with their testimonials, the scheme they propose for conducting the *Journal*.—Charles Hastings, Knt., M.D., etc., President of Council.

"Worcester, October 23, 1860."

The present Editor, Dr. Wynter, ceases to act on December 31, and the names of several gentlemen have been freely mentioned as candidates for the appointment, it being generally anticipated that the choice of the Council will fall upon Dr. Markham.

Considerable surprise has been expressed at the retirement of Dr. Wynter, as his Editorship has elicited such favourable reports from the Council. At the Nottingham meeting held July 28, 1857, the Council said:—"The able and courteous management of the Journal by Dr. Wynter has afforded special satisfaction to your Council."

At the Edinburgh meeting, July 29, 1858, the following report was read:—

"Your Council allude with pleasure to the general management of the Journal, under the able editorship of Dr. Wynter."

At Liverpool, July 27, 1860, it was said:—

"The Journal has continued to give satisfaction to the great body of the Association; and its able editorship by Dr. Wynter is a point to which your Council can refer with confidence and pleasure. It is highly satisfactory to observe that the amount of valuable scientific and practical matter contributed principally by Members of the Association, steadily increases. Your Council would, nevertheless, urge on Members the importance of systematically affording that help to the Editor which would so much tend to place our Journal in the high literary position which, as the representative of a large and eminent Society, it ought to occupy."

At the meeting at Torquay, August 1, 1860, the Report said:—

"Your Council wish to record their opinion that during the past year the character of the Journal has been improved, and that it represents better than previously the state of Medical knowledge. At the same time, your Council are deeply impressed with the conviction, which has been forced upon them by communications from many Members, that the Journal is not yet what it ought to be, as the organ of a great Association, and they would strongly urge the Committee of Council to take an early opportunity of well considering the whole question of its management, to consider whether the postage should be unpaid for the future, to enforce rigidly Law 15, and, as soon as practicable, to carry out further improvements, so as to make the Journal decidedly a standard weekly representative of the Medical and scientific progress of the age."

All these Reports of Council were carried at the successive General Meetings, so that the good opinion of Dr. Wynter expressed by the Council was approved by the Association. "Special satisfaction" with the "able editorship" is referred to with "confidence and pleasure" year after year, and last August, the Journal, which had always been regarded with the complacency of partial guardians, is reported as "improved," and "representing better than previously the state of Medical knowledge." Dr. Wynter had always done well, but last year he had done better than ever. It is not for us to ask what change had taken place between August 1 and October 23. This is a matter which Dr. Wynter, the Council, and the Association must settle between themselves. But it certainly does serve to enforce the lesson we have more than once drawn from the troubles into which the Journal has led the Council and the Association—namely, that it would be well if the Journal were to exist for the Association, not the Association for the Journal. We need not enlarge upon the special qualifications of Dr. Wynter for the editorship of a paper in which he had to consult the feelings of some two thousand proprietors. Nothing but a rare combination of tact, temper, knowledge of the world, and gentlemanly feeling could enable any man to fill such a post in a manner to call forth such annual expressions of satisfaction as those we have just repeated. If Dr. Wynter found it impossible to please everybody, and to carry on an expensive undertaking with a bankrupt exchequer, we shall not be surprised if any successor should fail to do more than he has done. As a matter, then, of public professional policy, it might be as well if the Council, when they receive the testimonials of the candidates for the editorship (which are to be sent in to-day) and proceed to consider "the scheme they propose for conducting the Journal," will also consider whether it might not be as well to dispense with an editor altogether, and cease to attempt to produce with very limited means "a standard weekly representative of the Medical and scientific progress of the age." Year after year the attempt has failed. Their editors have done all that editors could do—but even an editor cannot make bricks without straw—he cannot command high literary talent without some approach towards fair payment. The Association have expended all they can afford, and a great deal more: for additional calls have been made to repair the deficit caused by the expenditure on the Journal. But calls and subscriptions have all been swallowed up, the aid of advertising has been called in, and the result has been that the Association has fallen from its original high purpose into the position of a bankrupt Joint-Stock Newspaper Company.

It is really melancholy to think upon what the Association *might have been*, had the funds and energies of its members been expended in encouraging original research, promoting Medical Science, and exerting influence upon the sanitary affairs of the nation, while serving by its branch and general social gatherings as the rallying-point of Professional brotherhood; and what it now *is:* unknown as a scientific body; powerless—because penniless—as a Medico-political body; and lowered in social position by an illegitimate application of the principles of Association, and an unsuccessful attempt to compete with commercial enterprise. This feeling has been well expressed by one of the most respected members, Sir Henry Cooper, who said in a letter we have before quoted (*Medical Times and Gazette*, November 12, 1859):—

"Our Society has been formed on the model of, and (with special adaptation to Professional objects) is similar in its

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objects to, the British Association for the Advancement of Science. This Society has no Journal; its funds are expended in grants for conducting scientific inquiries and observations, and in furthering the ends of science socially and politically. The American Medical Association—a strictly kindred Society to our own—follows the same system; and both publish their results in an annual volume of 'Transactions,' the value of which is undeniable. I need scarcely suggest in how many ways pecuniary assistance from the funds of our Association would assist the progress of Medical Science, and add to our political force and social *status*."

We need add very little to opinions so well expressed by such an authority; but it must not be forgotten that the grand object of blending the whole Profession together into one "common harmonious fraternity," is prevented almost solely by the continued existence of the Journal. It is the only cause of financial difficulty, absorbing nearly the whole of the subscriptions of the Members, and rendering necessary an annual payment which prevents many eligible men from joining the Association. Mr. Dix argued strongly last year in favour of lowering the subscription, showing "that all the present advantages of the Association, except the Journal, are costless;" and he gave good reason for believing "that if the cost of admission were lessened, the result would be that scarcely any eligible Member of the Profession would stand aloof from the Society." He added: "We might then become what I most earnestly long for, and hope to live to see, a Universal Medical Association, including within our ranks every respectable Medical man."

In the interest of Medical Science (and we may add, in the interest of this and other established Medical Journals with which the Journal of the Association is a competitor for support), we trust the Council will duly consider these suggestions. We feel convinced that if the subscriptions were reduced to 5*s.* a-year, the Association would become the most numerous and most powerful Professional body that has ever existed in this or any other country. Ample funds would then be provided for the publication, under the authority of the Branch and General Secretaries, of simple records of the proceedings of the Branch and General Meetings, while the real objects of the Association would be advanced with tenfold energy and power, and it would really become, what it never has been and never can be as a *Medical Journal Association*,—the British Medical Association.

THE WEEK.

The usual annual dinner of the Apothecaries' Society was held on Monday last at their great Hall, and was attended by Dr.. Mayo, President of the College of Physicians; Mr. South, President of the College of Surgeons; Mr. Green, President of the General Medical Council, and many other distinguished guests. The toasts to the Army and Navy were most ably responded to by Drs. McWilliam and Maclachlan; both of whom dwelt on the arduous and efficient duties of the Medical officers in both Services during the last campaigns in India and China, and especially on the fortitude, devotion, and heroism, that many of them had displayed under circumstances of almost unexampled difficulty. In acknowledging the toast to the Royal College of Surgeons, Mr. South referred to some important changes that had recently been adopted by the College, and especially to the preliminary education and examination of Students. On this latter point he paid a very graceful acknowledgment to the Apothecaries' Society, for having instituted preliminary examinatinos in Classics and Mathematics for so many years past, and for having thus paved the way for the general adoption of such examinations, and for the recent regulations thereon of the General Medical Council. The health of Mr. Green was enthusiastically received, as the President of the General Medical Council. In returning thanks, Mr. Green, remarked that it had lately become the fashion in some quarters to question the fitness of such a body as the Apothecaries' Society to regulate and control the education of General Practitioners; but he was convinced the objection existed more in idea than in reality; that General Practitioners must always exist for the necessity and service of the great body of the public; and that the qualifications of General Practitioners had never been so effectually secured and so steadily developed as since they have been entrusted by the Legislature to the Apothecaries' Society of London. Mr. Green concluded a very eloquent address by proposing the health of the Court of Examiners, who, in his opinion, had deserved so well of the Profession.

The Victoria Cross has been bestowed on Surgeon Joseph Jee, C.B., of the 78th Regiment—"For most conspicuous gallantry and important services, on the entry of the late Major-General Havelock's relieving force into Lucknow, on September 25, 1857, in having during action (when the 78th Highlanders, then in possession of the Char Bagh, captured two 9-pounders at the point of the bayonet), by great exertion and devoted exposure, attended to the large number of men wounded in the charge, whom he succeeded in getting removed on cots and the backs of their comrades, until he had collected the dhooly-bearers, who had fled. Subsequently, on the same day, in endeavouring to reach the Residency with the wounded men, Surgeon Jee became besieged by an overwhelming force in the Mote Mehal, where he remained during the whole night and following morning, voluntarily and repeatedly exposing himself to a heavy fire in proceeding to dress the wounded men who fell while serving a 24-pounder in a most exposed situation. He eventually succeeded in taking many of the wounded, through a cross fire of ordnance and musketry, safely into the Residency, by the river-bank, although repeatedly warned not to make the perilous attempt." Mr. Jee has received the Cross from the hands of Her Majesty, and we trust that his name will live in the history of those whose deeds have done honour to Medicine.

The last Indian mail brings home a memorial from the Medical Officers of the Bombay Army for redress of the grievances to which this meritorious body of gentlemen is subjected. It is certain that, unless justice be done to the Medical Officers, by placing them on an equal footing with their more fortunate brethren at home, the Government will soon find it quite impossible to induce men of ability and character in the Profession to go out to India.

The Royal Medical and Chirurgical Society held the first meeting of the Session on Tuesday. A very interesting paper by Mr. Adams, of the London Hospital, was read, on "Extra-Uterine Fœtation;" and M. Groux exhibited his well-known fissure of the sternum. Our usual report will appear next week.

At meetings of the Medical Benevolent Fund Committee, held last week, William Newnham, Esq., V.P., in the chair, there were twenty-nine applications for pecuniary assistance from distressed Medical men, their widows, or orphans. Of the twenty-nine cases twenty-seven were voted grants of money: one receiving £20, two receiving £15, eleven receiving £10, and thirteen receiving £5—the total sum voted being £225. The sum of £464 17*s.* was ordered to be added to the Annuity Fund, in Bank Stock; the sum now given in annuities being £268. We trust that this most deserving Charity will meet with increasing support.

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REVIEWS.

An Expository Lexicon of the Terms, Ancient and Modern, in Medical and General Science, &c. By R. G. MAYNE, M.D. Part X. Pp. 1506.

THIS is the concluding part of a very remarkable production. It has occupied the *horæ subsecivæ* of the author during twenty-eight years. "It has engaged only those hours which a Medical Practitioner could afford out of active Professional duties—a snatch from 'society' and from sleep." The pleasure of the self-imposed task, however, grew upon him, dreary as such a task might seem; "so much," he says, "are we swayed by habit that it long ago became a pleasing relaxation from the dull realities of plodding life, rather than a weariness." He is satisfied, and we can well believe that no man, however great his abilities, could have accomplished the work in less time; because it was only by gradual development, through a long series of years, that such a task could have been satisfactorily effected. We may half guess at the labour, when we reflect that 50,000 distinct terms, not similarly treated in any other work, have been illustrated in this volume.

We hesitate not to say that Dr. Mayne is deserving of something far beyond the passing praise of a friendly critic, and of something more than the literary success of his work, —the great utility of it will, we trust, secure that much at least. No remuneration from these sources can repay Dr. Mayne for the labour he has undergone while bestowing this great gift on his Profession. His work, moreover, is one of undoubted public utility. As he has said himself: "Such technicalities are as a dead letter, not only to simple jurors, but often to learned judges, barristers, advocates, sheriffs, etc." This is just one of those works, which is deserving of public acknowledgment. Its objects are undoubtedly of public utility; little is the service which it can ever prove to its author in a remunerative sense; and in this sense it is to be especially distinguished from those productions which bring men renown and practice. A Government which properly regards its men of Science would delight in paying due respect to merits of this kind—merit of the most unselfish sort. We sincerely hope that Dr. Mayne may meet with some token of public gratitude.

The Uses of Animals in Relation to the Industry of Man. By Dr. LANKESTER. 8vo. Pp. 165.

THE contents of this little volume are a series of Lectures delivered by their author in the South Kensington Museum. Their object is to explain to the uninitiated public the nature and properties of the different animal products which are employed in daily life. Being delivered to popular audiences, they have, of course, no pretension to any scientific treatment of the subject; the Lecturer hoped by what he did tell his hearers to excite them on to further and deeper inquiry. We can have no hesitation in saying that Dr. Lankester has fully carried out the object he had in view. We all well know his great powers—and no mean art it is—in bringing abstruse matters into a simple form. To speak of epithelium and canaliculi, and so forth, to a popular audience with success is no small achievement. The volume is rendered still more useful by a large number of well-executed woodcuts.

A Description of the Human Body—its Structure and Functions. By JOHN MARSHALL, F.R.S. London: 1860. 4to. Pp. 240, and an Atlas of 193 Coloured Illustrations.

THIS Description of the Structure and Functions of the Human Body is "illustrated by Physiological Diagrams, designed for the use of teachers in schools and young men destined for the Medical Profession, and for popular instruction generally." We have repeatedly urged the importance of the opinion now beginning to prevail, that some acquaintance with Anatomy and Physiology should form a part of the education of all classes; and we are, therefore, particularly glad to welcome a work which is equally adapted for teachers of ordinary schools and for the self-tuition of the educated classes. Mr. Marshall has accomplished the very difficult task of completing a work which "occupies a position midway between the strictly Medical and the General Educational Treatise" in a most satisfactory and creditable manner; and we can most strongly recommend his work to all those for whose instruction he has laboured.

The Elements of Natural Philosophy; or, an Introduction to the Study of the Physical Sciences. By GOLDING BIRD, F.R.S., and CHARLES BROOKE, F.R.S. Fifth Edition. London: 1860. Small 8vo. Pp. 699.

MR. BROOKE has fulfilled his responsible task of editing this fifth edition of a most important work in a manner quite equal to the occasion. Since the last edition appeared, Dr. Golding Bird's career has been cut short, but his fellow-labourer has kept thoroughly "up" with the rapid march of science, and the fifth edition of this manual may be recommended most conscientiously to all students of the Physical Sciences.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON SOME MEDICINAL PLASTERS.

By M. MASSON.

1. *Burgundy Pitch Plaster.*—This acts very slowly, and at last, after exciting excessive itching and redness for several days, determines, in persons having a delicate and irritable skin, a vesicular eruption, and sometimes true phlyctenæ. It is the slowness of its action which constitutes its utility, and it is employed for rheumatic muscular pains, pleurodynia, lumbago, pulmonary catarrh, and hæmoptysis. In obstinate sciatica, the entire thigh should be surrounded by a vast plaster until the pains have disappeared. 2. *Emetized Plaster.*—By the addition of a certain portion of tartar emetic to a pitch-plaster, inflammation of the surface is rapidly developed. This intense local effect is to be produced when it is desired to displace a visceral disease, and to attract towards the surface a fluxion which should not be allowed to become fixed upon an important organ. This plaster is chiefly indicated in affections of the respiratory organs, as severe chronic bronchits, pertussis, pleurisy, etc. 3. *Vigo's Plaster.*—Every one is aware that this is employed in cases of specific glandular enlargements, but what is not so well known is the value of Zimmermann's practice of covering the face carefully in small-pox with the *emplastrum Vigo cum mercurio*, in order to prevent pitting. 4. *Canet's Plaster*, a sedative and an astringent resolvent, is preferred by Surgeons in cases where pain is excessive and there is marked tendency to gangrene. 5. *Thapsia Plaster* is a new therapeutical agent, the active principle of which is derived from the *Thapsia garganica*, an Algerian plant. It is a most energetic revulsive, the effects of which can be graduated, by the duration of its application, replacing blisters in serious affections and rubefacients in the milder ones. It induces an erythema, which is speedily followed by an abundant and salutary miliary eruption. Its action is rapid, more certain than that of croton-oil, and its employment is exempt from the numerous inconveniences attributed to some other external agents. It may be employed in any cases in which revulsion is indicated, but it is especially useful in diseases of the chest, rheumatism, and arthritis; it is also serviceable in the affections of children.—*Gazette des Hôp.*, No. 60.

ON SANGUINEOUS EFFUSIONS INTO THE PLEURA.

By Professor TROUSSEAU.

M. Trousseau observes that although this may seem more properly a subject for a Surgical than a Medical Lecture, yet as he several years since made, with M. Leblanc, several experiments relating to it, (the results of which are not so widely known as could be desired,) while such effusions very often give rise to pleurisy and empyema, and thus bring the case more within the domain of Medicine, he thinks it best to state what he knows on the matter.

When after a wound of the chest, blood becomes effused into the pleura, what is the treatment which should be adopted? Many Surgeons advocate its removal by succion, others by puncture, and others again by incision. Sup-

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posing, however, that there is a considerable effusion (and no one would interfere for a slight one), this must proceed from one of two sources—an artery of the thoracic parietes, or one of the pulmonary vessels. In the former case, one would inquire in vain how any of these procedures could prove of the slightest utility, it being much more likely that the compression exerted by the accumulated blood upon the wounded vessel, would aid in its obturation. When the hæmorrhage proceeds from the lung, it is easy to see that the effusion itself is one of the most important conditions of cure, —the lung becoming flattened and thrust back, its vessels now energetically compressed, ceasing to discharge blood.

A curious fact in relation to this subject, has been observed during some experiments made on horses, by the author and M. Leblanc. When a vessel of large calibre is divided, great hæmorrhage takes place into the pleura, and a large quantity of blood flowing at the same time into the bronchi, the animal generally soon dies. But when vessels of a secondary order only are implicated, the lung soon becomes compressed, and the hæmorrhage ceases. If the animal be examined, all along the course of the penetrating wound there will be found a sanguineous infiltration into the pulmonary cells, changes taking place in the vicinity of the track, identical with those characterising recent centres of pulmonary apoplexy. The track itself is filled up by a fibrinous coagulum. This clot may be met with sometimes half-an-hour after the infliction of the wound, and it is found insinuating itself into the cells and the interlobular cellular tissue by innumerable fibrinous radicles. If the autopsy of the animal be not made until from forty-eight to seventy-two hours after the wound, a curious means of occlusion is then observable. The lips of the pulmonary wound have become the seat of inflammation, which has also implicated the pleura to the extent of some centimetres—the results being a firm, plastic adhesion between the two. Thus the wound throughout its track, becomes obliterated by means of a fibrinous clot, and the lips of the wound are covered by a fibrinous disk, which adheres to the pleura, to the lips of the solution of continuity, and to the obturating coagulum. It offers a tolerable resemblance to a large fibrineus nail, the stalk of which fills the track of the cutting instrument, while its head is flattened on the lung to which it has become intimately adherent.

It is evident that, when the Surgeon empties the pleura of the blood as it is effused, he impedes the flattening of the lung, and prevents the formation of the obturating coagulum; while the violent coughing which attends opening the walls of the chest, powerfully tends to keep up the hæmorrhage. But, did not such valid objections to the removal of the effused blood exist, is the operation practicable? Numerous experiments upon the horse show that so rapidly does coagulation ensue after the effusion, that its removal would be entirely impossible. Such coagulation has been observed to take place in less than five minutes, and more rapidly than that of the blood of the same animal exposed to the air. Moreover, the blood of man coagulates much more rapidly than does that of the horse. Still Surgeons go on recommending and believing that they effect a removal of such effused blood. To some extent they are deceived by a fallacious appearance which may be thus explained. The coagulation of blood takes place more slowly in a receptacle than in the pleura. The heavy red globules have thus time to sink down before the fibrine is condensed; and it results that the buffy coat, composed of serum and fibrine, is always abundant, *cæteris paribus*, in proportion to the length of time the blood has continued in the liquid state. When coagulation is very rapid, however, the clot forms into a mass without any of the buffy, fibrinous coat. This is the case with the blood in the pleura; but in a short time afterwards the serum, imprisoned within the clot, separates in part from this, and becoming mixed up with a large quantity of globules, by the churning respiratory movements, it may very well be mistaken at first for liquid blood. So that in sanguineous empyema we have two things,—a coagulum usually occupying the most dependent parts, and a sanguinolent serosity, which comports itself just as does the serosity of a pleurisy. A Surgeon making a puncture, therefore, may draw off a considerable quantity of serosity deeply coloured by cruor, under the belief that he has removed the liquid effused blood. The quantity of this bloody fluid may also be increased in consequence of pleurisy being induced by the lesion which gave rise to the sanguineous effusion. A large addition of serum may be thus produced, and this being always in contact with the coagulum, will dissolve much of the cruor.

Not only are puncture of the chest, and incision of the intercostal spaces, useless operations in the treatment of traumatic sanguineous effusion, they may also prove mischievous, or even fatal. Mere puncture, indeed, made with appropriate instruments and due precautions, is generally an inoffensive operation, but exceptionally it gives rise to a circumscribed pleurisy which may have its inconveniences. If there is only the serosity which has separated from the clot in the pleural cavity, this puncture is not called for, as the serosity will soon be resorbed; but if the traumatic cause has determined a pleurisy with consecutive effusion, the puncture may be of utility. As to the incision made in the intercostal space, similar to that practised there when purulent collections are reproduced after mere puncture, it is fraught with danger. Its uselessness for the discharge of blood which has been coagulated has been shown; and its danger consists in the repeated introduction of air, which is inevitable. Experiments have amply shown that the accidental introduction of air into the pleural cavity is quite harmless, but that if such introduction be renewed pleurisy and hydropneumothorax—dangerous affections under these circumstances—are inevitable. The effused blood putrefies, and the danger which may ensue may be imagined. Those Surgeons who still attempt the evacuation of the discharged blood, as did Dupuytren in the case of the Duke of Berry, are influenced by three erroneous ideas. They believe that the blood remains liquid, that it acts as an irritant, and that it is only absorbed with extreme difficulty. Enough has been said upon the first point; and as to the second, M. Trousseau found in his experiments upon horses the presence of a coagulum was never accompanied by traces of pleurisy. Still it is not meant to be stated that sanguineous effusion is completely harmless. It may give rise to some irritation of the serous membrane, and especially may it predispose the individual the subject of it to an attack of pleurisy. As to the absorption of the effused blood, that takes place with an extraordinary rapidity, which would not be credible were it not positively demonstrated by experiment. When 200 grammes of blood were introduced into the pleura of a horse, no trace of it, or at most a little sanguinolent serosity, was discoverable after forty-eight hours. Of 500 grammes, a small clot, not one-fifth of the amount, was found at the end of three days, and the same result followed the introduction of 1000 grammes.

In traumatic effusions into the pleura, then, the Surgeon should remain as a spectator; the most absolute rest, and a somewhat rigid diet being probably the best means at our disposal. Still, sometimes wounds of the chest, complicated with pleural hæmorrhage, are of frightful danger, and call for some explanation. Blood injected into the pleura does not comport itself as a foreign body, causing no more irritation to the serous membrane than food does to the stomach, or the urine to the bladder. But sometimes the urine does irritate the bladder; and if lesions of the bladder are often the cause of changes in the urine, how often do alterations in the latter become the cause of a vesical catarrh? So with the blood in the pleura, when the wound of the chest leads simultaneously to an effusion of air, the blood undergoes alteration, and acts as a foreign body. If in the experiments, the blood, prior to its introduction into the pleura, had remained coagulated for some hours, the clots so introduced putrefied there, and the animal rapidly succumbed to excessively severe pleurisy. This experiment is an additional proof of the danger which attends the operation of empyema for the removal of coagula. But when a violent inflammation has arisen within the pleural cavity from the simultaneous introduction of blood and air, it is then the duty of the Practitioner to perform it at once, and inject iodine.—*Moniteur des Sciences Méd.*, Nos. 107 and 109.

PRIZE FOR AN ESSAY ON SEAWEEDS.—Sir W. C. Trevelyan has placed at the disposal of the Council of the Society of Arts the sum of £100, to be awarded as a prize for the best essay "On the Applications of the Marine Algæ, and their products, as Food or Medicine for Man and Domestic Animals, or for dyeing or other manufacturing purposes." The essays must be the results of original research, not mere compilations, and must be accompanied by a series of specimens illustrative of the best modes of collecting and preserving them, and be sent in before December 31 next.

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GENERAL CORRESPONDENCE.

FŒTAL AUSCULTATION.

Letter from Dr. Trayer.

[To the Editor of the Medical Times and Gazette.]

Sir,—If you are not weary of Dr. F. Adams, and his objections to Fœtal Auscultation as a means of diagnosis, it may be well to consider the subject with a little more attention to logic than he has deigned to bestow upon it. Dr. Adams denies the existence of any sort of "parallelism between the two cases—the child's heart-sounds, and that of a good watch."—(*Medical Times and Gazette*, July 21, 1860.) With all respect to Dr. Adams, he has mistaken completely the issue involved in Dr. Druitt's illustration of the subject,—see *Medical Times and Gazette*, Jan. 21. The question is not as to any similarity between the sounds heard, but simply as to the logical process by which, having heard a sound, we in each case trace it to its cause or source, and determine that the stethoscope has in one case ascertained the presence of a watch under the pillow; in the other that of a fœtal heart within the abdomen of a female.

Let Dr. Adams place his admirable watch under a good thick pillow, such as nightly receives his infidel (*quoad* fœtal auscultation) head, and its "sonorous beat" will become inaudible to acuter ears than his. Let him now examine the pillow with his stethoscope, and at some point he will begin to hear the familiar sound, which by degrees becomes more and more distinct, till at last a centre of intensity is reached; let an assistant introduce his hand, and move the watch slowly towards the edge of the pillow, and the stethoscope will indicate that the centre of intensity of watch-tic is moving, till as by degrees the pillow is safely delivered of the watch, Dr. Adams can place his stethoscope on its naked face, and assure himself that this very tic-tac was what he heard through the tube coming from the bowels of his bed. Let him now examine the pillow, and make assurance doubly sure by finding that it has *ipso facto*, of the delivery of the watch, ceased to yield any sound to his ear.

Let us now turn to the analogous chain of reasoning. At a certain period of pregnancy, say the twentieth week, in the vast majority of females a moderately good stethoscopist can detect a very peculiar sound proceeding from the uterine region. At first this sound is very feeble, but day by day it gathers strength, while its peculiar character remains unchanged, and being unlike any known sound proceeding from the abdomen of the male, or that of the female at any other period of her existence, except during pregnancy, he looks forward curiously, hoping that Time, the "great revealer," may enable him to trace this sound to its source. If he has large experience in such cases, he is struck with the remarkable differences in the position of the centre of intensity of this sound; and at last finds the determining of this point of some use in determining the position of the fœtus in utero. But at last labour comes on; if he has carefully noted the position of this centre of intensity at its commencement, and the case allows of occasional examination during the progress of labour, he is struck with the fact that the centre of intensity changes its position, and assumes a lower place on the abdominal parietes of the mother, *pari passu* with the descent of the fœtus, as indicated by vaginal examination. At length the child is born; and having a suspicion that the sound alluded to comes from the child's heart, he quickly places the tube on its thorax, and if respiration has not commenced, and yet the child be vigorous, is struck with the absolute and unmistakeable identity, in all characters save alone increased loudness, between the sounds so heard, and those conveyed *ante partum* to his ear by the stethoscope placed on the mother's abdomen. He now applies the tube to the abdomen of the delivered woman, and fails to discover any such sound, and will ever fail to do so till conception has again introduced therein its cause, and pregnancy is so far advanced that the little heart can assert its existence across the maternal and fœtal tissues. Is there no parallelism here? Were ever two trains of strict logical deduction more like than those by which we circumstantially convict the watch and the fœtal heart of emitting the sounds heard in the respective cases? The beating of the watch is a happy choice in illustration of this subject, because there happens to be a certain approach to similarity in the sounds, just as there is a certain amount of similarity between the noise produced by salt thrown on a fire, and a certain crepitus heard stethoscopically in certain cases of lung disease—that is to say, just enough to help the student who is in search of a new idea. But this similarity, or its degree, is not, I repeat, the point of the argument.

But there is another class of cases, the peculiarity of which enhances, if possible, the strength of the above argument. I allude to cases of twin pregnancy. Any diligent student from the Rotunda Hospital will tell Dr. Adams of cases in which the fact of twin pregnancy has been determined, and that before labour commenced, solely and safely on auscultatory evidence. Thus, a student on duty examining for the fœtal heart, is struck with the fact that at each of two points, perhaps very distant, *inter se*, a fœtal heart is heard. He calls another to examine with him, and they placing their stethoscopes contemporaneously on the respective spots, proceed to verify the statement. Each then counts silently the beats, and on comparing notes they find that while the two hearts beat pretty nearly at double the rate of the mother's pulse, yet there exists a certain well-defined and constant difference between them. They change places, and again examine, and again this remarkable fact is observed. There is but one possible explanation of this strange combination,—*i. e.* the presence of two fœtal hearts; *ergo*, two children. They report their diagnosis, and the result justifies their confidence in their own accuracy of observation, and in the scientific value of fœtal auscultation.

It were more scientific, as well as modest (indeed true science is ever modest), to confess one's own ears "unattuned to stethoscopic sounds," than thus rashly to rush into print, and deny the value of evidence deduced in strict logical sequence from carefully-observed facts.

I am, &c.

J. J. Trayer, M.B.T.C.D.

Bagenalstown, County Carlow, October 22.

THE SOUNDS OF THE HEART.

Letter from Dr. Markham.

[To the Editor of the Medical Times and Gazette.]

Sir,—Those of your readers who were interested in a letter in your Journal, to which Dr. Leared replied last week, may perhaps also glance over the following portions of a reply which I sent to the distinguished writer of the note:—

"With regard to the fœtal sounds of the heart, I do not hear them often enough to give an opinion regarding them. But I think that, to a certain extent, all your queries are explicable on the assumption, that the second sound is always *hic et ubique* (*hic*, in the womb, and *ubique*, out of it) the clearest and most distinct of the two sounds. In the fœtal state, we know that the heart's contractions cannot be as powerful as they are after birth; and, therefore, we must be sure that the first sound must be weaker; and I fancy we may also say, in such case, that the second sound is louder before birth only by way of comparison—*i.e.*, by reason of the first sound being comparatively feebler. You will say, Why is not the second sound equally feeble in such case? Now, I believe, you have suggested a fact which goes to evidence the opinion, that the causes of the first sound are numerous, not simply valvular tension (as some would have it). As I have said, some of these causes—rush of blood through ventricles, muscular contractions, impulse against thorax—are less, of necessity, in fœtal life, than after birth; therefore, first sound is weaker then; but second sound being simply and solely the result of closure of sigmoid valves, remains equally in action after as before birth.

"Your other queries will all admit of solution by the same answer, if one can find what the answer is. I think it is quite fair to assume that, in all these cases, the same condition of ventricles exist—an enfeebled condition. In typhus I need not say how depressed are all the vital functions. A man sits up in bed in the advanced periods of the fever, and faints, and dies! What state must his heart be in? Now, I believe, we are fully justified in assuming, that there is a condition of the heart in which its contractions are forcible enough to drive on the blood, distend the arteries, and produce a pulse, and yet not forcible enough so to close

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the auriclo-ventricular valves as to produce an audible sound, or, at least, the full natural compound (as I take it) first sound of the heart. We can easily imagine, that a feeble contraction, a weak impulse (or impact, if you please), a quiet distension of auriculo-ventricular valves, may go on, and yet produce no sound, or only a defective sound; and this I believe is what goes on in the cases you mention. I think I have felt the pulse at wrist of a dying man, when his heart's sounds were no longer audible; and I believe physiologists have shown something equivalent to this in reference to the circulation.

"But in all the cases you refer to, explained as I explain them, we *must* have a second sound. The vessels are distended, as shown by the pulse, and their contractions (during heart's diastole) depending upon the *physical* properties (not vital) of their coats, necessarily forces back together the sigmoid valves, and so produce a second sound. In all these cases, however, I take it that the second sound is abnormally weak. It is still by way of comparison (*i.e.* through the absence or greater feebleness of the first sound), that it appears unnaturally strong.

"I am sure you can find fifty objections to this explanation, and I should like to hear them. Perhaps, as you wrote to me at examination-time, you put the queries in one shape or another to your examined ones; if so, I should gladly hear what they say on the subject."

I am, &c.

November 7. W. O. Markham.

DEODORISATION.

Letter from Mr. H. B. Condy.

[To the Editor of the Medical Times and Gazette.]

Sir,—As one of my preparations has recently been pretty freely discussed in your columns, perhaps you will allow me an opportunity of making a few observations, more especially in reply to Dr. Skinner's letter of the 1st October.

He says:—"The excellent powder of Messrs. Condy is, so far as my humble powers of analysis are concerned, a combination of a small quantity of permanganate of potash, with a very large proportion of siliceous matter." This assertion I would ask to rectify, by stating that the substance with which the permanganate is combined is altogether of a calcareous nature.

He says:—"It imparts to the pudendal napkin an ugly, indelible stain." I reply, the stains imparted by my Health Powder being the effect of a deposit of brown oxide of manganese, mechanically attached to the napkin, can be removed with the utmost facility by means of any solvent of that oxide, among which may be mentioned oxalic, citric, and tartaric acids; the well-known "salt of lemon," and the less powerful, but cheaper, muriatic acid. I only wish the stains in question were indelible, for if they were the permanganates would be extremely valuable for dyeing purposes, which, unfortunately, they are not.

Dr. Skinner observes:—"Among the upper ten thousand the material composing the pudendal cloth is rather too costly for such wholesale destruction." My answer to this is, that the spoiling or deterioration of such linen might be correctly described as wholesale and of great importance to Hospitals and Lying-in Charities, but can hardly be considered as either one or the other to the upper ten thousand, who, in order to secure the advantage of the best article for the purpose, would willingly sacrifice every napkin used.

Dr. Skinner says:—"I experimented with it upon a piece of calico, which I now enclose for the satisfaction of the Editor, who will perhaps say whether or not I was correct in refusing to transfer *the same* to a good napkin." Might I be allowed to ask the Doctor, somewhat after the manner in which he questioned Mr. White,—Does "the same" refer to the stain on the piece of calico forwarded to London, to the calico itself, or to manganese stains in general? In order to complete this experiment, I would suggest that the piece of calico be now submitted to the action of a solution of "salt of lemon," and reported on by the Editor with reference to the indelibleness of the stain.

He remarks:—"Mr. White is surely not aware of the price of the article he is recommending. In Liverpool it is sold at prices varying from 9d. to 10½d. per lb. in bottles; Mr. Wharrie's, at the highest, is only 9d. per lb. in glass." Would it be too much to inquire what might be the difference in value of the two expressions, "in bottles" and "in glass"? The distinction savours of a shop mystery.

The Doctor somewhat triumphantly calls attention to the circumstance, that "to settle the point of the superiority of Wharrie's powder in an economical sense, he has lately prepared an equally good powder at half the price of the former,—viz. 3d. per lb." This I consider a step in the right direction: it will, moreover, save Mr. Wharrie's assistants much unnecessary pounding. They have to thank Mr. White for the throwing overboard of the oyster-shells. But until that gentleman suggested the use of my powder, Dr. Skinner had found no fault whatever with Wharrie's at 9d. per lb., although he must have seen from my label, which he quotes, that under certain circumstances the Health Powder was sold at a trifle under 4d. per lb.

Dr. Skinner doubtingly surmises:—"We must suppose a sort of chemical synthesis superinduced by the powder [Condy's]—*re*composition of the organic particles." Unquestionably that is what happens, only the recomposition takes place not among the said particles themselves, but with the particles of oxygen supplied by the permanganic acid of the Health Powder. This process is commonly called oxidizing by chemists; it is a true combustion, by means of which hydro-carbonaceous and other substances are resolved into "new chemical and smelless forms;" namely, ultimate and inert products of transformation.

"I am much inclined," says the Doctor, "to accept the fact of the total annihilation of smell as a great fact, and allow those to theorise who think they profit by it." It is very obvious that if the question be circumscribed to the mere judging of smells, a good nose is all that is necessary; but this view of the subject naturally prompts the query,—Do Medical degrees sharpen the olfactories?

With an evident feeling of despondency, Dr. Skinner concludes:—"The phenomena of deodorisation are, in my estimation, not less wonderful in their effects, nor less surrounded with doubts and difficulties in their explanation, than the phenomena attending the sister action of decoloration." The Doctor, in my humble opinion, is wrong to despair of the subject; for there is some little known of the laws of decoloration. Let him, instead of giving it up, refer to Professor George Wilson's very able paper in the *Pharmaceutical Journal*, vol. xii., and study what has since been made out respecting the action of ozone. He will find Dr. Wilson classing oil-of-tar among antiseptics properly so called, and characterising it thus:—"One of the most powerful class, and very cheap, and if not used in excess, applicable as a deodorizer; but its own strong tarry smell interferes with its extensive use."

Much credit is due to Dr. Skinner for calling the attention of the Medical Profession to this subject by his original and practical papers in the *Medical Times and Gazette*; but he might have allowed Mr. White's very modest recommendation of my Powder to pass without more than the simple observation that it was objectionable on account of its causing stains on the napkins. The remedy from this inconvenience would then have been pointed out, and the Doctor would have been able to congratulate himself that there existed no longer any valid objection to the use of the permanganates, the unsurpassed deodorising and disinfecting powers of which few are better aware of than himself.

I am, &c.

London, October 26. H. B. Condy.

Fire and Loss of Life in Dublin.—Kildare-street Club-house, recently purchased by the King and Queen's College of Physicians for the purpose of making it their College Hall, was rapidly and totally destroyed by fire on the morning of Sunday the 11th inst. It was expected that the College would have entered into possession in July next, on the completion of the costly building at present being erected in the vicinity for the Club. The old Club-house was fully insured, and the lamentable event which has taken place will probably lead to the College being put in possession of a structure more suitable to their purpose than it would have been.

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REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, NOVEMBER 6, 1860.

MR. FERGUSSON, President, in the Chair.

MR. HENRY THOMPSON exhibited a specimen of

MELANOID CANCER,

developed in a common dark mole on the skin of the arm. A lady, about 60 years of age, had been the subject from birth of a black mole on the skin of the left arm. Five years ago last summer, it became swollen and irritated, when the weather was very hot; soon, however, all traces of this disappeared. Precisely the same condition existed last summer twelvemonth, and soon subsided. Again, last summer, it reappeared, the part was picked, and a little bleeding occurred; but this time the swelling and irritation increased, and has continued to do so ever since. And there was a dark-coloured swelling about as big as a large nut, moveable, being evidently seated in the skin. Two months ago the patient perceived a swelling in the left armpit, which was very painful; this rapidly increased, and filled up the armpit altogether. A consultation was held with Dr. Reynolds and Mr. Paget, and it was resolved to remove only the tumour on the arm; this was done by Mr. Thompson, under congelation by ice, which was perfectly successful. The structure was found microscopically to exhibit numerous large round and oval cells, containing each one, two or more nuclei, and many black pigment granules, indicating it as a specimen of encephaloid with melanosis.

MR. BUZZARD then related the particulars of a case of

PERFORATING ULCER OF THE STOMACH.

The patient was a girl, aged 9, who had previously been, to all appearance, in good health. One evening she was suddenly seized with violent pain in the stomach, which, however, passed off again, and she was during the early part of the night easy. The pain returned, and at half-past five next morning she died in collapse. At the autopsy the peritoneum was found intensely inflamed. Fluid from the stomach was found in the cavity of the abdomen, and was traced to an opening in the stomach at the smaller curvature about midway between the pyloric and cardiac orifices.

DR. BARLOW asked if there were no symptoms of general ill-health, and if the ulcer was strumous, or simply an ordinary perforating one. If the latter, he remarked the case would be almost unique.

MR. BUZZARD stated that the girl was well nourished, and there was no history of ill-health. No tubercle was found in the lungs.

MR. POLAND then gave the particulars of a case in which perforation had occurred, apparently suddenly, in the small intestine near the ileo-cæcal valve. The patient was a girl of about the same age as Mr. Buzzard's patient. Up to and within twelve hours of her death, she appeared to be in perfect health. There was found at the autopsy extensive peritonitis, and a perforation of the intestines occasioned by a small leaden plaything. There were strong adhesions, and the peritonitis evidently was not recent.

MR. BALLARD alluded to a specimen exhibited by Mr. Obrè, in which the perforation had apparently been caused by a worm.

MR. BUZZARD stated that in his case no worms were found. The ulcer had thick, hard edges, and was evidently chronic.

MR. CANTON exhibited a specimen of

COMMINUTED, IMPACTED FRACTURE OF THE ACROMIAL END OF THE CLAVICLE.

It was removed from an elderly woman who, having been knocked down and run over by a cab, died from the injuries sustained. The preparation showed a somewhat obliquely directed fracture to have occurred between the attachment of the coraco-clavicular ligaments and the acromio-clavicular joint. The inner fragment was wedged into the cancellated tissue of the outer one, and two small pieces of the cortex of the latter had been forced upwards to lie just above the in-driven bone. The acromial fragment was directed immediately forwards, and thus became placed at nearly a right angle to the inner one, or shaft of the bone. Mr. Canton stated that he adduced this specimen in corroboration of the opinion of Professor Smith of Dublin, who, in his work on Fractures, had shown—and in opposition to the generally-received opinion—that, when a fracture of the clavicle occurs in the above-mentioned situation, the outer portion, or fragment, is, as a rule, displaced and projects forward.

MR. P. HOLMES then showed a

CONGENITAL TUMOUR FROM THE NECK OF AN INFANT.

It was removed from the neck of an infant seventeen weeks old. It extended from below the level of the lobe of the ear, nearly to the upper border of the scapula and was growing rapidly. Its surface was reddened, and suggested the idea of its being a degenerated nævus. Its rapid growth, however, somewhat contraindicated this; and after removal the microscopical examination, as well as the general character of the tumour appeared to be those of a fibro-plastic tumour.

DR. OGLE, MR. WILLIAM ADAMS, and MR. HOLMES were desired to make a further report on the specimen.

MR. T. SMITH then exhibited specimens of

SUBCUTANEOUS NEUROMATA.

They were removed from the arm of a lady, aged between 60 and 70. They were not distinguishable in appearance before removal from the ordinary form of painful subcutaneous tumours, but one of them only was rather painful. In some instances most of the fibres of the nerve passed over the tumours, and in others through them.

MR. HENRY THOMPSON next exhibited a

CONCRETION FROM THE STOMACH.

A lady, aged 93, whose health was generally good, had had several attacks of bilious vomiting, in the last of these she had thrown up the concretion which Mr. Thompson exhibited. The specimen was sent up to Mr. Thompson by Mr. Jeaffreson of Framlingham, Suffolk, in order that the opinion of the Society might be obtained as to its nature.

MR. HENRY THOMPSON was requested to report on the specimen, in conjunction with Dr. Harley.

MR. T. SMITH also exhibited a specimen of

UTERINE POLYPUS, IN THE SUBSTANCE OF WHICH WAS A FATTY TUMOUR.

The patient had had no idea of the existence of the polypus, until three days before its removal. A fatty tumour with a distinct capsule was found in it on section.

DR. GRAILY HEWITT alluded to a specimen he had recently exhibited in which numerous distinct encapsuled fatty masses were found in a polypus uteri.

MR. WOOD then brought forward a

TUMOUR FROM THE BREAST.

He had removed it from a woman aged 44. It had been noticed about a year, and had been growing more rapidly about six months. It was at first considered to be merely an enlargement of the gland, but as it grew it became harder. On its surface were small nodules somewhat like cysts. The tumour was ill-defined at its axillary and sternal borders. The mass was moveable over the pectoral muscle, the skin was loose, and the nipple only slightly drawn in. There was one gland slightly enlarged in the axilla. On removal it was found on section to be hard and rough and almost cartilaginous in the natural position of the septa of the breast. The microscopical appearances were various, some cells looking like those of cancer, and others bearing a strong resemblance to cartilage cells.

DR. WILKS was desired to report on the specimen at the next meeting.

DR. WILKS then exhibited a specimen of

DISEASE OF THE LIVER, SPLEEN, AND KIDNEY.

He said that the condition of the specimens was one which would generally be called cancer, and, as he believed, erroneously. He had often before seen the spleen affected in a similar manner. The patient from whom the specimen was

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taken was a girl, aged 10, under the care of Dr. Gull. She had been ailing four or five months, with general cachexia and dropsy. When she was admitted, the glands of the neck were enlarged, and also the spleen and liver. There were also spots of purpura. There was no albumen in the urine. She died suddenly. At the autopsy the liver was found to be enlarged to twice its natural size. He at first thought the case would turn out to be one of lardaceous disease; but examination showed that it was not. The two kidneys weighed one and a-half pounds; they were not altered in form. The organs were soft. The lymphatic glands generally were enlarged; but in the neck the submaxillary and parotid salivary glands were also enlarged. There was in none of these parts any distinct growths. The microscope showed simple cells or nuclei—it was difficult to say which—diffused throughout. In the kidneys the tubules were found separated by these cells. Dr. Wilks then made very interesting remarks on the distinction between such a condition as this and the one to which the term cancer might with a greater degree of accuracy be applied. In his specimen there was no tumour. He alluded to other cases of this kind which had been described as cancer, and to one in which the term tumour was applied to a general enlargement of the thymus, in which, however, no distinct tumour was made out.

Dr. Wilks also showed a specimen of

OBSTRUCTION OF THE SUPERIOR VENA CAVA.

The inferior vena cava was also somewhat narrowed. The patient, a woman of middle age, had during life great œdema of the head and upper limbs; and later in her illness, of the lower limbs as well. The history obtained from her of her illness commenced with the œdema. At the autopsy, clots were found in many of the veins of the neck, as well as in the superior vena cava. There was atheromatous deposit in the right auricle. There was no inflammation of the vein itself, and no history of rheumatism.

Mr. Durham then showed parts removed in

EXCISION OF THE ELBOW-JOINT

of a girl, aged 16, a patient of Mr. Hilton's. The disease was supposed to have followed an injury to the elbow received nine weeks before. The articular surface of the humerus was covered in parts with granulations, and in others was carious. The head of the radius was also covered by granulations. The cartilages of the ulna were destroyed, and the olecranon process perforated.

Mr. Hinton then showed a specimen of

ULCERATION OF THE FIBROUS LAYER OF THE MEMBRANA TYMPANI.

The only particular of the life history was, that the patient, a man aged 48, had been deaf many years.

Mr. Holmes then read the following Report by himself and Dr. Wilks on Mr. William Adams's specimen of

TUMOUR OF THE LOWER JAW,

referred to at the last meeting of the Society. The specimen consisted of several portions of the jaw-bone, and of a tumour which had grown from its horizontal ramus, extending apparently from the angle nearly to the symphisis. The whole of the bone on the affected side had been removed, from the symphisis to the condyle. The section of the symphisis was quite healthy. The morbid growth appeared to proceed from the bone, and not only to extend outwards, but to have eaten its way into the substance of the jaw; so that all the bone had disappeared for a considerable distance, apparently from the angle to within less than an inch of the symphisis. The growth was more or less lobulated. On cutting through one of the rounded projecting lobules, the surface of the section was seen to present a uniform white colour, could be easily broken up, and thus differed from a fibrous growth, though at the same time it had somewhat of a fibrous fracture, and thus was unlike ordinary epithelioma. It emitted no juices on pressure. Thus the naked-eye appearances suggested what the microscope afterwards verified, that its structure was composed of both fibrous and epithelial elements. The combination of these two elements was probably in the form pourtrayed in Mr. Adams's sketch—a stroma of fibres arranged in a net-like manner, and containing within its meshes the epithelial formation. This was not proved with regard to the tumour as a whole, but was rather conjectured from the examination of small portions. Under the microscope it was evident that two different structures were present—the one dark and opaque, consisting of cells resembling epithelium; the other more transparent, and composed of fibres. These appeared in varying proportion in different parts, but were found in the lobular projecting masses, and deep in the substance of the bone alike. On tearing up the tissues, the fibre was found composed of the simple fibrous tissue, as well as of nucleated fibres, the latter of which might be separated into its individual elements. The cell-growth consisted of dark masses, in which the addition of acetic acid brought out large oval nuclei, lying in pretty close proximity. The boundaries of the cells in which they were contained appeared polygonal. There were also to be seen some rounded masses, resembling the laminated capsules of epithelioma, though not very perfect specimens of them. When further torn to pieces, the cells were clearly seen to be of the epithelial kind, and of all forms and sizes. No myeloid cells were seen. We consider that the presence of so large a proportion of fibre-growth is due to the deep-seated nature of the growth from bone; but that, notwithstanding the presence of so great an amount of fibrous tissue, the disease may be best classified with epithelial cancer; and that this conclusion receives much support from the total destruction of so large a portion of the bone by a tumour of so short duration of growth.

Mr. Adams stated that the wound was now healed, and that the man had left the Hospital.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, November 7, 1860.

Dr. Robert Barnes, Vice-President, in the Chair.

Dr. Richard Hodges related a case of

LABOUR AFTER OPERATIONS FOR THE CURE OF RUPTURE OF THE PERINEUM,

involving, to a considerable extent, the rectum. This case was brought forward to show how adequate the powers of Nature are to accomplish a result even under the most unfavourable circumstances. Premature labour was suggested in this case, but not adopted, and the issue proved the wisdom of the choice. The labour was not prolonged beyond four or five hours; the head of the child presented, and the cicatrices yielded to its advance, chloroform being given to further relaxation, and to relieve pain. A lateral tear, requiring a suture, occurred, which speedily united; but the central cicatrix, the result of the operations, did not give way.

Dr. Hodges also gave particulars of a case of

SPONTANEOUS EVOLUTION OF THE FŒTUS IN UTERO.

In the case related the head was the original presenting part; but, by the efforts of the uterus, the breech end of the child was so acted upon as to be depressed, and forced into the pelvis, the head being changed for the feet. At the first examination the head was distinctly recognised by its firm, round, and unyielding nature, and by the hair on the scalp; but at the second examination the feet were perceived in the upper part of the vagina, just through the os uteri, thus affording an example of the actual revolution of the child in the womb.

Dr. Hodges next related a

CASE OF VACCINATION,

where the period of incubation was one year. In May, 1854, Dr. Hodges vaccinated a little boy 3 years of age, but the arm did not rise within the usual period. In the May following, however, a vesicle spontaneously formed with an areola on the seventh and eighth days, gradually declining on the eleventh or twelfth; a permanent cicatrix, marked by pits, remaining, giving evidence of the genuine vaccine disease.

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Mr. R. Fawcett Battye, L.R.C.P. Ed., related a

CASE OF OVARIAN TUMOUR,

weighing seventy-six ounces and a-half, in a girl aged 12½ years, terminating life suddenly by asphyxia. The title of this communication sufficiently explains the nature of the case. The cause of death was due to asphyxia, arising from the unyielding nature of the abdominal walls not allowing the tumour to present itself anteriorly. Consequently the pressure was directed upwards, and pushed an enlarged liver, so that it encroached upon the right lung.

Dr. Graily Hewitt exhibited a specimen of

MALIGNANT DISEASE OF THE OVARY.

The patient, aged nineteen, had never menstruated. She was admitted into St. Mary's Hospital, under the care of Dr. Tyler Smith, and was subsequently, in that gentleman's absence, under Dr. Graily Hewitt. She had been ill for six months, and a growth had gradually extended upwards from the pelvis to above the umbilicus. She died, gradually exhausted, a month after admission. The abdomen was much distended with fluid, and a large tumour, weighing upwards of eight pounds, a portion of which was now exhibited, was found growing from the situation of the right ovary, adherent to the walls of the pelvis, and nearly filling its cavity. It was of a cancerous nature. From first to last the disease had existed (apparently at least) not more than about six months.

Dr. J. Hall Davis presented a specimen of a

DOUBLE BATTLEDOOR PLACENTA,

with a single umbilical cord, connected with one child. This placenta was removed after an easy labour at full term, the child—a male—having been born alive, and of the average size. On one of the masses having passed through the vulva, Dr. Davis examined to ascertain the reason why the cord was still fixed internally, when he discovered a second placental body in the upper part of the vagina.

Dr. Priestley showed the Casts of some Heads which had been broken up by Dr. Simpson's operation of Cranioclasm.

A paper, by Dr. W. Tyler Smith, was read, entitled

AN INQUIRY INTO THE CORRECTNESS OF THE DOCTRINE OF WILLIAM HUNTER IN REGARD TO RETROVERSION OR RETROFLEXION OF THE GRAVID UTERUS.

After giving an account of the way in which our knowlege of this displacement of the uterus has been acquired, and the opinions of ancient and modern authors, but particularly of William Hunter, upon this subject, Dr. Tyler Smith proceeded to lay down his own views, and especially to dispute the Hunterian doctrine that the chief and exciting cause of complete retroversion is retention of urine and distension of the bladder. He then went on to say: "My own attention became specially directed to the subject of retroversion of the gravid uterus in the following manner:—I attended a lady—a patient of Sir Ranald Martin—who, in the unimpregnated state, suffered from complete retroversion or retroflexion. She left this country, with the uterus retroverted, to join her husband in India. She soon became pregnant, and went the full time. The question suggested itself to me, What was the condition of the uterus in this case, after impregnation occurred? And I resolved to take any opportunities which might occur to me of answering it. I have now seen a considerable number of cases in which the retroverted uterus has become impregnated, and have carefully watched the progress of gestation under these circumstances. The result has been a conviction that the most common cause of retroversion of the gravid uterus is not to be found in the state of the pelvis, or the condition of the bladder, but in the occurrence of impregnation in the retroverted uterus, and in the tendency of the organ thus impregnated to grow and develop itself during the early months of pregnancy, in the retroverted or retroflexed position. When an ovum is deposited in the retroverted uterus, the enlargement of the organ causes a greater sense of weight and pressure in the pelvis than ordinary pregnancy. The os uteri approaches the pubis, and the fundus projects towards the hollow of the sacrum. The fundus is found to enlarge considerably when examined from time to time by the finger. At length, unless the pelvis is of very large size, the bladder and rectum are pressed upon so as to interfere with their functions, and difficult micturition and defecation, especially the former, are the results. Owing to the retention of the gravid uterus within the pelvis there is little or no increase in the size of the abdomen. There is usually a great amount of pain and discomfort in the lower part of the back, and the sympathetic affections of pregnancy are frequently more severe than usual. Abortion very frequently occurs from the mechanical irritation of the uterus." After making some further general observations to prove the strength of his argument, Dr. Tyler Smith proceeds to say,—"In conclusion, I may observe that it seems to me the great use of the knowledge of the mode in which retroversion of the gravid uterus occurs will be in the prevention of the full retroversion, or strangulation, as I have ventured to term it, of the gravid uterus in the pelvis. As long as retroversion was supposed to take place suddenly and mysteriously, little could be done to avert it; but if, as I believe, the displacement dates from the very beginning of pregnancy, in the great majority of cases, we may do much by position, and attention to the bowels and bladder, to prevent any dangerous symptoms; and, aware of the condition of the uterus beforehand, we shall be more ready to give prompt mechanical assistance when it becomes necessary to pass the hand into the vagina to carry the fundus above the brim. When retroversion has existed in early pregnancy, but has been relieved spontaneously or otherwise by the ascent of the fundus, labour takes place without any unusual difficulty. We ought, however, in the management of the puerperal state, to endeavour to prevent a return of the uterine displacement. The occurrence of pregnancy is rather favourable than otherwise to the cure of retroversion. In the latter months of pregnancy, the fœtus acts as an intra-uterine pessary; the organ is strengthened, and in the return of the uterus to the size of the unimpregnated state by the process of involution we have a better chance of curing retroversion than under any other circumstances. The abdominal bandage should not be tight enough to force the uterus into the pelvis. The patient should be encouraged to lie on her right or left side, inclining to the prone position, but avoiding recumbency. The bladder should be frequently relieved, and any violent straining during defecation avoided. She should remain in bed or on a couch longer than usual, and before resuming her ordinary duties the condition of the uterus should be ascertained; and if any tendency to a return of retroversion exists, an air pessary should be worn in the vagina as long as may be necessary to ensure a right position to the uterus. "Several other cases of retroversion of the unimpregnated uterus, followed by retroversion in the gravid state have fallen under my observation, besides those related in the present paper; but as they would only be a repetition of those already detailed, I will not trouble the Society with the particulars of them. What has happened in my own practice must necessarily have occurred in that of others; and probably it is only necessary that the matter should be understood for the production of a number of well-authenticated cases of the same kind by those engaged in obstetric practice. I must now leave it to the Society to decide whether the facts and observations which have been adduced do not prove that the Hunterian theory of gravid retroversion is no longer tenable; and whether we must not in future look upon retroversion of the unimpregnated state, which is well known to be a common affection, frequently admitting of impregnation, as the principal cause of retroversion of the gravid organ. In raising this discussion, I would yield to no one in veneration for the name of William Hunter, as being undoubtedly one of the greatest and most honoured names in Obstetric Science."

Dr. Oldham said that he had long entertained the opinion that the view of William Hunter was a mere mechanical fancy. He thought, with Dr. Tyler Smith, that the original cause of retroversion of the gravid uterus was the existence of this displacement prior to conception. Such cases were very common in Hospital practice, and they generally gave but little trouble. He was in the almost daily habit of seeing them do well without any interference beyond a little attention to the bowels and bladder. He confessed that he did not like the author's use of the air pessary, for it might do harm, and in the greater number of instances mechanical attempts at replacement were unnecessary. When he found it expedient

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to interfere, he had for some years past resorted to a very simple but effectual proceeding. This consisted in gently opening the orifice of the vagina with the fingers, so as to allow the canal to fill with air. The consequence of this proceeding was that the vagina became much distended, and then gentle pressure with the finger upon the fundus of the uterus sufficed to push this organ upwards into the normal direction.

Dr. Barnes said that he had published a lecture one year ago on this subject, in which he thought would be found many of the views brought forward this evening. He believed that a previous retroverted condition of the uterus might be the most common cause of this affection in pregnancy; but he was sure that it also sometimes happens from accident, and that it may take place suddenly. He had tried Dr. Oldham's plan of reduction in two well-marked cases, but in both the proceeding failed to be of any service. Dr. Barnes also remarked that he did not understand the principle upon which Dr. Oldham's plan could be expected to succeed.

Dr. Waller was happy to agree with Dr. Smith. His rule in these cases was to do nothing in the majority of cases, unless the bladder and rectum got distended. He had withdrawn thirteen pints of urine in one case, which had been mistaken for dropsy, and the patient made a favourable recovery.

Dr. Priestley said the effects which had been chiefly spoken of in the discussion were those which arose in the latter months; but there are other dangers which have not been noticed, and which occur in the earlier periods of gestation; especially there was the danger of abortion about the third or fourth month, and it was worth considering whether these abortions could not be prevented. Dr. Tyler Smith had also recommenced air-pessaries, but Dr. Priestley had no experience in their use. There was often no difficulty in replacing the uterus by the finger; but it very often happened that directly the patient got up, the uterus fell back again into its abnormal position.

Dr. Tyler Smith having replied to the various observations which had been offered, the Society adjourned.

OBITUARY.

MR. RICHARD TURNER, OF TUNBRIDGE WELLS.

(*From a Correspondent.*)

In a Profession second to none for works of charity, conversant with the mysteries of Nature, and commissioned to heal disease, it is remarkable that so little credit should be obtained for Christian character as to render it a familiar proverb,—"Ubi tres Medici, ibi duo Athei." We would fain hope that unobtrusive practical piety is generally preferred by our working body to the cloak of empty profession; yet there is danger that by an opposite extreme we may deny our Master, rather than openly confess Him before men.

Among those whose exemplary walk and useful life deserve commemoration few have been more deeply deplored in death, as beloved while living, than Richard Turner, of Tunbridge Wells, who died on October 20, at the early age of 44.

The seeds of sound religious principle had been early sown, and, out of an honest and good heart, already brought forth fruit abundantly when Richard Turner was a student of no common order at Guy's Hospital. Never to be allured from the strictest paths of virtue, regular in his duties, notable for unwearied application, at once gentle and cheerful in disposition, with an uncompromising abhorrence of aught that was low or frivolous, Turner commanded admiration from the wise and good; while by perfect amiability and undeviating consistency, the passing jeer was utterly disarmed. Of retiring habits, and a remarkable modesty, rather straitened circumstances lent the lustre of frugal habits and chastened temper,—he was accommodating and unselfish, respectful and respected.

The Senior Prize in Midwifery crowned a career of Hospital study eminently meritorious, and a brief service in private practice at Tottenham followed immediately on his obtaining the qualifications of College and Hall. An engagement in partnership was soon after made with the late Mr. Rix, of Tunbridge Wells, whose uncertain health left the chief conduct of practice to his junior. It was now that previous preparation proved its worth, and a career of usefulness commenced, extending far beyond the positive limits of Professional duties. With staunch devotion to the Church, Turner combined a fervour embracing all available means for the diffusion of Christian knowledge, and an enlarged philanthropy, ever studious to elevate and humanise all within its reach.

It is unnecessary to instance the various means presented to one in our Profession so situate and so inclined. The several clergy with whom he co-operated, and various useful societies, formed or fostered under his guidance, may best enumerate the services rendered with so much zeal for many years. He would remark that the numerous passages of Scripture in which a blessing is promised upon care of the poor are singularly encouraging. Of his own unwearied kindness and attention a pleasing testimony was afforded not long since, when Mr. Turner was presented with a handsome testimonial from the poor, assisted by their wealthier neighbours, on resigning the Medical charge of Frant, which he had held for some years.

A personal regard for things sacred, together with methodical arrangement, will seldom fail to secure that proper understanding with patients, by which the M dical man also may find his day of rest—broken though it will be, and often devoted to works of charity—sanctioned by the Highest example, when faithfully wrought. In this respect, particularly, Turner was most observant, and valuing above all those sacred hours, whether in the sanctuary or in his Master's service.

With engagements thus numerous, it was no light task to support and train a growing family with that scrupulous care which might be expected at such hands, while so much public good was accomplished; yet every domestic virtue was fully cultivated, the keenest trials meekly borne, practice extended, patients became friends, and that mutual relationship, so honourable to our Profession, was thoroughly established, by which the finest qualities are elicited, and those higher attributes of mercy, twice blessed, come to be acknowledged in the worthy ministration of our Art.

Hargreaves, the liberal and beloved, had ceased his career, and new ground was open; public appointments, with extended practice, promised large reward, when signs of an overwrought system, showing themselves at intervals, dimly ushered in the last brief illness, which left nothing for him, to use his own expression, but "to lie down and sleep in Jesus."

> "All must to their cold graves;
> But the religious actions of the just
> Smell sweet in death, and blossom in the dust."
> *Izaak Walton's Life of George Herbert.*

Should any object that, by this natural desire to sprinkle some few flowers on the tomb of friendship, eulogy supersedes biography, it may suffice to reply that, although the half is not said, yet these lineaments are faithfully drawn, and may be sufficient for us to copy, if willing to go and do likewise.

MEDICAL NEWS.

University of London.—The following is a list of Candidates who have passed the late Second Examination for the Degree of Bachelor of Medicine:—

First Division.

Bartleet, Thomas Hiron, Queen's, Birmingham, & King's Colleges
Bracey, Charles James, Queen's, Birmingham, and King's Colleges
Braithwaite, James, Leeds School of Medicine and Guy's Hospital
Cayley, William, King's College
Cooke, John, St. Thomas's Hospital
Easton, John, King's College
Gervis, Henry, St. Thomas's Hospital
Gibson, Francis William, B.A., University College
Grabham, Charles, St. Thomas's Hospital
Harley, John, King's College
Sims, William, King's College
Smith, Eustace, University College
Watson, William Spencer, King's College
Watts, Robert, University and Bengal Medical Colleges
Weaver, Fred. Poynton, Liverpool Infirmary and Guy's Hospital
Winslow, Henry Forbes, King's College
Winterbotham, Washington Lafayette, University College
Woakes, Edward, St. Thomas's Hospital.

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Second Division.

Hickman, William, University College
Lever, Reginald Croft, King's College
Pile, William, University College
Ringer Sydney, University College
Rutter, Joseph, University College
Saunders, George James Symes, King's College.

ROYAL COLLEGE OF SURGEONS.—At a meeting of the Court of Examiners on the 9th inst. the following gentlemen were reported to have passed their Primary Examination in Anatomy and Physiology to the satisfaction of the Court:—

Ashford, E. C.
Benson, J. H.
Brown, F. W.
Brumwell, J. R.
Caldwell, S. J. B.
Climo, W. H.
Colah, Muncherjee Beramjee
Eaton, F. B.
Fisher, S. W.
Goodall, Henry
Gray, A. C.
Harrison, John
Hensman, F. H.
Hirst, S. C.
Ironside, William
Junker, F. E.
Lewis, Frederick
Martin, J.
Milligan, Percy
Mitnish, H. W.
Olive, E. H.
Price, R. C.
Rayner, William
Rayner, T. V.
Rouse, L. R. H.
Rouse, T. M.
Somerville, W. H.
Stevens, W. E.
Sutton, C. F.
Swabey, Samuel
Watson, Forbes
Waylen, C. W.
Wilson, W. J.
Winter, Robert
Yeo, J. B.

The following gentlemen, also, having undergone the necessary Examinations for the diploma were admitted Members of the College at a meeting of the Court of Examiners on the 13th inst., viz. :—

Batho, William, Amesbury, Wiltshire
Bennett, Charles Henry, Hammersmith
Bentham, Augustus Lawsons, Portsmouth
Buller, Edwin, Jersey
Clarke, Sidney Edward, Armathwaite, Cumberland
Corin, William John, Redruth, Cornwall
Dunn, George Carr, Kensington-park-gardens
Freeman, Delamark, Kennington
Gannon, John Palmer, Oxford
Goldie, George, Blyth, Northumberland
Harding, George Daniel, Woolwich
Hovell, Charles Henry John, Canterbury
Jeffery, Edward, Exeter
Jones, John, Brighton
Junker, Ferdinand Ethelbert, London
Kerswill, George, St. German's, Cornwall
Langdon, John, Yeovil, Somerset
Pattinson, Robert, Wiggonly, Cumberland
Phillips, George Griffith, Newcastle Emlyn
Scott, Frederick Beaufort, Cheltenham
Smith, Richard Wagstaff, Nova Scotia
Wadley, Weston Erskine, Plymouth
Ziervagel, Jeremias Fredrik, Cape of Good Hope.

APPOINTMENTS.

HEATH.—Mr. Christopher Heath, F.R.C.S., has been appointed Surgeon to the West of London Hospital, Hammersmith.

PROCTOR.—At a Special Meeting of the General Committee of the Birmingham and Midland Eye Institution, held on November 1st, Sidney E. Proctor, L.R.C.P., etc., etc., formerly Resident Surgeon to the Kent County Ophthalmic Hospital, Maidstone, was appointed Resident Surgeon to this Charity.

SIMPSON.—Mr. Simpson, formerly Surgeon to the Western General Dispensary, and Surgeon to the Western Educational Vaccine Station, nominated by the Privy Council, has been appointed Teacher of Vaccination under the new regulations of the Medical School of University College, at the Tottenham Court Chapel Station.

DEATHS.

BURMAN.—November 4, suddenly, in a fit of apoplexy, Smith Burman, of North Brink, Wisbeach, Cambridgeshire, L.S.A. Lond., aged 50.

HART.—November 1, in Northumberland-square, North Shields, William Hart, M.R.C.S. Eng., L.S.A. Lond., aged 43.

PURTON.—Recently, Astley Purton, of Alcester, Warwickshire, M.D. Edin., M.R.C.S. Eng., aged 48.

RADCLIFFE.—November 5, Samuel Radcliffe, of Leeds, M.R.C.S. Eng., L.S.A. Lond., aged 58.

TAYLOR.—October 30, at Tamworth, Joseph Taylor, late of Appleby, Leicestershire, M.R.C.S. Eng., aged 69.

THOMPSON.—November 8, Henry Thompson, of Baptist Mills, Bristol, (in practice prior to 1815), Surgeon in the Army aged 75.

THOMPSON.—October 31, John Thompson, of Blanchland, Riding Mill, Northumberland, L.S.A. Lond.

THE SKELETON OF "ECLIPSE."—Professor Gamgee has secured for the New Veterinary College the bones of this noble animal, at a cost of one hundred guineas. The skeleton has for nearly seventy years been in the possession of the illustrious Bracy Clark. Its high intrinsic value depends on "Eclipse" being regarded from his great fleetness and power of endurance, as the finest type of a blood-horse ever born. From the blood of this horse are derived all the most renowned performers of the present time, and it was from the skill and talent displayed by Sainbel in dissecting this horse, and publishing a memoir on his unrivalled proportions, that ensured him the support in founding the Royal Veterinary College of London. Large sums have been offered for this remarkable skeleton, and, amongst others, sixty guineas by the Royal College of Surgeons of England. Mr. Bracy Clark, the first student of the London College, received the bones from Sainbel himself, and has justly said of them that "they may be securely referred to as an unexceptionable model on which to calculate speed in horses."

JOURNEYMEN BAKERS.—What is the baker's state of health? What is his chance of life? What ought he to do in his particular circumstances? The tables of Friendly Societies tell us that bakers stand fifth on their lists. There are four trades that are more sickly, and nineteen that are less so. During the period of relief in sickness, in other words, from 20 to 70 years of age, the bakers claim for 178 weeks of sickness; that is, nearly three years and a-half of such illness as renders them unable to work. The very most burdensome class is that of the potters, who are ill for 333 weeks of the same period; and the best are the clerks and schoolmasters, who claim for 48 weeks, or less than a-year. But these figures do not show the full strength of the case. The clerks and schoolmasters are, in large proportion, living at nearly or quite the end of the term; whereas the potters were, for the most part, dead in a few years from the outset, and the bakers disappear, on an average, before the middle of the term. Those who live for ten years of the time have fewer weeks of chargeable sickness; and those who live 30 have more; and the computation made is the average; but if the term were not from 20 to 70, but from 20 to 50, the bad case of the potters and bakers would be seen to be very much worse than it now appears.—*Once a Week.*

GUM-MASTIC.—M. Landerer, Pharmacien to the King of Greece, states, that how ever this substance may be forgotten among ourselves, it is much employed as a medicinal agent in the East. Northern Africa is especially the country of mastic, or, rather, of the *pistacia lentiscus*, which produces it. It is also met with in some of the islands of the Greek Archipelago, particularly Chios, which is hence called by the Turks "the Mastic island." It is in Chios alone that the plant is not neglected; and hence comes all the mastic of commerce, the villages in which it is collected being termed "*masticochóra*," or mastic villages. Incisions are made in the tree by means of small knives, in June, and the mastic, exuding and drying on the plant, is collected in August. The smallest tears, which are white and transparent, are consigned to the ladies of the Sultan's harem, who kill time in chewing it—whence the name *mastic*, from the Greek verb *massaomi*. This "seraglio mastic" costs three or four times the price of the ordinary gum, which is also used in the preparation of various sweetmeats. An infusion of mastic is employed in the infantile cholera, of which many children die about the period of dentition; and the Greeks employ the mastic, mixed with bread and red wine, to make cataplasms, which are applied to the belly. Mastic is always a dear article, costing at Chios from 200 to 300 piastres the oke (40 okes are equal to 112 lbs.); but it is only adulterated by that which is older, and has, consequently, lost its transparency, odour, and taste. Its mastication is quite a general habit, and the poor have recourse to another vegetable production, called *pseudo-mastic*, consisting in gummy excretions found between the leaves of the calyx of the *atractilis gummifera*, a rather common plant in Greece and the rest of the East. It is singular that the wood of the *lentiscus* is always used for tooth-picks, as in the time of the Romans, who called them *dentiscalpia*, or *cuspides lentisci*.

THE QUEEN *v.* THE BRANCH MEDICAL COUNCIL FOR ENGLAND.—Mr. Lush, Q.C (with Mr. H. T. Cole) recently moved for a rule calling upon the Branch Council for England of the General Council of Medical Education and Registration of the United Kingdom to show cause why a *mandamus* should not issue commanding them to cause the name of Thomas Goulden to be entered in the Register. Mr. Goulden was in practice before August 1, 1815, and he claimed to have his name inserted in the Register, under the 18th section of the Medical Act (the 21st and 22nd Victoria, cap. 90), which

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enacted that "Any person who was actually practising Medicine in England before August 1, 1815, shall, on the payment of a fee to be fixed by the General Council, be entitled to be registered on producing to the Registrar of the Branch Council for England, Scotland, or Ireland, a declaration according to the form in the Schedule (B) to this Act, signed by him, and upon transmitting to such registrar information of his name and address, and enclosing such declaration as aforesaid." The applicant stated in his affidavit that he was bound apprentice on August 20, 1810, and served till he was twenty-one years of age—viz., till October 30, 1814, when he came of age, and commenced practice. The Medical Council did not dispute the fact that the applicant was in practice before August 1, 1815, but they said he was not of age at the time. That, however, he (Mr. Lush) contended was wholly irrelevant matter. Mr. Justice Hill inquired whether there was any law which prevented him from practising before he was of age? Mr. Lush said there was not. The 55th George III., cap. 194, contained an enactment that no one, after the passing of that Act, who had not been in practice before August 1, 1815, should receive a licence from the Apothecaries' Company till he was twenty-one years of age, but it preserved the rights of those who had been in practice before August 1, 1815. The Council did not dispute that the applicant was in practice before August 1, 1815, but they said that, from the evidence laid before them, they were not satisfied that he was of age. The applicant did not know what information the Medical Council possessed, but he produced before the Court evidence to show that he was born on October 30, 1793, and consequently came of age on October 30, 1814. Lord Chief Justice Cockburn said the Court could not try that question. Mr. Justice Blackburn asked whether there was any question about the party being in practice in his own right. Mr. Lush said the only answer made was, that he was not shown to be entitled to be on the Register, as he was not of age on August 1, 1815, which, the learned counsel contended, was a wholly immaterial question. Lord Chief Justice Cockburn: You may take a rule. Rule *nisi* granted.

IS ARSENIC EATEN IN STYRIA?—At the ordinary meeting of the Manchester Philosophical Society, held on October 30, Dr. J. P. Joule, President, in the chair, a paper was read by Dr. H. E. Roscoe, entitled, "On the Alleged Practice of Arsenic-eating in Styria." Professor Roscoe, being anxious to obtain definite information respecting the extraordinary statements of Von Tschudi, quoted by Johnson in his "Chemistry of Common Life," that persons in Styria are in the habit of regularly taking doses of arsenious acid, varying in quantities from two to five grains daily, was supplied through the kindness of his friend Professor Pebal, of Lemberg, with a series of letters written by seventeen Medical men of Styria, to the Government Medical Inspector at Grätz, concerning the alleged practice. After reviewing the opinions of Dr. Taylor, Mr. Kesteven, and Mr. Heisch, upon the subject, and having mentioned the results and conclusions arrived at by those who had previously interested themselves with the subject, Mr. Roscoe stated that all the letters received from the Medical men in Styria agree in acknowledging the general prevalence of a belief that certain persons are in the habit of continually taking arsenic in quantities usually supposed sufficient to produce death. Many of the reporting Medical men had no experience of the practice; others describe certain cases of arsenic-eating which have not come under their personal notice, but which they have been told of by trustworthy people whose names are given; while others, again, report upon cases which they themselves have observed. Professor Roscoe proceeded to bring forward, in the first place, evidence bearing upon the question,—Is or is not arsenious acid, or arsenic in any other form, well known to and distributed among the people of Styria? He said that he had received six grains of a white substance forwarded by Professor Gottlieb, of Grätz, accompanied by a certificate from the district judge of Knittelfeld, in Styria, stating that this substance was brought to him by a peasant woman, who told him that she had seen a farm-labourer eating it, and that she had given it up to justice to put a stop to so evil a practice. An accurate chemical analysis showed that the substance was pure arsenious acid. Extracts from many of the reports of the Medical men were then read, all stating that arsenious acid, called "Hidrach" by the Styrian peasants, is well known and widely distributed in that country. The second question to which Mr. Roscoe sought to obtain an answer was whether arsenic is or is not regularly taken by persons in Styria in quantities usually supposed to produce death? The most narrowly examined and, therefore, the most interesting case of arsenic-eating, is one recorded by Dr. Schäfer. In presence of Dr. Knappe, of Oberzehring, a man thirty years of age, and in robust health, ate on the 22nd of February, 1860, a piece of arsenious acid weighing 4½ grains; on the 23rd another piece weighing 5½ grains. His urine was carefully examined, and shown to contain arsenic; on the 24th he went away in his usual health. He informed Dr. Knappe that he was in the habit of taking the above quantities three or four times each week. A number of other cases, witnessed by the Medical men themselves, of persons eating arsenic were then detailed. Dr. Holler, of Hartberg, said that he and other persons, named in his report, guarantee that they are together acquainted with forty persons who eat arsenic; and Dr. Forcher, of Grätz, gives a list of eleven people in his neighbourhood who indulge in the practice. Professor Roscoe did not think it necessary to translate the reports *in extenso*; he gave extracts containing the portions immediately bearing upon two questions at issue, and deposited authentic copies of the original reports with the Society for the purpose of reference. He concluded that decisive evidence had, in his opinion, been brought forward, not only to prove that arsenic is well known and widely distributed in Styria, but that it is likewise regularly eaten, for what purpose he did not at the moment investigate, in quantities usually considered sufficient to produce immediate death.—*Mechanics' Magazine.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, November 10, 1860.

BIRTHS.

Births of Boys, 890; Girls, 801; Total, 1691.
Average of 10 corresponding weeks, 1850–59, 1685·6.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	580	504	1084
Average of the ten years 1850–59	550·0	533·7	1083·7
Average corrected to increased population..	..	..	1192
Deaths of people above 90	..	1	1
Deaths in 15 General Hospitals	26	17	43

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	7	13	1	5	2	5
North ..	490,396	1	12	5	1	7	6	4
Central ..	393,256	..	6	10	1	11	3	4
East	485,522	1	15	9	3	9	4	4
South ..	616,635	1	9	10	6	12	6	8
Total.. ..	2,362,236	5	49	47	12	44	21	25

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30 114 in.
Mean temperature	40·1
Highest point of thermometer	51·7
Lowest point of thermometer	29·5
Mean dew-point temperature	37·6
General direction of wind	E.
Whole amount of rain in the week	0·18 in.

TO CORRESPONDENTS.

Dr. Cregeen.—Dr. Brown-Séquard lives in Wimpole-street.

Medicus.—Allen and Hanbury, Savory and Moore, Corbyn and Co., and many other houses, might be named.

A Constant Reader.—Next week.

M.D.—The letter has been sent to Mr. Churchill, who will no doubt take the subject into consideration.

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Rus.—The difference between two Chemists is said to be defined by two female names—one is Anne Eliza, the other Charlotte Anne.

The New Sydenham Society's Year-book.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your review of the Sydenham Society's Year-book you observe of the Reports collectively, that in your opinion they are "too short, and overcrowded with irrelevant matter—that some are positively illiterate and badly composed; and all much too late." Let me reply for my own share to these charges. 1st. If the reports are too short, want of space prevented their being longer. 2nd. As to being late, my manuscript was sent in early in January of this year. 3rd. I should be glad to have instances pointed out where my reports are crowded with irrelevant matter; I take leave to doubt that you can find such. 4th. As to illiterate and bad composition, it seems to me you should give proof that mine are open to the charge, if you mean it to apply to them. Only remember in common fairness that graces of style are scarcely to be looked for in a work where the need of condensation is ever urgent upon the compiler. Some errors of the press are, I fear, unavoidable, as I know that one cannot depend on the corrections of the revise being always carried out. The names Beau and Oppolzer, at p. 236, I am pretty certain I corrected in the index, as I can show you I did in the text, by some proof-sheets I happen to have kept. For the plan of the Year-book I must say I am not responsible: I worked simply according to my instructions.

With all its defects, I venture to believe that the members of our Society will find the Year-book a work of no small utility; and I cannot but think it a pity you should have allowed yourself to write that an "unreliable" work is "palmed off upon our good nature and credulity," when on the next page you say you "cannot at present decide whether even these reports (Medicine, Surgery, and Forensic Medicine) are thoroughly reliable or not." If you do not know them to be untrue, why speak of them as if they were? I am, &c.

33, Albion-street, Hyde park, W., Nov. 10. C. Handfield Jones.

[If Dr. Jones will read the Review again, he will see that the Report on Medicine is spoken of in different terms to other Reports. We specially pointed out parts that were unreliable and parts that we had not thoroughly examined.—Rev.]

The Year-book.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the last week's number of your Journal there appears wha purports to be a Review of the First Vol. of the New Sydenham Society's Year-book; but what some persons might be inclined to call by another name. The "Reviewer," I am glad to see, has done his part too well, for no intelligent member of the Profession can read the article in question without being convinced that its author sat down, not only with the intention of writing an unfavourable review, but also, that he experienced considerable difficulty in finding what he wanted; and was driven to the titles and typographical errors for materials. Even then, it does not seem that he has been over fortunate, for many of his so called mistranslations, are, as he justly remarks, not translations at all; nor, I may add, were they ever intended to be looked upon as such, being in reality brief statements of the "sum and substance" of the paper or work. This is specially the case where no abstract is given. Thus, for example, Engert—"On Animal Buds and Cells," is, says the critic, translated "Histology." A man must indeed be fit for a lunatic asylum if he imagines that the word Histology is meant as a translation of the title It simply means that it is an histological paper; and so it is with the rest of your critic's "extraordinary versions," which were purposely adopted in order to save space. Next, as regards the typographical errors, how ingenuous he is! Czermak's name is corrected in the list of errata; and "an entozoa," which he gives as a "specimen of the reporter's appreciation of the Greek tongue," he does not deign to remark is followed by "the entozoon" four lines further down.

How unfortunate, too, he is with his errors in the text. Thus, the learned critic quotes, "the addition of nitric acid rendered it again transparent, and caused it to effervesce with the disengagement of ammonia," and adds, "were a Medical Student to state this in his elementary examination, he would certainly be rejected." Pretty language for a critic to use when he has not troubled himself to look at the original. For his especial benefit I shall, however, transcribe Dr. Fleming's own words—"but again became muddy when the boiling temperature was reached, recovering its transparency on the application of nitric acid, at the same time effervescing with the escape of a large amount of ammonia." This your Reviewer will find a few lines from the bottom of page 8, *Dublin Hospital Gazette*, January 1, 1859 "And so we might go on (quoting your critic's own language), pointing out error after error, but we are tired with the ungrateful task."

One more remark, and I shall stop. The following is, I think, the climax of the reviewer's invective:—"Thus what 'Harley said' in a discussion (p. 107) should, in our opinion, not have been introduced into a report of this kind. Such traits of vanity we meet with in other places, and particularly in some very improper foot-notes: they spoil and destroy the objective nature of the report." The discussion here alluded to was after the reading of Mr. Spencer Wells' paper on the Treatment of Tetanus by Woorara, and in the Report you may find that Harley's name comes after Spencer Wells', and after Harley's comes Sibson's, and after Sibson's comes Radcliffe's. So it is difficult to understand the meaning of the words "traits of vanity." Ought all the speakers' names to have been mentioned, and Harley's left out? Such, at least, appears to be the opinion of your gentle-minded reviewer. I am, &c.

One of the Editors of the New Sydenham Society's Year-Book.

Precedence of Doctors and Physicians.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Having seen a letter from a correspondent, signed "Griffin," in the *Medical Times and Gazette* of last week, asking for information regarding the "Precedence of Doctors and Physicians," I have the pleasure of informing him that he is quite correct in his belief "that no mere *Physician* is here meant, but a *bona fide* University Doctor of Medicine," as the following quotation will clearly show, which I have taken from the "Tables of Precedency" given in Maunder's "Treasury of Knowledge." After the Serjeants-at-Law come "Doctors of Divinity, of Laws, and Physic of the British Universities." Here, then, we have the word "University" actually mentioned; there can therefore be no doubt as to what is meant by the word "Doctors." I am, &c.

Regent's-park, Nov. 12. Argent.

Abuse of Self-Support.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I send you the enclosed card to show what Self-supporting Dispensaries will come to unless they are properly taken up by the Profession and properly regulated. I am, &c.

A Supporter of Self-Support.

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No. of Case _____ 1860.

W. SMITH, *Sec.*

N.B. Please to bring this Card or send it if you require Medicine.

COMMUNICATIONS have been received from—

Professor Simpson; Dr. Goodfellow; Dr. Cotton; Dr. Hobson; Registrar General; Dr. Handfield Jones; Dr. E. Lee; Mr. Sharman; Mr. H. Smith; Dr. Anderson; Dr. Wollaston; Dr. Dickson; Dr. Power; Dr. Harley; Mr. Condy; Registrar-General, Scotland; Secretary of the Royal Humane Society; Mr. E. Lane; Mr. Workman; Mr. Fortescue; Mr. Frith; Mr. Hamilton; and Mr. Longhurst.

APPOINTMENTS FOR THE WEEK.

November 17. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

19. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Lettsomian Lectures: On Medicine, By Dr. Charles J. Hare—"Practical Observations on some of the Points of Difficulty in the Investigation and Diagnosis of Tumours and Intumescence of the Abdomen."

20. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m. Council Meeting at 7½.

21. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

22. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

King's College Medical Society. Mr. Francis Mason "On Lithotomy."

23. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) at 2 o'clock:—

By Mr. Fergusson—Hare-lip; Club-Foot (two cases); Examination of Diseased Femur; Resection of Knee.

Westminster Hospital.—The following Operations will be performed on Tuesday next:—

By Mr. Holt—Sudden Dilatation of Stricture; Aneurism of Carotid Artery.

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Beware of the Fraudulent and Piratical Assumption, by unprincipled persons of the word "CHLORODYNE" to base and injurious compounds, made in imitation of, or substituted for,

DR. J. COLLIS BROWNE'S

(M.R.C.S.L., Ex-Army Medical Staff)

CHLORODYNE.

(Entered at Stationers' Hall.)

From J. M'Gregor Croft, M.D., M.R.C.P., London, late Staff-Surgeon to H.M.F.—*November* 26, 1859.

"Sir,—After prescribing Dr. J. Collis Browne's Chlorodyne for the last three years, in severe cases of Neuralgia and Tic Douleureux, I feel that I am in a position to testify to its valuable effects. Really, in some cases, it acted as a charm when all other means had failed. Without being asked for this report, I must come forward and state my candid opinion that it is a most valuable medicine, and I have recommended several Chemists in this neighbourhood not to be without it for prescriptions."

From R. Crothers, M.D., Surgeon Royal Tyrone Artillery.

"For some months past I have been using Dr. J. Collis Browne's Chlorodyne, and have been much pleased with its action as a sedative and anti-spasmodic."

From G. Gibbons, M.D., Army Medical Depôt, Calcutta.—*May* 15, 1858.

"I have much pleasure in bearing testimony to the efficacy of Dr. J. Collis Browne's Chlorodyne, having suffered very severely for a week from Diarrhœa. Two doses completely cured me, without causing the depression which is invariably caused by opiates."

From "The British American Journal."

"From what we have seen of its effects (Dr. Collis Browne's Chlorodyne), we must say that it is a very valuable Anodyne, and in many respects for internal administration superior to any of the ingredients which, according to the 'Chemist and Druggist,' are said to enter into its composition. We have no doubt that Dr. Browne placed the formula in the hands of Mr. J. T. Davenport, 'the sole agent and manufacturer from the first.'"

From "The Medical Times."

"To the Editor of the Medical Times and Gazette.

"Sir,—In reply to an inquiry made by your correspondent, who subscribes himself 'Nota Bene,' whether any cases of benefit from 'Chlorodyne' have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate Opium, Hyoscyamus, or Belladonna, and in despair almost I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He took only two doses, which acted so well that he compared his feelings to being transported to Paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bed-time, feeling secure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.

"I am, &c.

"Thomas A. Henderson, M.D., L.R.C.P.,
"Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23, 1857."

From Jas. T. O. Johnston, M.D., Staff-Surgeon Major, Principal Medical Officer to the General Hospital, Parkhurst, Isle of Wight.—*September* 6, 1860.

"Sir,—I have much pleasure in bearing testimony to the valuable effects of Dr. J. Collis Browne's Chlorodyne. I have used it for the last six years, and found it most useful as a sedative and anti-spasmodic. In many cases of advanced phthisis it has been of marked service in allaying the cough, and producing tranquility without any of the unpleasant symptoms which generally follow the use of opium. I have also found it very useful in cases of *delirium tremens* and severe cases of neuralgia."

CHLORODYNE.

J. T. DAVENPORT begs to direct attention to the disgraceful and fraudulent practice of certain parties who apply the term "CHLORODYNE" to compounds of THEIR OWN MANUFACTURE, WELL KNOWING that the word is SPECIFICALLY applied to a REMEDY SOLELY DISCOVERED and INTRODUCED by Dr. J. COLLIS BROWNE, M.R.C.S.L. (late Army Medical Staff), the formula of which is confided to J. T. DAVENPORT, and NONE other;—hence the assumption of the title, claim to discovery, or manufacture of CHLORODYNE by any other persons is a direct palpable deceit and imposition.

The Medical Testimony published on the extraordinary properties of this Remedy is exclusively applied to

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OPINION OF

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Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague. "I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best Medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regard genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

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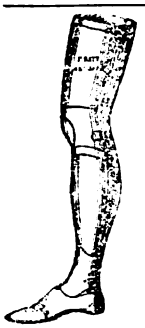

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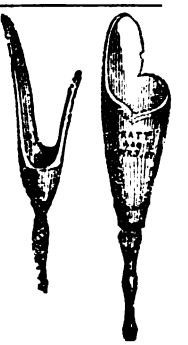

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Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

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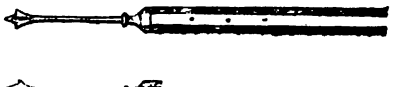

Spratley's Vaccinator, see the "Medical

Times," and "Lancet," November 3rd. The most efficient little Instrument ever invented: made only by W. Matthews, Surgical Instrument Maker to King's College Hospital, 8, Portugal street, W.C. Catalogues of Instruments gratis.

Dinneford's Pure Fluid Magnesia, now

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"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

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attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible. Also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, etc.) Also to his Liq. Taraxici, Liq. Galli Aparinis (a valuable alterative), Liq. Paristariæ (diuretic), and Liq. Belæ (prepared from the Ægle Marmelos, or Indian Bael), for dysentery and diarrhœa. W. T. has a large supply of INDIAN BAEL on hand. 2, Edwards-street, Portman-square.

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GENTLEMEN,—We beg to call your attention to the following paragraph by "*F. Cheyne, M.D., Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"—

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol.* I. *p.* 319.

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To Students and others.—You will do

well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch. Dissecting Cases complete from 10s.

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OCTOBER BREWINGS of this Celebrated Ale are now arriving in casks of eighteen gallons and upwards. Our stock of Ale in bottles is in good condition. Barclay's Porter and Stout in bottles and casks, may also be had of

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PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.

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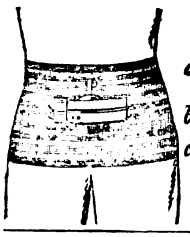
is constructed on a principle which secures the required support without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for



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c charged, every article being of the very best quality. Measures required: Circumference at *a*, *b*, *c*; depth, from *a* to *c*. Priced & Illustrated Catalogues on application to E. HUXLEY, 12, Old Cavendish-street, Oxford-street, W.

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32, Soho-square, London, W., October 22, 1860.

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It is particularly requested that claims for the Registration of first, or additional Qualifications, and notices of Alteration of Residence, may be sent to this Office as soon as possible.

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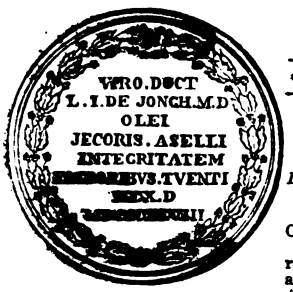

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Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

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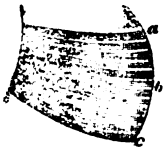

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ORIGINAL LECTURES.

LECTURE

ON A CASE OF

PHTHISIS PULMONALIS,

IN WHICH AMPUTATION OF THE FOOT HAD BEEN PERFORMED,

DELIVERED AT

The Grosvenor Place School of Medicine,

On Saturday, November 3, 1860,

By Dr. RICHARDSON.

[Reported by Mr. SCHOFIELD.]

In bringing this case before the class, Dr. Richardson remarked: You are aware, Gentlemen, that during this year we intend to meet every Saturday morning, to conduct a demonstration of disease, either from the living subject, or from some post-mortem specimen derived from a case with the history of which we are familiar. I shall sometimes perform this duty, while at other times it will, I hope, be undertaken by one or other of my colleagues. I shall never come before you with the mere notes of a case ready prepared, simply to read them out; but I shall on every occasion, when we have a patient, take from the patient, as far as he can give it, the history of his case at the time he is before you. You shall hear his own account, and, as we follow out the diagnosis, you shall take down in a note-book, specially retained for this purpose, deliberately and carefully, every fact exactly as I record it in my own journal. Now, the patient before us on the present occasion is a young man, twenty-one years old. He tells us that he is a lever-escapement maker, and has been much confined at his business in-doors,—a very important point always to elicit, this one of occupation. He has been ill four years; and we learn from him that his father died from an accident, that his mother is living and well, and that there is no special hereditary taint in his family. His habits have been temperate; his face, you will observe, is expressive of debility, and his body is deficient in flesh.

On the 21st of November, 1856, having been previously in good health, he was seized with giddiness, while sitting at his work, and fell off his stool insensible. He remained ill with brain symptoms for fourteen days, but eventually recovered. He took cold a fortnight afterwards, and then commenced to suffer from cough. From this time for twelve months he suffered from hacking-cough, which did not keep him from work, but was attended with night perspirations and loss of flesh.

On the 24th of July, 1857, he got a sprain in the left ankle, and the joint afterwards took to swelling, very slowly, with great pain and hardness. This rendered him more restless and anxious even than the cough.

On October 16, 1857, he was admitted into St. Bartholomew's Hospital, under Mr. Lawrence; he remained there nine months, during six of which he was in bed. Within one week after his entrance into the Hospital hæmoptysis came on and continued at intervals for a month, after which it subsided.

The foot was first treated by leeching, afterwards by poultices, which were continued for six weeks, and then a point having appeared anteriorly, an incision was made, but nothing followed.

Internally he had a mixture for his cough, and cod-liver oil, with good diet.

On three different occasions amputation of the foot was contemplated, but each time the operation was deferred owing to existing disease in the lungs.

He was discharged at the end of nine months uncured.

The patient then passed under the treatment of a Homœopathic Practitioner, who put the foot in a heavy iron-splint (which weighed six pounds) with an adjusting screw; by means of the screw attempts were made every fourteen days at extension.

The joint, during this time, was more enlarged than ever, and presented four open wounds. The main treatment consisted in endeavouring to put the foot straight, the toes being directed somewhat downwards. A liniment was also used for the foot.

He was subjected to these measures for twelve months, during which time he grew worse, the cough increased, there was more expectoration, the night-sweats were much aggravated, and for many nights he lay entirely sleepless from pain in the joint.

On November 25, 1859, he was admitted to the Royal Infirmary for Diseases of the Chest, under my care; the cough was then very severe; there were evidences of tubercle in both lungs, and the tubercular crepitation in the apex of the left lung was large and moist. The left ankle was entirely disorganised: on the anterior surface were four deep and wide sinuses, which communicated with the articulation.

The heavy boot was withdrawn; as much exercise out of doors as possible was ordered; cod-liver oil and one grain of quinine were given three times a-day; and five grains of gallic acid with one-third of a grain of morphia every night—with full diet.

He continued under this treatment until February 1st, 1860, the lung disease not becoming materially worse, but the anxiety from the pain in the foot, together with the discharge, were increased.

On the 2nd of February, 1860, Mr. Wm. Adams saw the case in consultation, and on the 16th he removed the diseased foot by Pirogoff's operation at the Great Northern Hospital. The operation was performed under chloroform.

At the end of the first fortnight the wound was nearly closed, but there was a little discharge at the side for six months.

Immediately on the removal of the foot the chest symptoms, and all the signs of debility, began to improve, and on June 18 an examination of the chest showed dulness on percussion on the left side in the apex of the left lung; but an entire absence of crepitation from both lungs, and of all the acute signs of phthisis. At this date the patient had resumed his old employment and continued at it until the latter end of September. He could walk on the stump and do a good day's work.

At the latter end of September he again began to cough, and on the 18th of October he spat a little blood.

November 3.—At the present time the condition of the patient is as follows:—The stump is entirely healed, and presents a perfect cushion, he can bear his whole weight upon it without any difficulty or pain; he sleeps well, but perspires at night; there is some emaciation; the conformation of the chest is good, but there is deficiency of respiration on the left side; there is marked dulness on percussion on the left side in the subclavicular region, and also over the lower part of right lung anteriorly; there is further dulness, not so marked, on both sides of the chest posteriorly; on auscultation, there is increased vocal resonance on the left side in the subclavicular region, with deficient respiratory murmur, while lower down, towards the nipple, there is small dry crepitation. There is the same kind of crepitation in the lower anterior portion of the right lung.

The patient is again taking cod-liver oil, quinine, and the opiate gallic acid pill. Such are the facts,—you will now each one examine the patient for yourselves, as you have seen me examine him.

Observations.—After the examination of the patient by the class, Dr. Richardson continued,—Now the great practical interest of the case turns on the question of the influence of the operation that has been performed on the progress of the symptoms. It is quite clear that in this instance the removal of the diseased foot has not only arrested the course of the phthisical affection, but has produced virtually a cure. Was it, then, right in every case so complicated, to remove the offending part? The common view is against operation in such cases; the theory being that the discharge from a diseased structure, such as this man presented in his foot, acts as a derivative, and prevents the progress of the more fatal disease in the lungs. So distinguished a Surgeon and authority as Mr. Lawrence, than whom there is no one more practically learned, hesitated, and at length refused to operate in the case in hand. Nevertheless, after two years' further suffering and exhaustion, the operation has been performed successfully, and this is the third example which I have seen of a similar kind.

I am bound to say, therefore, with great deference, that experience is not altogether against an operation in such

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examples; for, in the case under discussion, the man would have been dead long since but for the operation. There are two classes of cases in which tubercle may be connected with disease of the joints; in the one class the patient presents evidence of hereditary scrofulous and phthisical taint, and the local manifestations of disease are conjoint indications of constitutional disorder. Whether in this class an operation is really advisable it is difficult to say. But there is a second class, of which the patient whose history has been adduced is a type, in which the development of phthisis occurs purely from confinement in an impure air, and where the disease of a joint is the result of an injury. Here there is no common or constitutional cause for the two disorders; and here, whenever such diagnosis can be determined, the removal of the diseased limb should obviously be the first point of practice, and specially so if it is clear that the limb itself cannot be saved, and if its presence is the cause of constantly exhausting discharge and pain.

There is another point of practice to be observed. In many cases of death from chloroform the patients have been found after death presenting tubercle of the lungs. This, consequently, caused an anxiety to the operators in the case narrated, but the chloroform was administered without the occurrence of irregularity of the pulse, or other bad sign, and the recovery was rapid after the narcotic was withdrawn.

Finally, as regards the present recurrence of tuberculosis in the subject of this Lecture, it is to be traced it to the same cause as in the preceding attack, namely, to long-continued exposure to an impure air in an occupation for which no active muscular exercise is demanded. If this patient can get the means to live in the fresh air, he will recover; and, indeed, during a short respite from his business, he has already begun to show decisive signs of convalescence.

ORIGINAL COMMUNICATIONS.

OBSERVATIONS ON THE INSTRUMENTS EMPLOYED IN THE OPERATION FOR THE CURE OF VAGINAL FISTULA;

WITH A DESCRIPTION OF NEW INSTRUMENTS INTENDED TO SIMPLIFY AND FACILITATE THE OPERATION.

By WILLIAM BUXTON HILLIARD,
Instrument Maker to the Glasgow Royal Infirmary.

The operation for the closing of vaginal fistula by means of metallic sutures, though of recent origin, has been very frequently performed, and attended with a gratifying amount of success; but it is acknowledged to be one of a tedious and troublesome nature, trying the endurance of the sufferer, and the patience of the operator considerably.

The first successful operation in this city for the cure of vaginal fistula was performed by Dr. Bozeman, who had had much experience, having frequently operated on similar cases both in this country and America; the operation occupied an hour and a-half, which appeared a longer period than the work executed should require; but it was not a want of skill or dexterity in the operator that protracted the operation, nor was it any untoward occurrence or opposition of the patient that caused the delay. I thought then, as now, that the instruments which Dr. Bozeman employed, though devised expressly for the operation, were not so well adapted for it as could be wished, and that, if other, more suitable, and fewer instruments were used, the operation might be performed in much less time, and probably with better results.

The first cause of delay was attributable to the speculum, which falls far short of satisfying the reasonable demands of the operator; this speculum is usually designated the duck-bill speculum, and is nothing more than a retractor, for it has no dilating power; in employing it to retract the posterior part of the vagina, it draws together the sides of that cavity, and thus affords but a very imperfect view of the fistulous opening, and greatly limits the scope for the Surgeon's manipulations. So very defective, indeed, is this speculum, that in most of the operations which I have witnessed an additional retractor, held by an assistant, had to be employed on each side of the vagina before a proper view could be obtained, or the parts put in position for operating.

In the second place, the operation was protracted by the tedious and uncertain method adopted in paring the edges of the fistula, and by the unnecessary number of instruments made use of in accomplishing that part of the operation. The plan which Bozeman, and some other operators pursue, is to seize the lips of the fistula with a sharp hook, or with a favourite kind of forceps, and then with knives of various shapes and curves, assisted with scissors, endeavour by "cautious steps and slow," to pare the flaps, bit by bit, until the entire circumference of the abnormal opening is supposed to have been traversed with the knife. I say supposed, for the bleeding which occurs obscures the view, and sometimes so confuses the operator that he can rarely say more than that he hopes he has accomplished this all-important part of the procedure. Surely the number of instruments which are usually paraded before the operator, should enable him to give a more encouraging account of the progress of his operation.

The third cause of delay arose from using a metallic plate with a detached perforated pellet to secure each suture; here there was time lost in threading each of these separate articles, and there was great difficulty in keeping down upon the closed wound the plate and pellets at one uniform tightness, and when time and care were freely bestowed, still it was not unlikely that some of the sutures would be less tense than others, and the operation fail in consequence.

These objections to Bozeman's instruments it may be thought are imaginary, for his operations are generally successful. To this I reply that Bozeman's success is the result of long experience, and that had his instruments been better adapted to the work, his operations would assuredly be less tedious, and perhaps even more successful. In proof of the inefficiency of the instruments, every subsequent operator who has published or made remarks on the operation, has had something to urge against them and improvements to suggest. Thus other kinds of knives and forceps have been tried, an instrument for twisting the sutures employed, a wire splint for supporting the flaps proposed, a nippled plate instead of the perforated shot, recommended, and best of all a tubular needle invented for the insertion of the metallic sutures. With these improvements I believe the operation is now performed by many Surgeons in less time than the first one required. I have frequently seen it executed by Dr. Eben Watson in one-third of the time it then took, and so admirably done that his success, in every case submitted to him, has been hitherto uninterrupted. With further improvements there appears a probability of facilitating the operation yet more, and I have therefore endeavoured to devise a set of instruments, few in number, and of easy application, in the hope of realising so important a desideratum. These instruments may be best described in the order an operator would require them, beginning with the speculum. As a substitute for the duck-bill shaped one, I have designed an instrument of the form here represented,

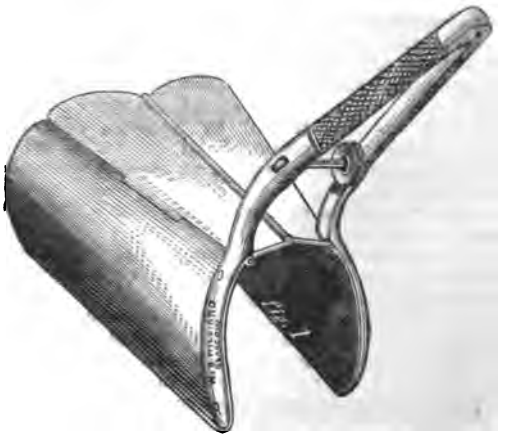

Fig. 1 shows the speculum expanded to its full extent.
Fig. 2 is a full-sized section of the speculum when closed, in which state it is introduced with great facility.

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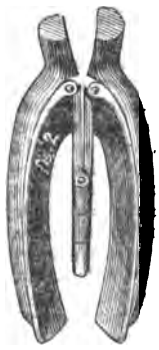
which, as will be seen, is a quadrivalved dilating speculum, and differs from other specula in that it dilates the interior and orifice of the vagina in normal proportions; other dilators either expand in parallel lines, or if they dilate the interior, they contract at the orifice.



This speculum, I submit, is well adapted for vaginal fistula operations; it elevates what may be termed (in the position in which the patient is placed) the roof of the vagina, and at the same time retracts the walls, causing the part in which the fistula is situated to present a smooth horizontal surface, like stretched canvas prepared for elaborate needle-work, affording to the operator a full view of the fistula, and ample scope for his manipulations. It will also be found, in most cases, a self-retaining instrument, requiring no assistant to hold it in position, or to take the charge of it. This quality is the result of the correct adaptation of the speculum to the interior of the vagina. A good view being obtained, the seizing and paring of the lips of the fistula follows. For the performance of this always tedious and difficult part of the work I have devised an instrument which the Surgeon, I hope, will readily discover materially facilitates and insures the efficient completion of this portion of the operation. For want of a better name, I must designate it a "fistula-clamp," represented in Fig. 3.

With the fork-formed point of this instrument the lips of the fistula are transfixed, and firmly clamped together by passing the sliding rod over the points of the fork as they emerge through the posterior lip (see the dotted lines, Fig. 3); then, by raising the clamp, the edges of the fistula, which are grasped by it, are elevated somewhat above the surrounding parts, and with a straight bistoury, or with a slightly curved knife, here figured, can be instantly pared off in one slice; and an examination of the excised portion left within the clamp will show how admirably this hitherto difficult part of the operation is executed with the aid of this instrument. The edges of the fistula being properly pared in this way, union of the parts is more likely to follow, and the operation to be more frequently successful.

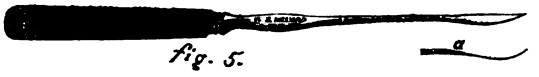


Fig. 3.—The fistula-clamp armed with points for a medium-sized fistula. *a b c d e f* are moveable extremities of the instrument of different sizes to suit every fistula.

Fig. 4 shows the lips of a fistula transfixed and in the process of clamping together.

Fig. 5.—Fistula-knife. *a*, Showing the curve upon the cutting part.

The metallic sutures are best inserted with Startin's tubular needle, having the sliding forceps attached to it, recently invented by Mr. Price,—a contrivance which enables the Surgeon to slide forward the suture-wire when he requires it to project beyond the point of the needle. To this excellent needle I have made another addition, shown in

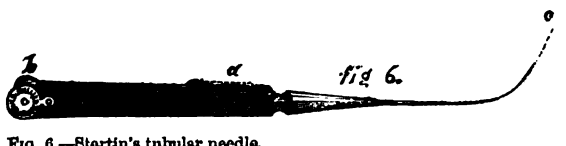


Fig. 6.—Startin's tubular needle.

a, Price's sliding forceps for projecting the suture-wire through the point *c*. *b*, Hilliard's bobbin, for supplying wire to the needle.

It is a small bobbin affixed to the extremity of the handle, charged with a sufficient length of wire for any number of stitches it may be necessary to insert: with this addition the instrument is a self-feeding needle, and with it the Surgeon can apply the sutures in quick succession, without the least assistance from any one.

Fig. 7 is a simple kind of forcep for seizing the suture wire and drawing out a sufficient length to form the suture: it is also a suitable forcep for compressing the nipples of the plate, to be mentioned hereafter.

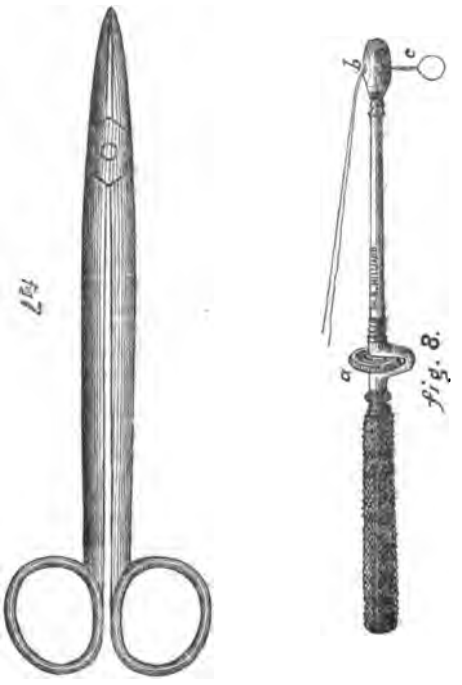


Fig. 8.—Metallic suture-twister and fistula depressor.

a, Small wheel which rotates the twister.

b, The twister enclosed in the depressor.

c, The suture-wire formed into a loop by the twister.

The lips of the fistula have next to be brought together, placed in correct apposition, and the sutures secured. For this part of the procedure I have devised the instrument, Fig. 8, which is both a depressor of the flaps and a twister of the suture. The lips of the fistula are drawn together by passing the ends of each suture through the small aperture *b*. The edges of the fistula are adjusted and the surface regulated by manipulating a little with the smooth rounded bulb of the depressor, and the suture is securely fastened by one or two turns of the wheel *a*, which twists the suture to the tightness desired: the operation is now, by some operators, thought completed; but many eminent Surgeons, desirous of preventing the secretions from coming in contact with the wound, make use of a metallic plate to cover it. The plate which Bozeman employed was secured by lead pellets placed against its upper surface, and there held by being firmly compressed upon the suture-wires, but on seeing his operation, I immediately devised the plate (Fig. 9), which has nipples upon its upper

surface, to supply the place of the loose pellets used by Bozeman. This plate is found such an improvement that it has entirely superseded Bozeman's plate and perforated pellets. Mr. Baker Brown, I have observed, prefers my single suture-plate, and applies a separate plate for every suture. In doing this he has thought proper to honour the invention with his name. I beg to say that, if there is any merit in the simple contrivance, I certainly have the sole right to it; for the nippled plate was designed by me, and was

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used, and a description and figure of it published in the *Lancet* by Dr. Eben Watson, several months before Mr. Brown made mention of it. The whole of the instruments figured and described in this paper (with the exception of the tubular needle) I claim to be my own original designs; the bobbin affixed to the needle is also my own idea; they form a complete set for vaginal fistula operations. I trust their utility may be discovered by the eminent Surgeons who have shown a deep interest in the operation, and that these observations will be received by them, and by the Profession generally, with indulgence.

65, Renfield-street, Glasgow.

ON

SCARLATINA AND SOME OF ITS SEQUELÆ.

By C. W. TURNER, M.D. Aberdeen, L.R.C.P. Edin.
Physician to the Minchin Hampton Dispensary.

SCARLATINA prevailed epidemically in this neighbourhood for some months, and it was characterised by more general and severe symptoms than it has ever fallen to my lot previously to witness. Nearly a hundred cases came under my treatment, and almost every case was followed by some serious sequelæ, either in the form of abscess, or dropsy, or formidable brain disturbance. One of the most common consequences attending an attack of scarlatina is dropsy. The dropsy may be effused into the cellular tissue in the form of anasarca, or it may be effused into the large cavities, or into the brain. Dropsy consequent upon scarlatina has been ascribed by some to a subacute inflammation of the cellular tissue, originating in the eruption; by others to an obstruction of the perspiratory secretion during desquamation, causing an accumulation of fluid in the system. This, however, scarcely explains the matter satisfactorily, inasmuch as scarlatina frequently occurs in a very mild, as well as in a very severe, form, and is not necessarily followed by dropsy. Indeed, in some cases, dropsy does not appear at all; if the condition of the skin, therefore, be the cause of dropsy, we ought to have it supervening in every case of scarlatina; and not only so, but dropsy ought to follow upon other diseases where the condition of the skin is in fault—as, for instance, in fevers of long continuance. Again, in small-pox, where the whole surface of the skin is inflamed; again, in measles, where, notwithstanding the skin is so greatly concerned, yet we never get dropsy. I think we must look for some other explanation of dropsy as a sequela of scarlatina. It appears to me that whatever the poison of scarlatina may be, its action is first upon the brain as evidenced by the great cerebral disturbance attended with sympathetic vomiting; and, secondly, upon the kidneys, as evidenced by the albuminous urine: these are the organs essentially influenced by scarlet fever. Just as the poison of measles produces a specific action upon the mucous membrane of the air-passages, giving rise to symptoms of catarrh, so, in like manner, the poison of scarlatina acts in a special manner upon the kidneys, as from all the cases of dropsy following scarlatina, the urine whereof I have examined, more or less albumen was always found. I cannot for a moment, therefore, think that the dropsy of scarlatina arises from inflammation of the cellular tissue, neither do I think it can be ascribable to obstructed perspiration, resulting from desquamation of the outer covering of the skin, by which an accumulation of fluid is produced which the kidneys fail in carrying off. Considering that in all the cases which I have examined albumen was present, I am disposed to think that the dropsy is dependent upon a peculiar and congested state of the kidneys produced by the action of the scarlatinal poisoning, whereby they are rendered for a time incapable of performing their functions, and this with the suspended action of the skin gives rise to the dropsical effusion.

The poison of scarlatina acts primarily upon the brain. The brain, however, is subject to a second attack later in the disease, and from a wholly different cause. This second attack occurs usually about the period of desquamation, in consequence, as I believe, of Bright's disease, whereby the kidneys are rendered unable to perform their office of separating the effete matter and poisonous materials contained in the vital fluid, and hence impure blood circulating through the brain gives rise to severe convulsive attacks closely simulating epilepsy, and which will be best illustrated by the following case:—

Miss A. B., aged 15, of an active mind and sanguine temperament, was taken ill with sore-throat on April 28. As her brother, a little boy of 7 years of age, was at this time ill with scarlet fever, it was supposed that she was sickening with the same complaint; the sore-throat, however, by the application of the hot-water and the poultice disappeared, and in the morning she was in her accustomed health. On May 7 she was attacked with all the symptoms attendant upon scarlet fever, with the exception of the throat (that was unaffected). The constitutional symptoms in this case were of a very severe character, and the rash was of a dark—even tending to a livid—hue, especially that appearing on the face; there was much headache, and the conjunctivæ were fully injected; the sides of the tongue were red and clean, but the centre was covered with a buff-coloured coat; the pulse weak and barely 70. This appeared to me from the low condition of the vital powers to be a suitable case to be treated with the sesquicarbonate of ammonia; accordingly five grains were given every hour in a mixture. On visiting the case next day, I found the medicine suiting very well; the skin was still very hot, but there was the same deficiency of power in the pulse; the same treatment was ordered for another twenty-four hours, and the report following this was also good. I need not give the diurnal details; it will be sufficient to say my patient did not get on as well as I could have wished; there remained the same low condition of the vital powers, and there was a whiteness about the nose and around the mouth which induced me to say to her father, that although we were progressing, yet we were not "out of the wood." I hoped that all would go on well, but the poison had so evidently depressed the vital powers that I felt a little accidental circumstance would easily lead to mischief.

On May 22 I again saw my patient, in consequence of great enlargement on either side of the neck, about the angle of the lower jaw. There was no feverish action, but there was the same depressed condition of pulse and aspect of countenance. Hot salt-water fomentations, a mixture with sesquicarbonate of ammonia, tincture of orange-peel, and infusion of quassia was given, and this with a liberal diet removed this trouble. I had hoped that now, as my patient was stronger and better than she had been at all, that the enemy had made his last assault. Not so, however.

On June 3 I observed anasarca on one side of the face, and there was a great deficiency of urine.

June 5.—Has passed a most restless night, with continued sickness and intense headache, the pain was so violent she knew not what to do, and everything—even a little cold water—was instantly rejected. Effervescing medicines, with small doses of morphia and chloric æther, did no good. Creosote-pills were rejected. Small doses of calomel remained. Cold by evaporating lotion was freely applied to the head, and a large mustard-poultice to the nape of the neck, which slightly alleviated the pain of the head. The pulse was 63, with no power; the tongue loaded in the centre; the skin and feet of natural warmth.

6th.—Passed another very bad night, complained unceasingly of pain in the head, and at four o'clock she became insensible, staring with a fixed gaze upon one object. Three hours later she was seized with strong convulsions, resembling in every particular most closely an attack of epilepsy; the whole of the right side was most violently drawn; and especially the muscles on that side of the face; she bit her tongue, and blood and saliva foamed from her mouth; the pupils were widely dilated and the eyes now restless; the action of the heart was violent; pulse 72; skin hot; quite unconscious, and passed a little water in the bed. The hair was removed, the occiput shaved and covered with a blister, a blister was also applied to the nape of the neck, cold applied to the head, and a mustard poultice over the region of the heart. There had been no sickness since early in the morning. An injection of turpentine was thrown up, which produced a full fæcal evacuation passed unconsciously.

7th.—The convulsive attacks, with foaming at the mouth, continued from seven o'clock a.m. to six of the evening. She slept a good deal, and heavily, during the night, but at times restless. Occasionally she opened her eyes, but with a vacant stare, and is quite unconscious of everything that is said to her; still, if a spoon be put to the mouth with chicken-broth

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she will suck it through her teeth. Yesterday when this was done, it all flowed from the mouth again, so that thus far there is an improvement. The violent action of the heart has subsided; pulse 76. Cont. mist. effer. and small doses of calomel.

8th.—Has more sensibility about her, often feeling her blister. Last night she made efforts to get out of bed to pass water, which the nurse did not understand. On being lifted out, three or four ounces were passed, containing albumen. She has had a good night, and to-day, for the first time, she is able to speak, and give right replies to my questions, but that look of intelligence which she ordinarily has is quite wanting. She is passing a considerable quantity of water, which is of a dark red colour.

9th.—To-day she is, for the first time, thoroughly conscious; although she answered my questions correctly yesterday, yet her memory is affected, and she did not know that I had visited her yesterday. Some pain in the right eye; the bowels have not moved since the enema. The bladder is irritable, and she passes large quantities of claret-coloured urine, specific gravity 1115, slightly acid, and on the application of nitric acid still throws down largely albumen. She says she does not yet see clearly, and her head feels dizzy.

No further notes were taken of this case. Under the use of occasional small doses of calomel, the hot bath, etc., the urine gradually resumed its natural colour, and lost all trace of albumen.

It is curious to observe the progress of the disease in this case. At the commencement, the brain was relieved by the rash; still the poison remained in the system, and next attacked the glands of the neck; being foiled in that quarter, it seizes the kidneys; they are unable to do their duty of separating the impurities from the blood, and the brain becomes a second time affected, giving rise to a frightful train of symptoms from the poisoned blood circulating through it, and only relieved by the functions of the kidneys being restored. There is every reason to believe that these symptoms are to be ascribed to the presence of urea in the blood forming uræmic poisoning. Dr. C. J. B. Williams mentions that he has known the fluids of ascites and anasarca induced by diseased kidneys to emit a decidedly urinous smell, and to exhibit on analysis appreciable quantities of urea; further, that one of his pupils detected urea in the serum contained in the ventricles of the brain in a case of fatal apoplexy.

Another case, among others very similar in all respects to the one which I have related, came under my care in the person of a young girl, aged 11. She was the subject of scarlet-fever, and here also was a very depressed condition of the vital powers; still she went on tolerably well for about fourteen days, with but little disturbance of the brain; at the expiration of that time the function of the kidneys became almost suspended, the small quantity of urine which passed being of a very red colour, and charged with albumen. Directly upon this, the brain became affected, convulsions, attended with foaming at the mouth, occurred, lasting for many hours, and returning upon several occasions. On the restoration of the secretion of the kidneys, the bad symptoms all disappeared, and the patient is now well. In this case there was ascites and anasarca, and I was astonished at the large amount of fluid ejected from the stomach.

It appears, then, that in scarlatina the brain may be twice affected: the first attack arises from the direct action of the scarlatinal poisoning upon that organ; the second attack arises from the presence of other poison in the blood, arising from a suspension of the eliminative functions of the kidneys. In the preceding cases the brain attack was dependent on the disordered state of the kidneys. I will now relate a case where the brain was primarily affected and continued the seat of the disease, the kidneys were not concerned in the business at all, and the attack was altogether different from the one which occurs later in the disease: this form I have always observed to simulate, and indeed is, active inflammation of that organ; whereas, the second attack, although exhibiting a fearful train of symptoms, yet the symptoms do not arise from the brain itself, but are dependent and caused by the suspended functions of the kidneys. The present case occurred in a child of my own who, when attacked with scarlatina, was ten years of age. The symptoms set in most severely, with extreme drowsiness, intense headache, constant sickness, great heat of skin, and a full, quick pulse. The next day, in addition to all the high febrile action and sensorial disturbance, the pupils were contracted, giving the eyes that ferretty appearance so characteristic of phrenitis. The most active remedies were used,—bleeding, leeching, calomel, bladders of ice to the head, blisters, etc. After some days the acute symptoms were removed, but in place of contracted pupil we now had all pupil, and we found that paralysis of the whole left side had taken place. By blistering, placing the system slightly under the influence of mercury, salt water fomentations, and at last cod-liver oil, etc., the use of the side recovered, and she is now a strong, healthy girl of seventeen; the only point remaining of her most formidable attack is that with a difficult piece of music she cannot always depend on her left hand. In this case the whole strength of the disease seems to have expended itself in the part first affected: there was no deficiency of renal secretion, no anasarca, but there must have been effusion in the brain. I have notes of other cases, illustrating in a remarkable manner the difference of the brain-attack on the commencement of scarlatina from that which takes place as a sequela of the disease. As, however, the cases which I have related are a type of the others, it will be needless to occupy your valuable space further by citing them. I will conclude by remarking on the difference of scarlatina as existing at different seasons and places. In the autumn of 1858 scarlatina prevai ed in another part of this district, and the disease ran its course without any of the usual sequelæ. Evidence, however, presented itself, showing how a very severe attack of scarlatina may result from communication with a mild one. It happened that scarlatina broke out in a school; all the cases did well, and no after-symptoms, in the form of anasarca, etc., ensued. One of the pupils went home, a distance of some miles: he did not take scarlatina himself, but he communicated the disease to his sister, and she died of it. Another pupil went into another county: his mother took the disease from him and died.

I would mention also another case,—the daughter of a high dignitary in the Church. This young lady was the subject of a most formidable attack of scarlatina, and I doubted her having had the disease before; but her father told me she certainly had,—that he removed her into the country, and on his return he met a friend at the railway-station, and, as they travelled together, he offered him part of his rug; when he met this gentleman some time after he told him that he had given his daughter scarlet fever.

The cases referred to in the beginning of this paper occurred in April and May of last year.

Minchin Hampton.

A VISIT TO GRAEFRATH.

By Dr. EDWIN LEE.

GRAEFRATH is a village of Rhenish Prussia, near Dusseldorf, which has acquired considerable celebrity from being the residence of the distinguished oculist, the Hofrath, Dr. De Leuw, to whom many patients resort from foreign countries, the number of English greatly preponderating over others,—several of them remaining under treatment for a considerable time in the summer months, at which season the place is overflowing, though the accommodation is but indifferent, consisting of two or three inns of a primitive character, with plain *table d'hôte* dinner at one o'clock, and inferior lodgings. There is no resource for the recreation of patients or of friends who may accompany them, but the environs are pleasing, and the air is of a bracing quality. The Hofrath is a spare, delicate-looking man, of about 65, of quiet, unassuming manners, intellectual countenance, and penetrating eye, not requiring the use of glasses. He does not see any patients either at his own residence or at their lodgings, the only one he has sometimes gone to visit being the King of Hanover. He has a consulting-room at the principal inn, where he remains from eight o'clock till two or three, and sometimes later, during the greater part of which time the entrance-passage,—there being no waiting-room,—is thronged with patients of all classes, though two days in the week are more especially allotted to the poorer class. Many patients have thus to wait for hours; it is but seldom that a fresh comer can have an interview before a day or two. Notwithstanding this concourse, the Doctor not unfrequently gossips with patients

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for some time about matters in which they may be interested, which, it is said, he finds necessary, as a relaxation from the continuous employment of seeing and determining upon eye cases. As may be expected, not a few of these cases are irremediable, the patients having been induced to repair to Graefrath as a *dernier ressort*. On announcing my name and sending in a letter from a patient at a distance, I was, after a short time, cordially received, and allowed to be present during the inspection of patients, several of whose cases were of considerable interest. The Hofrath's diagnosis in obscure or difficult cases is clear and decided. His treatment,—eschewing in great measure depletive means, leeches, purgatives, blistering, etc.,—mainly consists of the application of unguents or lotions, of a more or less stimulating or sedative character, to the forehead and the eyes,—nitrate of silver and iodine preparations being not unfrequently employed. Mercury and other internal remedies, with a view to produce an alterative effect upon the organs, are not often administered, though internal medicines are sometimes prescribed to remedy co-existing derangement of the health. The fee for the poorer patients is very low,—about a shilling; that for strangers, except for a single consultation, is about a Prussian dollar a visit, or they give what they please at the termination of the treatment.

The Hofrath originally acquired reputation as an oculist by publishing, when an Army Surgeon, a work upon contagious ophthalmia, which was at the time highly thought of. He has practised in his native village for upwards of thirty years, having repeatedly refused invitations to reside in capital cities. He informed me that he had prepared for publication a work on entropion and trichiasis, for which he has operated successfully many thousand times. His method, however, as far as I could understand, does not materially differ from that usually pursued, of removing the irritating eyelashes, and excising a smaller or larger portion of the skin of the inverted lid and uniting with fine sutures. He strongly disapproves of the operation of excising the margin of the lid, as practised by a distinguished oculist of Berlin. In advanced cases of cataract he operates with the needle, puncturing the cornea (keratonyxis), as was the practice of the late Mon. Walther, of Munich,—only one eye being operated upon when both are affected, if the result be successful. He entertains, however, the firm conviction that cataract may frequently be dispersed in the early stage by external remedial means, and internal when necessary. One English patient, who was considered to be thus cured at Graefrath, had for years been almost blind, deriving no advantage from the oculists whom he had consulted. He now sees well; but, whatever he may have had, I much doubt from his account the existence of cataract; neither could I see any sign of this disease in a lady said to be labouring under its incipient form, whose sight, having been a good deal used in reading, etc., had failed, but was much improved under the treatment. Another English lady, however, in whom the cataract was apparent in both eyes, stated that she could see much better since she came to Graefrath. The Hofrath mentioned to me a distinguished oculist in Vienna, who formerly disbelieved the possibility of cataract being absorbed, but who had lately, in an appendix to his work, admitted its practicability. He does not allow to be known the means which he employs for this purpose, the prescriptions being only made up by the local *pharmacien*, and patients taking with them a sufficient supply of the remedies to go on with in their absence. Among the other English patients was a lady with incipient conical cornea, which had improved under the treatment. An American banker (a young man), who, from excessive attention to business, had become amaurotic, and was nearly blind, had not derived any advantage from his visit to Graefrath. As constitutional measures are not generally employed against the local disease, so also strict attention to regimen does not seem to be enforced by the Hofrath. One patient, of florid aspect, and having all the appearance of a *bon vivant*, whose eye was considerably inflamed, and who had been treated in England without success, had resided for some time in the neighbourhood, coming occasionally to visit the Hofrath, after having had a stimulating ointment (argenti nitras) put in the eye, immediately went up from the consultation to the *table d'hôte* and drank his half-bottle of wine.

All the patients whom I saw appeared to have the greatest confidence in the Hofrath; some, doubtless, not without good reason, having derived benefit after the failure of means employed at home: the obscure and more difficult cases are of course the exception to the generality; and one cause of the improvement which so many experience is doubtless greatly owing to the pure air and plain living of the place, and also to the season of the year being the most favourable (very few remain after October) for recovery, and less liable to produce aggravation or relapses. It is well known that in most Eye Institutions the bulk of the cases are less numerous and severe, and are more tractable in the summer months than at any other time of the year.

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

A CLINICAL REPORT ON EPITHELIAL CANCER.

ST. BARTHOLOMEW'S HOSPITAL.

CANCER OF THE LIP TWICE RECURRENT IN THE GLANDS AFTER EXCISION—DEATH.

(Under the care of Mr. STANLEY and Mr. SKEY.)

The following case affords a good example of the more malignant form of epithelial cancer of the lip, or, perhaps, I ought to say of the almost ineradicable character of this disease if once it has attacked the lymphatic glands. It will be seen that at the time of the original operation, a gland over the jaw was slightly enlarged. The scar, after the removal of the lip, remained sound throughout, but the gland referred to increased, and was excised about a year later. The disease again showed itself in other adjacent glands, and a third and very free incision, was practised, eighteen months after the first, and six after the second. Notwithstanding, however, that the man had thus the full benefit of bold Surgery, his disease gained the victory. It recurred a third time in the cicatrix under his jaw, and destroyed his life about a year subsequent to the last operation, and from four to five from the commencement of the cancerous disease in the lip.

Joseph A., aged 38, a tall, healthy-looking man, of dark complexion, was admitted, for a third time, under the care of Mr. Skey, on February 7, 1852. Five years before he had cut his lower lip with his razor once or twice, and a troublesome fissure had remained. The whole lip began to enlarge and evert, and was very painful. In September, 1850 he was an out-patient, under the care of Mr. Skey. The whole lower lip was then swollen, tense, red, and very much everted, hanging down on his chin, and presenting a mucous membrane, vascular, tense, and angry-looking. He suffered much from throbbing and heat in it. It was not ulcerated in any part, although slight fissures existed. Mr. Skey sliced off the thick part of the lip, leaving about the left fourth of it, which was not implicated in the disease. There was, at the time of the operation, a small, moveable gland over the ramus of the jaw. The lip healed very quickly, and for six months the man remained well. Subsequently, the swelling over the jaw, which had been the size of a large pea, began to increase. He ascribed this to a blow which he had received on it. In September, 1851, it was concluded to excise the diseased gland. It was freely removed by Mr. Stanley, under whose care the man was on this occasion. Some portions of the jaw were gouged away. In the course of a few months the disease reappeared over the angle of the jaw. The man was then again admitted under Mr. Skey's care. His state at this date (February, 1852,) was as follows:—Over the angle and ramus of the right side of the jaw was a defined, hardish, prominent tumour, the size of a large pigeon's egg. It was fixed to the skin, and also to the bone, but not so firmly as to give the idea of originating in or seriously implicating either.

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Anteriorly it presented a circular, ulcerated surface, the size of a shilling, the edges of which were firm and somewhat everted, the granulations red and tolerably healthy-looking.

February 7, 1852.—On this day Mr. Skey performed the third operation. It consisted in removing the ulcerated glandular lump under the jaw, and with it a large portion of the ramus also. Three separate portions of the bone were sawn away, comprising together almost the whole of the ramus from the first bicuspid tooth to the angle of the jaw. Large portions of the mucous membrane of the mouth were also removed. The bone itself was not cancerous, but the glandular growth adhered firmly to the periosteum. The man recovered well after the operation, and left the Hospital towards the end of the month; the wound, however, not having completely healed.

The following account of the examination of the parts removed, and of the ultimate results of the case, has been kindly supplied to me by Mr. Paget:—

"The tumour removed in this third operation presented an ill-defined outline, its substance appearing mingled with those of the adjacent tissues. This was especially the case at its junction with the masseter muscle, where it was plain that the substance of the tumour was inserted in or infiltrated in the muscular tissue. The surface of the tumour next the skin was more exactly defined, so that the skin could be cleared away from it; it had all the aspect of a rapid infiltration and growth, so that, though contained in the tissues, it had overgrown them, and appeared in parts as a distinct disease. When the tumour was divided, its cut surface presented a nearly uniform greyish substance with a diffused tinge of ochre yellow here and there, with no trace of granular or fibrous structure; it was all compact, smooth and shining. It yielded, on scraping, a greyish putrid, gruel-like, thick fluid. In this was found well-marked epithelial cancer-cells; capsules with small collections of nuclei; redundant free oval nuclei, large, clear, with one or two distinct nucleoli, just like the nuclei of the larger medullary cancer-cells; various small elongated caudate cells, like those of inflammatory products; abundant granular matter, as if *débris* of cells. The structure was distinctly enough that of epithelial cancer; but not so unmixed or characteristic as in the former tumour. It might be thought in transition towards medullary cancer; but there had been too many interferences from rapid growth, proximity to the former extending ulceration, and other things, to allow any clear opinion to be formed as to the question of its transition-character. He left the Hospital towards the end of February, with the wound nearly healed; but it never completely healed, and when seen July 3, 1852, there was a small dry ulcer with hard elevated edges, and well-marked cancerous aspect at the middle of the scar. The lymphatic glands under the angle and ramus of the jaw, and one under the upper part of the sterno-mastoid muscle were enlarged and firm, like the usual epithelial cancerous glands. Some ulceration also existed in the scar within the mouth; still he suffered but little. He had, he said, uncomfortable feelings about the diseased parts, but not what he should call pain. He was thinner and greyer than what he used to be, yet on the whole moderately robust. He died in the summer of 1853."

CANCER OF THE TONGUE—EXCISION—PATIENT STILL IN GOOD HEALTH SEVEN YEARS AFTER THE OPERATION.

(Under the care of Mr. STANLEY.)

The following case, like that of Dr. Humphry's, which is given in another column, is an extremely important one. They show that, although epithelial cancer of the tongue is a disease which, in a great majority of instances, returns after a short interval when removed by operation, yet that it does not invariably do so. It is needless to add, that their teaching is to encourage us in the early and free use of the knife in this disease. The case is especially valuable on account of its having been treated throughout under the eye of Mr. Paget, by whom the diseased part was examined after the operation.

The following notes have been kindly supplied me by that gentleman:—

George P., aged 36, a dark, sallow, but healthy-looking man, was admitted on December 29, 1853, for a cancerous ulcer in the middle of the right margin of the tongue, about an inch in length, half an inch in width, and half a line to a line in depth. The base was irregular, not granular, nor distinctly nodular, or warty; it was clean and moderately florid, and while in the Hospital, and being guarded from the teeth by an ivory cover for them, it became level, and skinned over very thinly, yet enough to prevent its bleeding when lightly rubbed. The borders of the ulcer were upraised with a somewhat lobed or glandular surface. This was especially the case with the upper border, which, occupying a portion of the dorsum of the tongue, overhung a little the adjacent mucous membrane. The elevated border felt firm, tense, and nearly hard; the base of the ulcer was equally so, and these characters were evidently derived from morbid deposits at and for about two to three lines beyond the ulcerated surface. At the border this deposit did not involve the very surface layer of the mucous membrane, which was tensely stretched over it, but discernible with its small vessels. The rest of the tongue appeared to be all healthy. One lymph-gland by the side of the facial artery was slightly enlarged, firm, but not hard. The teeth by the side of the ulcer were not rough, but neither were they clean, and, as already said, the ulcer became smoother and skinned over when protected from them.

He said that nine months previously his tongue had become sore through the "fretting" of a decayed tooth at this part. He allowed the tooth to remain for six months, the sore extending all the time until it had reached its present dimensions. At length, three months ago, the tooth was drawn; the sore remained, and he was not aware of any change in its character. It was always very painful, and the pain extended from it over the whole cheek and the side of the head and jaw. Many of the cervical lymphatic glands under the right side of the jaw had been enlarged, but they had subsided two months previously; and the one by the facial artery had only in the last week been enlarged. His great-aunt died of cancer of the throat (sufficiently proved); but no other relative was known to have had cancer. He never had any syphilis or well-marked struma.

There were many things to suggest doubt of the cancerous nature of the sore; but many of the characters mentioned might be relied on, especially the border induration, beneath, not in nor involving, the mucous membrane, seemed nearly decisive. The skinning over of the ulcer was noticeably not a scarring of the ulcer, no contraction, no bordering with opaque white new cuticle accompanied it. It was a quick covering in, as if with a level of varnish, changing the disease from an ulcer with indurated boundaries to a thinly-covered induration. The doubt that was felt seemed to justify a fortnight's course of iodide of potassium; but it had no effect.

On January 7, 1854, Mr. Stanley cut out the disease. On section through the diseased mass, it presented scarcely a distinct layer of morbid substance, certainly no enlarged papillæ, no superficial accumulation of epithelial cells. It had rather the appearance of a quantity of whitish substance infiltrated or diffused among the fasciculi of muscular fibres of the tongue, but not so accumulated as to exclude them, or to conceal them from the naked eyesight. The section had a mottled appearance, from the mingling of the morbid deposits with the remaining pale, ruddy muscular tissue. These appearances to the naked eye were confirmed by the microscope. Everywhere muscular fibres and the morbid structure were found mixed together. Scarce anything could be pressed or scraped from the section that did not contain both. The morbid structures were those of epithelial cancer, with well-marked masses or bundles of flattened, wrinkled, and folded dry-looking scales; abundant filmy cells, with large, clear nuclei and nucleoli; epithelial capsules, with many enclosed cells or nuclei. There were found no structures but such as were like those of epithelial cancer. No morbid structures were found within the muscular fibres.

The enlarged lymphatic glands subsided after the operation. The man made a good recovery, and left the Hospital to return to his home in Dorsetshire. Nothing further was heard respecting him; but, on inquiry, a few weeks ago, respecting his present condition, the following very satisfactory account was received:—

"Beaminster, Dorset, October 24, 1860.

"Dear Sir,—I have been frequently in communication with George P., to whose case you refer in your note, and, up to the present time, the operation has been perfectly successful.

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About three months ago he was somewhat alarmed by some slight ulceration on the opposite side of the tongue to that operated upon; but his general health being at the time in a disordered state, under a course of alteratives and tonics, with a few touches of nitrate of silver, the ulceration quickly healed, and he is now quite well.

"I am, my dear Sir,
"Very faithfully yours,
"JOHN STAINES WEBB."

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

CANCER OF TONGUE—REMOVED BY INCISION—NO RETURN OF THE DISEASE TWELVE YEARS AFTERWARDS.

(Under the care of Dr. HUMPHRY.)

Elizabeth M., aged 54, came to Addenbrooke's Hospital, on July 20, 1848. Dark hair, turning very grey; sallow, unhealthy complexion; cheeks streaked with small dilated vessels; pulse small, does not feel amiss, but is rather weak because she cannot eat to satisfy herself; sleeps well. On the right margin of tongue, about the middle, is a superficial, granular, and fissured ulcer, with pale surface, as large as a shilling; its margin is indurated for some distance, from deposit into the substance of the tongue. This induration extends as far forwards as to within about an inch of the tip, and backwards nearly to the anterior pillar of the palate, not so closely but that the finger may be just passed beyond it. It is also confined to the edge of the tongue, affecting only in a slight degree the mucous membrane passing from it to the floor of the mouth. She suffers soreness of the part, and pain darting sometimes into the ear. There are several sharp stumps in the lower jaw pressing into the ulcer. She first perceived a small blister eight months ago. The stumps were removed, and the patient advised to come into the Hospital to take the chance afforded by removal of the disease.

August 12, 1848.—She came into the Hospital. Passing a ligature through the tip of the tongue to gain more complete command, and seizing the mass with forceps, Dr. Humphry passed the bistoury behind its posterior edge, and cutting forwards removed the whole disease with some of the adjacent healthy tissue of the tongue bounding it on all sides, except, perhaps, near the lower and fore part. Not being certain of the complete extirpation of the disease at that point, Dr. Humphry removed a small piece more of the mucous membrane, so as to make sure of the complete removal of the disease. Two or three spirting arteries were tied without difficulty. The wound bled pretty freely and continued to do so, more or less, for an hour or two; however, the hæmorrhage ceased, the patient being kept quiet with the head raised.

20th.—No unfavourable symptoms have followed; the wound is healing. She looks very sallow and blanched by the loss of blood. Made an out-patient.

September 9.—The wound is not quite healed, a pale ulcer remaining in the middle, but no induration or other sign of returning disease exists.

30th.—The cicatrix is sound, only a little tender. She looks better, though still rather sallow; enjoys her food. She promises to come in a month.

December 2.—She is well, and the cicatrix on tongue sound.

August 18, 1855.—Her daughter says she is quite well.

March, 1857.—She comes to the Hospital quite well.

November 15, 1860.—Dr. Humphry saw the patient. She is quite well.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY.

CANCER OF TONGUE.

(Under the care of Mr. CHRISTOPHER HEATH.)

Wm. S., aged 42, applied March 7, 1860, with a large, ragged ulcer, involving the whole length of the right side of the tongue, and reaching half-way towards the middle line. The surface irregular and nodulated, and very hard, particularly at the margin nearest the healthy tissue. A gland just below the angle of the jaw on the affected side, and somewhat underneath the sterno-mastoid, was enlarged to the size of a walnut, and of stony hardness. Four years ago a lump came on the right side of the tongue, for which he was under treatment at the Blenheim Dispensary, where he received a gargle, and had caustic applied. After this the surface ulcerated, and has remained open ever since, and he has been more or less under Medical care since, without benefit.

The case being too far advanced for any operative interference, only palliative measures could be adopted, and the patient was ordered a tannin gargle, iodide of potassium, with bark internally, and the surface was brushed occasionally with nitrate of silver.

After the adoption of this treatment for a fortnight, the patient thought that he could swallow better, and move the tongue more easily. He attended for some weeks without being materially benefited, the lump in the neck getting larger, and the tongue continuing much the same.

Being unable to work, he afterwards went into the St. James's Infirmary, and subsequently into Middlesex Hospital, whence he was discharged unrelieved, and returned to the Infirmary, where he died in the middle of September last, in a very emaciated condition, and with large holes in the skin under the jaw, caused by ulceration of the affected glands.

HOSPITAL FOR SICK CHILDREN.

CASE OF ACUTE TUBERCULAR MENINGITIS.

(Under the care of Dr. JENNER.)

Mary W., aged 4¼ years, was admitted on September 13, 1860, under the care of Dr. Jenner, when the following history was obtained. On Saturday, September 8, she first complained of feeling ill, she then had vomiting, but did not complain of her head until the next day. The vomiting continued, and she became very drowsy. On Tuesday the 11th, she was brought to the Hospital. The vomiting had continued; her bowels were constipated, and she complained of headache. The medicine given was immediately returned. On Wednesday the 12th, she scarcely slept, became restless, and wandered, and complained much of pain in the head. She was then admitted into the Hospital. Her expression was heavy, the pain in the head still severe. There was no flushing, or sighing, and no grinding of the teeth. The lips and nose were dry. The pupils moderately dilated, but acted readily to light. There was no heat of head, no throbbing of the vessels of the neck, no fulness of the veins, and there was no discharge from the ears. Tongue moist and furred posteriorly. Abdomen rather retracted; no heat of skin; pulse 96. Heart's action regular. Urine passed once a-day.

September 14.—The pulse had risen to 108; irregular in force, and feeble. She was now restless, cried at intervals, and had slept very little. She was flushed in the evening, did not answer questions, and took no notice of by-standers.

September 15.—Pulse 140; head very hot. Ice was applied to the scalp. She now shrieked and raved, and still took no notice of by-standers. Pupils not dilated.

She gradually got worse, and died on the 19th. There was no further special symptom, except that it was noted, on the 15th, that the pupils were dilated,—the right more than the left.

Autopsy.—The skull-cap being removed, the inferior longitudinal sinus was found filled with dark coagulated blood. The convolutions of the brain were closely packed and flattened. The vessels of the pia mater were large and loaded with blood. In the lateral ventricles there was more fluid than natural, about six drachms; their lining membrane was tough, and their roofs raised by the fluid. There was no softening of the fornix, or septum lucidum, but considerable pulpy softening of the white matter between the posterior crura of the fornix. It hung in shreds into the fluid in the ventricle. There were many crimson dots and streaks in the softened brain-substance, and the small vessels everywhere under the lining membrane of the ventricles were much too distinct and large. The veins of the choroid plexus and velum interpositum were much gorged. The fluid in the ventricles was colourless, and but slightly milky on boiling. There was a considerable excess of fluid at the base of the brain. The membranes at the base were tougher, more vascular and thicker than natural, but there was no distinct lymph. About the optic commissure the membranes were very vascular, and also very tough and thick at the entrance to the Sylvian fissure, where the pia mater contained a great

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number of minute tubercles. The pia mater, over the perforated spot—*i.e.* around the carotid, where it bifurcates—was very thick and loaded with transparent tubercles. The membranes about the Pineal gland were much thickened; and the pia mater, on the upper part of the cerebellum, was loaded with tubercles and lymph. The venæ Galeni were loaded with clots.

This case affords a good example of what is usually called acute hydrocephalus,—correctly, tubercular meningitis,—its symptoms and pathological lesions.

In commenting on the case, Dr. Jenner drew attention to the following points:—

1. The age of the patient, as being that at which the disease is very common.

2. The vomiting occurring on the first day, as it so commonly does, while the headache did not begin till the second, which is an exception to the rule.

3. The cessation of the vomiting when the delirium began, although the headache continued.

To the continuance of headache after a patient has become delirious Dr. Jenner attributes great value, as evidence of intracranial lesion of structure, and, in the vast majority of cases, of the existence of intracranial inflammation. The headache, he says, of idiopathic fever always ceases when delirium begins; the delirium of alcoholic poisoning ceases before the headache begins; in intracranial inflammation, headache and delirium are frequently conjoined, or alternate one with the other. To determine, then, the simultaneous occurrence, or the alternating of the two, in adults as well as in children, is of immense practical clinical importance.

4. The pulse was frequent from the outset.

As to the possibility of dividing the disease into stages by the frequency of the pulse, Dr. Jenner says, in his experience it is quite the exception to be able so to divide it. When, however, the pulse does fall in frequency to below the standard of health, while delirium, headache, or somnolence are present, the fall is of great diagnostic importance, as evidence of special intracranial disease; such fall in the frequency of the pulse never being noted in cases in which the cerebral symptoms are due merely to abnormal stimulation of the brain.

5. The disease lasted only eleven days. It is unusual for a child previously in health, as this child was, to be suddenly seized with tubercular meningitis and die under three weeks.

The rapidity of the death, Dr. Jenner considered, accounts for the small number, minute size, and extreme transparency of the tubercles. (A lens was required to see the tubercles distinctly.)

6. The softening of the brain, the fluid in the lateral ventricles, the toughness of the walls of the ventricles, the fulness of their vessels, etc., were probably the mechanical consequences of the impediment to the escape of blood from the venæ Galeni. The fluid in the ventricles was not rich in albumen, as it would have been, Dr. Jenner says, if it had been the product of inflammation.

With reference to treatment, Dr. Jenner said that he had seen benefit in cases which presented the symptoms of tubercular meningitis from two remedies only,—viz., cold continuously applied to the head, and purgatives. He often gave iodide of potassium, but could not say he ever saw any good result. Blisters are only applicable as stimulants.

CASE OF CHRONIC TUBERCULAR MENINGITIS.

(Under the care of Dr. JENNER.)

As the last case afforded a good example of acute hydrocephalus, so the following one affords a good example of chronic hydrocephalus in its ordinary form, and due to its ordinary cause. The first evidence of the existence of cerebral disease was an attack of convulsions one year and two months before death; this attack was quickly, if not directly, followed by paralysis of the left arm and leg. The convulsions and paralysis were probably consequences of the mass of tubercle in the right hemisphere of the brain, the tubercle having existed some time before without symptoms. The majority of the tubercles involved, and probably originated in, the meninges. Tubercles as numerous and as large as were present in this case, are often found in the brains of children; but it is not common to find them of such size in the brain of a child so young as Arthur W. In fact, tubercles are not at all common in the brains of children under two years of age. The white softening of the brain was, Dr. Jenner considered, mere œdema (examined by microscope, only broken-down brain-tissue could be seen), and due to the same cause as the fluid in the ventricles; viz., mechanical impediment to the return of blood from the parts. Dr. Jenner considered as of especial interest the fact, that while during life the fontanelle and spaces between the bones, produced by pressure of the fluid, were considerably elevated, after death they were depressed below the level of the adjacent bones. No good could be anticipated from the use of drugs from the time Dr. Jenner first saw the case.

Arthur W., aged 2¼ years, was admitted on August 27, under the care of Dr. Jenner. His previous history then obtained was that at the age of six months he had suffered from bronchitis, and that he afterwards continued delicate until a year and a month old. At that time he had an attack of convulsions, and was unconscious for a period of thirty-six hours after the muscular movements had ceased. It was found soon afterwards that he had quite lost the use of the left side. He had, four months later, a second attack of convulsions. About nine weeks before his admission he complained of pain in the left knee; for three days before he had severe vomiting. He was very fretful when touched, and laid quite still. His countenance was pale, and the conjunctivæ were not injected. The anterior fontanelle was widely open, and the parietal bones were separated nearly as far as the posterior fontanelle. The parietal bones were removed two inches from the frontal bone. The veins in the head were large, but there was no throbbing of the arteries. The head measured twenty and a-half inches round, and from ear to ear nearly thirteen inches. The greatest increase in measurements appeared to be in the part corresponding to the parietal bones. The frontal bone was ossified as far as the anterior fontanelle. The arms were rigid: the fingers very rigid. The biceps was rigid on extension. The left forearm was strongly flexed on the upper one. The eyes rolled from side to side, and upwards and downwards; but the boy did not appear to be able to see. No material change occurred for some days.

September 18.—The following note was made:—"The left knee is now much enlarged, soft, puffy, and constantly flexed. Screams if touched in any part of the body. Eats little. Is occasionally sick. Mouth and lips excoriated. During the night he frequently wakes with a scream, which he continues several minutes without intermission."

October 2.—Has continued pretty much the same until this afternoon. He has been sick twice, and screams at intervals for half-an-hour together.

3rd.—Pupils dilated, quite insensible to light.

He died on October 8.

Autopsy.—The fontanelles were much depressed, though during life they were prominent. The dura mater was very adherent to the bones and to the brain in four places, viz., beneath the right parietal eminence, opposite the inferior right occipital fossa, and the inferior left fossa. Parts of the brain and tubercular matters were removed with the membranes. There was fluid in the ventricles, and in the cavity of the arachnoid. In the posterior lobe of the right hemisphere was a mass of yellow tubercle, about an inch broad, an inch thick, and an inch and three-quarters long, occupying the greater part of the lobe. There were also similar nodules in the base of the left hemisphere, in the right lobe of the cerebellum: they were firm, uneven masses, and cohered to the brain-substance, from which they were taken, and which was white, soft, and fell away. The brain generally was softer than natural. Fourteen ounces of fluid were removed. Tubercle in large quantity was found in the apex of the right lung, and also, but more generally, scattered in the left lung. A yellowish nodule was found on the anterior surface of the liver, and two small nodules (about the size of small shot) in the mucous membrane, a little above one of Peyer's patches. No ulceration, however, was found in any part of the intestinal canal.

DUPUYTREN ON TOBACCO SMOKING.—"I cannot understand the progress of this filthy custom among educated people. It is, indeed, incredible that a man of liberal education should consent thus deliberately to debase his intellect; that a man, who has enjoyed the pleasures of literary and scientific information, should prefer to the sublime pleasures of the mind the ignoble pleasure of rendering himself disgusting to all about him."

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Medical Times and Gazette.

SATURDAY, NOVEMBER 24.

INDIAN GAOLS.

Our attention has been directed to the sanitary condition of the people of India on several recent occasions, but never more forcibly so than by a work which has just appeared, by Dr. Ewart. The object of the writer in publishing it is to point out the fact that in the gaols of India there exist "the most appalling mortuary bills that are to be found among any class of human beings on the face of the civilised world"; also, to show the causes of this disgraceful condition of things, and to point out means, at once simple and effectual, by which this torrent of death may be arrested, and "the conversion of thousands of minor into capital punishments be averted."

Dr. Ewart might fairly have given his work a more comprehensive title. The greater part of it is occupied with details of sanitary science, which are applicable not only to Indian gaols, but everywhere else where the science of health is allowed free action. He has here told us what to eat, drink, and what to avoid; and has, in fact, laid down the great hygienic laws adapted by modern science to the wants of human society.

He first of all proves his case, viz. the immense mortality (of an avoidable nature) going on in Indian prisons. It appears from his statistics, that in Bengal fourteen years of prison life clears off every prisoner. Of 1000 prisoners not one would be found alive at the end of that term! The different degrees of destructive power in different prisons is very considerable. At Nuddeah, in 1855—56, the mortality per 1000 was 15·95; in Bhangulpore, it was 402·48! In 1858, the mortality in Dargeeling prison was 24·4 per 1000 prisoners, and in Akyab, 783·8! These last figures show pretty clearly, we must suppose, that the natives have also indirectly felt severely the effects of the Mutiny. A calculation of ten years' mortality, ending 1855, shows that the lowest average prison mortality in Bengal was at Noakhally 24·5 per 1000; and the highest at Bhangulpore 182·3 per 1000. These deaths are not of the sick, be it remembered, but of the *strength*, as it is technically (but ironically) called, of the prisoners. "The *annual sickness* among Indian criminals," says Dr. Ewart, "in the three Presidencies exceeds the numerical strength"! Every prisoner goes more than once a year into Hospital!

The whole of this shameful mortality is traced to defective sanitary arrangements,—to bad air, bad ventilation, bad food, bad water, bad drainage, etc. We call it, unhesitatingly, shameful,—because, at the present time of day, we know that to consign or subject human beings to the prison conditions described by Dr. Ewart is to consign a large portion of them to certain death.

Dr. Ewart says that the right cure for the evil is to "augment the sanitary powers of the Medical Officer of the gaol." He should have as full power in the practice of *preventive* as he has in *curative* Medicine.

Some chapters are devoted especially to Indian Prisons. The last is a "Scheme of Discipline for Indian Prisons;" one is "On the Abolition of Opium-Eating;" and another "On the Abolition of Tobacco" (we suppose Dr. Ewart means *of its use* by the prisoners); another on their Clothing. The recommendations here given are directed chiefly to the prisoners of India; and will, therefore, be of much interest to the Indian officials, whose business it is to deal practically with the evils above spoken of. Dr. Ewart has evidently well mastered his subject; and is, therefore, an authority on all thematters he has here so well treated of. His book will, we trust, meet with the attention it deserves at the hands of those who have the power to set the reforming machinery in action, and we do not express this wish any the less cordially because we think he has overstrained the case against tobacco. The natives of India love opium, but they love tobacco better. Once on a time, it appears, the unfortunate inhabitant of their murdering penitentiaries was allowed a few grains of tobacco per day as a small ease to his sorrows; but of late "inspectorial officers, vested with almost directorial powers," have cut off all "pernicious narcotics." Tobacco and opium are now only allowed, at least in certain gaols, when ordered by the Doctor. These "inspectorial, directorial" minds, thus careful of the moral and social habits of their criminal flocks, have nevertheless, as we learn from Dr. Ewart's work, left the sanitary condition of the prisons in such a state that, as we stated above, "the annual sickness among Indian criminals exceeds their numerical strength." Such is the solicitude and careful moral influence which their guardian angels exercise in behalf of the fallen classes of the Indian natives! Foul air, and little of it, bad clothing, and stinking drains, short diet, and corrupted water, these they serve out, *ad libitum*, in their gaols, but no grains of tobacco! High morality forbids it. Now, really, there is something akin to a mania in this anti-tobacco fever; we regret that Dr. Ewart has devoted one chapter to a repetition of what has been so often uselessly said on the subject. We are forced to believe, from all we know of this drug, that if there were ever an occasion in which it could be of service it would be so in the case of the unfortunate creatures subjected to the depressing influences of gaol life in India. We know not when their *baccy* was stopped, but this much seems clear enough, from Dr. Ewart's own showing, that the increase of "recorded admissions into Hospital has been universal in recent times;" so that we might, if we were to follow or adopt some of the logic which has been used on this tobacco question, assume that the mortality has increased *because* the tobacco-pipe was suppressed.

No one can doubt for a moment about the mischief done to the body by inordinate smoking; but what article of luxury or necessity is there which may not be, and is not, the subject of abuse by City aldermen, Chinese coolies, parish beadles, highly-polished aristocrats, and even learned professional notabilities? We venture to say that if Dr. Ewart, in his chapter on Tobacco, will put the word "tea" where "tobacco" now stands, he will find that a very large portion of what he has stated as detrimental to the claims of tobacco, is equally detrimental to the claims of tea as an article of human consumption. And we would throw out for his consideration this fact,—That for one person whom we, as Doctors, meet with suffering from the effects of overdoses of tobacco, we meet with twenty suffering from overdoses of tea. Surely, as steady, responsible Medical Philosophers, we should be very cautious in condemning *in toto* the use of a stimulant and soother such as is tobacco, merely because we cannot make it out to be assimilable. The very fact of its almost *universal*

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use should bid us be cautious in jumping at adverse conclusions about its use. The party spirit which is exhibited in the discussion of the uses of tobacco does not surprise us, but unfortunately it prevents us getting at the facts of the case. The world is, in this matter, divided into two sets—lovers and haters; and, no doubt true to their characters, one sees no defects, and the other no kind of beauty in the object of their admiration or disgust. To weigh, for example, the nicotine in a cigar, and then to argue of the effects of *so much* nicotine on the body, is a glaring fallacy; and yet this is what is usually done by the Counterblast side of the question. The fact of the matter, however, is this:—that, spite of all argument, men *will* smoke. The nature of man is more powerful than the voice of authority in professorial chairs. This also we will say, that we believe anti-tobacconists, like teetotallers, would effect much more real moral regeneration, if instead of seeing a glimmer of the Evil One in every glass of gin and every puff of tobacco-smoke, they would restrict their attention to a wise discrimination of the uses and abuses of alcohol and tobacco. In conclusion, we will just turn to the last *calm* authority on this subject, and see what is the last word Science, Physiologial and Chemical, has to say about the weed. What does Dr. Day tell us in his "Physiological Chemistry?" Well, tobacco appears to restrain the loss of the body when food is defective, like alcohol; "but it differs from alcohol in being unattended with any unpleasant effects upon the circulating system, though its action on the brain is apparent in increased nervous excitement, followed by a pleasant feeling of ease and contentment." Oh! it will be said in answer, Dr. Day no doubt smokes! We cannot tell. Let, however, the teetotaller listen to another word of the Physiological Chemistry of 1860: "Tea and coffee are usually believed to have a somewhat similar effect to that which, as we have shown, is produced by alcohol and tobacco"! Such is Science, and such is human sentiment!

Dr. Ewart's other piece of reasoning, viz. that tobacco and alcohol stand in very different categories in the chemist's eye—the one being assimilable and the other not—is also based on an error. It has yet to be proved that alcohol is assimilable any more than tobacco is, *i.e.*, in the sense of its being food. The latest investigations on the subject, indeed, rather seems to show that it is *not* assimilable; for it has been collected in the pulmonary exhalation and in the urine. Dr. Ewart must remember that the physiological chemist has an immense gulf to leap over before he brings his chemistry up to a level with daily experience in the matter of food and its value as a nutritive agent. We shall have to diminish our dietetic list considerably, if we are to wait for chemical explanations of the utility of all its various component articles.

THE WEEK.

The powers of the Medical Council are being tried. They have refused to enter on their Register a name which had been erased therefrom, and the Registrar is brought into the Queen's Bench to give an account of the refusal. The Council erased the name under virtue of the 29th section of the Medical Act, which enacted that if a registered Medical Practitioner shall be convicted of any felony or misdemeanour, "or shall, after inquiry, be judged by the General Council to have been guilty of infamous conduct in any Professional respect," the General Council might, if they saw fit, direct the Registrar to erase his name from the Register. There was also another section, the 26th, which enacted that any entry which shall be proved to the satisfaction of such General or Branch Council to have been fraudulently made may be erased from the Register, by order in writing of such General or Branch Council. And now comes the question of right interpretation of powers before their Lordships in Banco. The Lord Chief Justice Cockburn said the question required serious consideration, and the learned serjeant might take a rule, and he granted a rule *nisi* accordingly. So the Council must give their reasons! We await the judgment with curiosity. If the Court decides adversely to the Council, we may be strengthened in our opinion that the Medical Act is, in its main features, a very considerable failure, and shall then have either to acquiesce in the failure or to demand from Parliament that more stringent and effective powers be given to the Medical Council.

We need not remind our readers what a vexed question is the one, "Who is a Doctor?" For many months past our pages have given expression to very opposite solutions of it, and yet no expression which meets with general consent. In the Profession, indeed, the question seems to have fallen into the same category of unanswerable propositions as that famous one of the late Sir Robert Peel still stands in among financiers, viz. "What is a pound?" Well, what the Profession cannot do the Court of Exchequer thinks it can, and readily enough. We apprehend that the decision of this Court in a case adjudicated upon by it last week, will bring great contentment to a vast number—nearly 1000—of our brethren, Surgeons and Apothecaries, who have made themselves masters of the Edinburgh College of Physicians' diploma. The case is one of very considerable importance to the Profession, and if the judgment of the noble Lords-adjudicators holds good, will make a little era in our Medical society,—for who will not, when he may under such high sanction, assume the title of Doctor, provided it suit his purpose to do so? In this case an information was preferred against a Surgeon at Pinner, for having used the title of Doctor of Medicine, thereby implying that he was registered under the Act, 21st and 22nd Vict. cap. xc. It was proved before the magistrates that the defendant had for years past affixed on the outer gate of his residence a brass plate, on which was engraved "Dr. Kelly." The defendant was registered in the last "Medical Register" as a Member of the Royal College of Surgeons of England, 1856, Licentiate of the Society of Apothecaries, 1856. The complainant swore that he had heard him call himself Doctor Kelly. We refer our readers to another column for the opinion given by the Lord Chief Baron, after a long discussion on the question. Their Lordships were ultimately of opinion that the decision of the justices should be confirmed, and granted the costs of the appeal. Hence, then, the Medical Council is powerless to prevent a registered Practitioner from calling himself Doctor. One fact is worthy of note in the Lord Chief Baron's decision, viz. his ignorance of the fact that a College of Physicians has nothing to do with the title of M.D. The Baron assumes in his judgment that by taking the title of M.D. the defendant was infringing on the privileges of the Colleges of Physicians.

The following letter, on the "Association Journal," has been received from a gentleman well known to us and to the Association, of which he is a distinguished Member:—

"Sir,—The retirement of Dr. Wynter from the editorship of the *British Medical Journal* is an occurrence not to be passed over without some attempt to improve an opportunity that does not often occur for putting the Association on its proper footing. Personal respect for Dr. Wynter has restrained me, and I doubt not many others, from expressing on previous occasions the conviction that the Association will be far better off without the Journal. It is an incumbrance upon the funds; it is a laboured, unsatisfactory, and unsuccessful literary adventure; always in arrear of Medical, scientific, and general information; but little looked

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at even by the members of the Association, and almost totally disregarded by the Profession at large.

"For these reasons it is very earnestly to be hoped that the vacancy will not be permanently filled before the members of the Association have had an opportunity of expressing their views upon the matter. It was thought advisable upon the trifling question of change of title of the Journal to canvass the Association by special circulars; surely, upon this most important question of getting rid or not of the incubus, the same plan might be adopted, and the sense of the members taken before the vacancy occurs. I believe that if the question be put at once in this way, the 'Noes' will largely predominate over the 'Ayes.'

"I am, &c.

"A Member."

We have been informed that the course recommended by our correspondent has been urged upon the Council, in a memorial signed by Sir J. Clark, Sir J. R. Martin, and many other men of influence.

General Napier, who is universally regarded as one of the most accomplished soldiers in the Expeditionary Army, and who especially takes an active interest in sanitary arrangements, a few days after the last attack on the Taku forts remarked in the presence of his Staff, "that the Medical arrangements of the Army had been, from first to last, perfect, and could not be better in any Army in the world." It must be very satisfactory to the Medical Profession at large to find that their services in preserving the health of the troops, and attending to their welfare when sick and wounded, are now so highly appreciated by Military Officers. The *Times'* correspondent gives a no less pleasing account. After visiting the Hospital-ships, he reports the condition of the men as satisfactory; although in the case of the *Mauritius* the height of the upper berths, and the smallness of the port-holes are objectionable.

"But," he continues, "the men were hearty and cheery. Each man had good flannel clothing, and on every bed was a clean pair of sheets and a famous blanket. Each vessel was supplied with a complete file of the London papers and a good selection of books. The men seemed most grateful for this, and nearly every one not too ill to read had in his hand a paper, arrived by the mail of the previous day. Here, at 15,000 miles from home, were upwards of 150 (44ths and 67ths) wounded in the attack, and nearly all belonging to two companies of each regiment. There was no grumbling, no vain complaints. Every man was resigned to his fate; and an artilleryman, whose leg had been amputated, cheerily hoped to obtain a situation among the soldier *commissionnaires* of London. Various games had been sent from the War-office,—chess, backgammon, draughts, solitaire, etc. —of which the last was the favourite. As to stores and Medical comforts, these ships contain a supply of everything that by the most remote possibility can be needed. The sick and wounded are tended with the same care and solicitude as in the best London Hospitals, and the arrangements made by Dr. Muir and his Staff leave little or nothing to be desired."

The Director of the School of Medicine at Limoges, states, that there are great opportunities for the study of Anatomy there, the School being so well supplied with subjects. The chief source is the prison, where the bodies of the dead are rarely ever claimed. Do we not carry delicacy to an absurd extent in this country, where the supply of anatomical subjects is often so scanty, in refusing to take advantage of the supplies which our prisons would afford us?

Among numerous other legacies, Baroness Wrottesley has left £1000 to the Taunton Hospital.

An Imperial decree has suppressed the Schools of Theology, Law, and Medicine, established at Chambery, Nice, Annecy, St. Jean de Maurienne, Moutiers, Bonneville, and Thonon. This suppression will be a great concession to Lyons and Strasbourg.

COURT OF EXCHEQUER, November 14.

Sittings in Banco before the Lord Chief Baron, *Mr.* Baron Bramwell, *Mr.* Baron Channell, *and Mr.* Baron Wilde.

ELLIS (Appellant) *v.* KELLY (Respondent.)—THE MEDICAL REGISTRATION ACT.

This was an information before the Middlesex magistrates by Mr. John Ellis, of Pinner, against Hubert E. C. Kelly, "for his having, on the 2nd of November last, at Pinner, wilfully and falsely pretended to be and did take and use the name or title of Doctor of Medicine, thereby implying that he was so registered under the 21st and 22nd Vic. cap. xc." It appeared at the hearing that the defendant had for years a brass plate affixed to his residence at Pinner, bearing the words "Dr. Kelly," but in the copy of the Medical Register produced, the entry was "Kelly, Hubert Edmund George, of Pinner, Middlesex, Mem. Royal Coll. Surgeons, England, 1856, Lic. Soc. Apoth., London, 1856," and the complainant proved that he had heard the defendant call himself Dr. Kelly. For the defence there was put in a diploma of the University of Erlangen, in Bavaria, which permitted the defendant to practise Medicine throughout Germany, and the following evidence was called to prove the genuineness of that document—viz. Gustavus Morris Strauss, Doctor of Philosophy, of Berlin, who stated that he was acquainted with the diplomas of the Universities of Erlangen, and that one of the seals attached to the diploma produced was that of the Great University, that the second seal was that of the Medical Faculty, that the diploma permitted the person named therein to practise Medicine throughout Germany, and that he believed the signature of one of its Professors (Rowsshint) to be genuine. Adolph Reinecher, Doctor of Medicine, of Berlin, also stated that the diploma in question was in the form and shape of those used in Erlangen, but that the seals were not like those at present used. That formerly diplomas of Philosophy of German Universities were to be had for money, but not those for Medicine; and that persons residing in England could not obtain them without first undergoing examination. The complainant contended that the diploma put in was not legally proved to be authentic and genuine, nor the person named therein to be the defendant, and that the same might have been proved if the defendant had left the document at the Registration Office, where the Council would, through the Dean of Faculty at Erlangen, have ascertained the fact of its being genuine or not; and that, even if these facts had been duly proved, the defendant, not being registered as qualified by that diploma to practise as an M.D., he did commit the offence charged in the information by having the title of Doctor on his brass plate in front of his house; and also that the possession of such foreign diploma did not entitle the defendant to use the title of Doctor of Medicine in this country without being liable to the penalty incurred by the 40th sec. of the 21st and 22nd Vic. cap. xc. It was, however, submitted on the other side that this document did enable the defendant to use the title of Doctor of Medicine in this country. The justices, upon the hearing of the information, dismissed the same with costs against the complainant for the following reasons:—That it was proved that the defendant practised at Pinner, assuming the title of Doctor of Medicine, and that he was not so registered in the Medical Register; that the document purporting to be a diploma of the University of Erlangen was not proved; that the possession of that document so far justified the defendant in using the title of Doctor of Medicine, that it could not be said that he had used that title wilfully and falsely within the meaning of the Medical Registration Act. The magistrates were also of opinion that the Act did prohibit the use in England of the title of Doctor of Medicine obtained by virtue of any foreign diploma, unless the same was registered under the provisions of the Act. They further requested the opinion of the Court of Exchequer on the following questions:—1st. Whether the Medical Registration Act (21st and 22nd Vic. cap. xc.) prohibited the taking and using the title of Doctor of Medicine by any Medical man in England unless the same be duly registered according to the provisions of the Act? 2ndly. Whether, if the Court should be of opinion that, though the Act did prohibit the assuming of such title, the defendant under the circumstances could be held to have so done "wilfully and falsely" within the meaning of

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the 40th section? If the Court answered either of these questions in the negative, then the judgment of the magistrates should be affirmed. If their lordships answered both in the affirmative, then the case was to be remitted for further consideration.

Mr. Codd now appeared as counsel on behalf of the appellant, the informant in the Court below. Mr. Coulson Robinson appeared for the respondent.

Mr. Codd submitted that the opinion of the Court should be in the affirmative on both questions, and that the Act prohibited the use of the title of Doctor of Medicine, and that there was no evidence to justify the justices in assuming this title from the parchment produced before them. Section 34 of the Act 21st and 2nd Vic. cap. xc. enacts that a duly-qualified Medical Practitioner shall be construed to mean "a person registered under this Act." The 40th section enacts "that any person who shall wilfully and falsely pretend to be or take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a Physician, etc. shall, upon a summary conviction for any such offence, pay a sum not exceeding £20." The question is whether, upon the wording of the Act, the fact of having a foreign diploma gave the defendant a colourable right to use the title of Physician. The magistrates did not think the seals of the diploma proved, and the evidence of its authenticity failed.

The Lord Chief Baron: The seals are both proved according to the evidence stated in the case before us.

Mr. Codd: The justices say the contrary.

The Lord Chief Baron: When we revise the decision here we may say that the seals are proved, although the magistrates say they are not.

Mr. Codd then submitted that on the facts in the case the respondent had clearly been guilty of the offence contemplated in the 40th section of the Medical Registration Act, by assuming the title of Doctor of Medicine, to which he was not entitled.

The Lord Chief Baron: But this gentleman is a member of the College of Surgeons, and a Licentiate of the Apothecaries' Company.

Mr. Codd: Yes, but he is not a Doctor of Medicine, and the Act provides for all classes of the Medical Profession.

The Lord Chief Baron: But he is registered.

Mr. Codd: Not *qud* Doctor of Medicine, which he describes himself to be. He wilfully and falsely pretends to be what he is not, and comes within the Act.

The Lord Chief Baron: If a man is registered he may call himself what he pleases. Suppose he was a Doctor of Laws, and afterwards practised Medicine, and was duly registered, could he not call himself Doctor? This Act is to prevent any man practising Medicine who is not registered. I do not think there is the slightest reason for saying that he has been guilty of false pretences. The defendant is qualified and registered, and you can only charge him with assuming to be a Member of the Royal College of Physicians when he is only in reality a Member of the Royal College of Surgeons. There is no pretence for saying that he pretended to be a Member of the Royal College of Physicians. The charge virtually here is not that he assumed a name, but that he did not drop it.

Their lordships then, without calling on Mr. Robinson for the respondent, dismissed the appeal with costs; Mr. Baron Bramwell observing that he thought the respondent had been somewhat hardly dealt with.

Mr. Robinson said his client had since registered himself.

Appeal dismissed accordingly.

THE KING AND THE DOCTOR.—"In the Hospital were Dr. Ripari and our countryman Dr. Franklin, who has been very active in his gratuitous attendance on the wounded, both there and at Santa Maria, in times of much peril; the latter was presented. Victor Emmanuel inquired his nationality, and, on being told it, was very complimentary both to him and his country. He asked him why he had come out, and on learning that it was to assist the Italian patriots, exclaimed 'Bravo, bravo, bravo!'"

REVIEWS.

On the Signs and Diseases of Pregnancy. By THOMAS HAWKES TANNER, M.D., F.L.S., Member of the Royal College of Physicians, etc. Pp. 504. London: 1860.

DR. TANNER has already appeared before his Medical brethren as the author of various works which have acquired popularity from the easy and lucid style in which they were composed; and now he brings forward a new and original work "On the Signs and Diseases of Pregnancy," which we believe is well adapted to supply the wants of the student and practitioner.

Nearly half of the work is devoted to the general consideration of pregnancy, its symptoms and diagnosis: and the remainder to the diseases. Under the former head the author gives in a readable form many of the well-known instances which the Medical practitioner ought to store up in his mind, and use as a kind of landmark. For instance, he gives the best recorded instances of the earliest and latest occurrence of menstruation and of pregnancy. We have the case of Mary Deane, who menstruated at the age of three and a-half years, and of the factory girl mentioned by Mr. Roberton, who became pregnant in her eleventh year; while at the opposite extreme, we are told that the latest period at which parturition at the full term of gestation is satisfactorily known to have taken place, is fifty-four years. Of the number of times in which it is possible for any woman to be pregnant, we are told of one who was pregnant twenty-five times in thirty-three years; likewise of the Scotch weaver's wife who brought her husband sixty-two children, and of the Moscow peasant's wife who produced sixty-nine children in twenty-seven confinements. Respecting the fruitfulness of marriages in different countries, and among different classes, we are told that the upper and luxurious classes are far less fertile than the poor and laborious; and the reason assigned is that, as nearly all the children of the upper classes are reared somehow, so there is among them an undue proportion of persons with constitutions so impaired that they are unable to perpetuate their families. We rather suspect that habits of life, early excess, youth wasted in promiscuous debauchery, and *mariages de convenance* patched up at a time of life when passion and vigour are on the wane,—are more probable causes. It often happens that there is no want of progeny with the *bar sinister* on the escutcheon, although there may be none legally qualified to inherit real estate. Families are deservedly extinguished when men waste their youth and strength on harlots, and reserve the marriage sacrament for purposes of money or "respectability."

Passing on, we find the various subjective and objective signs of pregnancy detailed in due order, their relative value stated, with the difficulties of recognition, and sources of error. Fœtal auscultation receives its share of attention, and is invested by Dr. Tanner with an importance which shows that he is unconvinced by the arguments of Dr. Francis Adams; and he very justly notices the importance of attending to the pulsations of the fœtal heart during protracted labour, and of interfering by means of turning or the forceps if they become feeble or excessively rapid, and show that the child's life is in danger. In treating of the fact that the enlarged uterus differs from a tumour, in its power of alternate contraction and relaxation, the author does not omit to say that, although a tumour be composed of an enlarged uterus, yet that this would not contain a fœtus, and that neither enlargement nor peristaltic motion of this organ are of themselves adequate proof of pregnancy.

In the next chapter, the conditions which simulate pregnancy are discussed, and the symptoms of fibrous tumour and its consequences in simulating or complicating pregnancy are well given. Then we have the duration of pregnancy, in treating which Dr. Tanner allows, with most modern writers, that about 300 days may elapse between impregnation and childbirth; yet that utero-gestation is never prolonged beyond ten calendar months.

Then follow the diseases:—Abortion, moles, and other substances expelled from the womb and vagina, superfœtation, diseases co-existing with pregnancy, diseases sympathetic and organic which belong to that state intrinsically. We may take the vomiting of pregnancy as a specimen. He describes the symptoms, and ordinary course of the phenomena:

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alludes to the cases in which it has been ascribed to congestion or ulceration of the womb; and then to the purely sympathetic, which (whatever may be the meaning of "sympathy") he believes, and so do we, to be much the most common set of cases. For the treatment, he gives three sets of remedies. First, the gentle purgative; secondly, the tonic and sedative; and thirdly, in desperate cases, production of abortion. Under the second head, which includes the real remedies for vomiting, of which the Practitioner may well desire to have his quiver full, he mentions hydrocyanic acid, with calumba, or with effervescing draughts, or dilute phosphoric acid: morphia; or extract of opium with extract of henbane; Battley's sedative with chloric æther, sal-volatile and prussic acid; the salts of cerium (which have disappointed Dr. Tanner as they have ourselves); inhalation of laudanum and salicine. He finds no benefit from quinine, steel, creosote, lemon-juice, tincture of nux-vomica, camphor, conium, acetate of lead or iodide of potassium; and only rarely from the nitrate of bismuth: nor yet from blisters, sinapisms, or turpentine stupes. He says hot epithems of laudanum, and chloroform, or of extract of belladonna with tincture of arnica, tincture of opium, glycerine, and soap or turpentine liniment often give relief; so may medicated pessaries of belladonna and morphia, introduced into the vagina.

We can only say, in conclusion, that this work contains an account of most of the conditions which are met with in pregnancy, and about which the Practitioner, unless he have a good library, may be at a loss where to look for information. Although the details are hardly full enough, particularly as regards the treatment, yet we can conscientiously recommend the book as a useful and creditable addition to the list of works on Midwifery.

The Six Months' Seasons of the Tropics. By James Lees. Pp. 95. Duodecimo. London: 1860.

The author considers that the double seasons of the Tropics have never yet been sufficiently respected by authors, astronomers, travellers, and the rest of the world; and he has in this little volume endeavoured to make up for the deficiencies of others on this point. Sir John Herschell's and other astronomical accounts of the tropical seasons are, he considers, unsatisfactory. The author himself, as he says, gives the true account. "It is the meridian ascending and descending of the sun that is alone the true astronomical cause of the seasons." He adduces a number of interesting facts to illustrate the double seasons of the Tropics. The dweller in those regions lives a double annual life; he enjoys each year two summers and two winters. And besides these advantages the vegetation is more vigorous and more perfect. Sheep may be shorn twice. Birds have two resting-places, two moulting times, and a double migration. Trees have two sets of leaves; flowers bloom twice, and the peach-tree twice a-year yields its delicious fruit.

The practical deduction which the author draws from his facts is this: That people who go to live under the equator for the purpose of growing coffee, cotton, and so on, should select those spots of the tropics where they could work out of the soil a double crop in each year. We fancy we have read of *three* crops of corn being obtained annually in some districts of Abyssinia. The author tells the botanist to be careful in reckoning the age of an antediluvial tree from its rings; for now we learn, he says, that two rings may go to one year—a fact "which refutes a scientific argument of some pretensions, against the chronology of the Bible. These *antediluvian* trees of 6000 years or rings old are really only of half that age." We wonder Mr. Lees was not afraid his facts would suggest the idea that those men of old who counted their ages by centuries, might, in a similar way, have their period of life cut short on the theory that they reckoned the two seasons as two years. The little book gives a collection of the localities where these double seasons go on, and a summary of their special capabilities in the way of growing powers.

The Sea and its Living Wonders. By Dr. G. Hartwig. London: 1860. 8vo. Pp. 427.

This exceedingly interesting work is translated by the Author's own hand from the fourth German edition, and is partly rewritten in an easy and agreeable style which makes it read like an original English production. It is illustrated by numerous excellent woodcuts, as well as by twelve chromoxylographic plates, and is also provided with a coloured map of the globe in hemispheres, showing the natural features of the land, and the direction of the oceanic currents, co-tidal lines, etc., with a comparative view of the principal elevations in the western and eastern hemispheres, and the distribution of active volcanoes and regions visited by earthquakes.

The First Part of the work contains an interesting account of the physical geography of the sea, according to the most recent researches, including the structure and appearance of the different kinds of coasts, the progressive changes in the limits of the ocean, the upheaving and subsidence of the land, and its alluvial deposits; the mode and formation of waves, and the height and velocity of the storm-wave according to the best modern calculations; the theory of the tides and ocean-currents, with their causes; concluding with the principal meteorological phenomena of the sea.

The Second Part of the work is occupied with a description of the *inhabitants* of the sea, commencing with the *cetaceans*, and from thence to seals and walruses; sea-birds, reptiles, marine fishes, crustacea, marine annelides, mollusks and star-fishes, sea-urchins and acalephæ, sea-anemones and corals; the microscopic life of the ocean; marine plants; the geographical distribution of marine life, the phosphorescence of the sea, and the primitive ocean.

The Third Part of the work treats of the progress of maritime discovery from the time of the Phœnicians down to the present date, and gives a very interesting account of all the principal expeditions that have been undertaken in various parts of the globe, and the advantages arising from them; concluding with those of Ross, Parry, Franklin, McClure, McClintock, and the recent scientific voyages of circum navigation.

Die Epithelsgranulationen der Arachnoidea. Von Dr. L. Meyer. Berlin: 1860.

(*On the Epithelial Granulations of the Arachnoidea.*)

Dr. Meyer, of Zürich, having recently shown us "Why the Shoe Pinches," Dr. Meyer, of Hamburg, now comes forward and proves the existence in the arachnoid of pathological neoplasms, which have not yet been observed, and which are quite analagous to the long-known hypertrophies of the epidermis. Dr. Meyer, who is Chief Physician to the Lunatic Asylum connected with the the General Hospital at Hamburg, and who is favourably known to the Profession by his previous histological and pathological researches, especially on brain-diseases, has found these formations in persons who had suffered from delirium tremens, epilepsy of long standing, with chronic idiotcy and temporary maniacal excitement, and also in many cases of true chronic meningitis (the progressive paralysis of the insane). They are due to a hypertrophy of the epithelium of the arachnoid, and not to be confounded with the fibrous granulations of the meninges. They consist of cell-strata conically elevated, and are very small. In some instances the cells are changed, their membrane is thickened, the contents are more granular, and the nucleus is not visible; in other instances the contents undergo fatty metamorphosis, and chalk is formed. These neoplasms are in so far interesting as they prove that a delicate stratum of cells may be greatly hypertrophied on a membrane which is quite devoid of blood-vessels and nerves; and they thus support the theory recently put forth by Virchow, of the autonomy of the elements of tissues and their independense of blood-vessels and nerves. The arachnoid on which these neoplasms are found is generally thickened and darkened.

Recherches sur la Substitution Graisseuse du Rein. Par M. le Dr. E. Godard. 8vo. Pp. 31. Paris: 1860.

This little *brochure* has been published by the author *à-propos* of a case of fatty change in the kidney which came under his notice. The pamphlet is well worked up, and gives a good general historical account of the fatty changes which occur in the kidney and elsewhere. The object is to point out, just as Dr. Quain has done in the case of the heart, the difference between fatty degeneration and fatty growth of the kidney. His case is one simply of substitution, or mere deposition of fat by the side of healthy structure; and he points out how

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much this form differs from cases of fatty infiltration of the epithelium of the kidney, such as often is met with in albuminuria. "The two diseases are," he says, "quite distinct, and do not pass the one into the other." Besides this, the fatty growth may destroy the kidney more or less completely without producing any signs of its existence. Cases of this kind of fatty growth of the kidney, which destroy life by its mechanical pressure on the kidney, are no doubt of a rare kind.

Uber Opium in Geisteskrankheiten. Von Dr. L. Meyer. Berlin: 1860.

The vexed question if opium is beneficial or not in certain forms of insanity, is treated in this little book in a very lucid manner. Dr. Meyer's opinion is, that opium is useful in puerperal mania, in hysterical alienation, in all forms of insanity which are connected with the sexual organs; and in those which appear in the course of certain acute diseases, as variola, acute rheumatism, etc. He recommends doses of two to three grains of opium every two hours, and in cases where the internal administration of the remedy is not advisable, has recourse to the injection of a solution of morphia into the cellular tissue—the "hypodermic treatment," which was first originated in England.

Letts's Medical Diary for 1861.—*Letts's Diary and Almanack for* 1861.

We need not do more than announce the issue of these neat and useful Diaries for the coming year.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON ENLARGEMENT OF THE THYROID GLAND DURING PREGNANCY.

By M. GUILLOT.

M. Guillot observes that he has not infrequently remarked hypertrophy of the thyroid taking place in pregnancy, and quite independently of the conditions usually considered to be favourable to the production of goître. The affection is usually not dangerous, but two cases which have come under the author's notice prove that it may prove perilous to life itself.

1. A lady, 30 years of age, in easy circumstances, and of excellent health and constitution, found her neck, during a first pregnancy, become the seat of a slowly increasing enlargement; but as she suffered little inconvenience from it, she paid but little attention to it. During a second pregnancy, in 1855, the tumour increased again, and became troublesome. After suckling had ceased, and the menses had returned regularly, the tumour continued its increase, giving rise to much pain, facial neuralgia, palpitations, vertigo, and suffocative asthmatic paroxysms. The author saw her, with M. Trousseau, in 1858, when the tumour, of about two decimètres in diameter in all directions, was found to be indistinctly divided into two lobes, its consistency being that of a lipoma, without irregularities, and the skin covering it being healthy. On compressing it, great embarrassment of respiration was produced. A few days after the consultation, the patient having become nearly asphyxiated during an attack of dyspnœa, laryngotomy was performed, with immediate relief. The patient, however, died two days afterwards, and no autopsy was permitted.

2. A young woman, aged 29, of good health and constitution, had perceived after her first pregnancy, four years ago, that her neck became larger, but she paid little attention to it. She was delivered of her second child nineteen months since. At the anterior part of the neck was a voluminous tumour of about thirty centimètres in circumference, extending from the thyroid cartilage to the sternum, and covered by healthy and moveable skin. Her respiration and voice were embarrassed, and she was liable to suffocative paroxysms. All these symptoms gradually came on from the time of he first pregnancy, undergoing especially increase from that of her second. After she had been a week in the Necker Hospital the paroxysms of dyspnœa became more and more urgent, until at last one terminated fatally. The thyroid had nearly acquired the size of a human brain, and of course exerted great pressure on surrounding parts. The tissue of the gland, healthy in appearance, still was remarkable in various particulars. In the normal state, the frame-work of the thyroid consists of a fibrous tissue but of slight density, constituting a multiplied series of little cellules lined by a very delicate epithelium. Within these cellules is contained an alkaline, albuminous liquid, in which are swimming vesicular globules, and well-rounded cells or molecules with or without nuclei. But the consistency of this tumour was more firm than normal, on account of its abundant fibrous tissue forming large, thick, multiple partitions, this density being still not so great as that of ordinary fibrous tissue. Its intimate structure resembled that of normal fibrous tissue. The little cavities or cellules were increased in size at some points to three centimètres, and at others to two or three millimètres. The minuter cellules possessed an epithelial covering, but the larger cavities did not. Beyond the increased volume produced by the excessive accumulation of the elements of the thyroid, all was in its normal state, with the exception of the absence of epithelium in the enlarged cellules. The lesion is therefore a hypertrophy of the fibrous and granular elements constituting the organ.

Supposing this to be a correct representation of what takes place in other cases of enlargement of the thyroid during pregnancy, the author is disposed to regard it as only one of the manifestations of the excessive production of fibrine during pregnancy. To this is in great part due the progressive development of the uterus and mammary glands. The framework, with each of its proper elements, exists in the latter for example; but in insufficient quantity, and for the secretion of milk to become accomplished, it is necessary that these anatomical elements should be increased, such secretion not taking place from the mere afflux of blood, but in proportion to the new mass of additional organic elements. These are the utricles or terminal cells of the galactiferous canals, and the fibrous tissue serving as a support, and common bond of union for all these utricles. Just as we can appreciate the incessant increase and accumulation of the galactigenous vesicles, we can estimate that of the generative nuclei of the fibrous tissue, until the fibrous network of the organ comes to occupy a considerable and highly important position in the constitution of the organ. Other signs of increased production of fibrine are found in the accidental osseous growths, accompanied by a thickened periosteum, which are found sometimes within the cranium or pelvis of pregnant women. Without adverting to the demand for such tissue in building up the fœtus and its membranes, we may refer to its prevalence in the development of the round ligament. "Being in the habit of endeavouring to trace out the mutual relations of pathological phenomena, and being convinced that most of the facts of detail are but the expression of an unity which the Practitioner should seek to discover, I have endeavoured to bring these particularities together, which, perhaps, after all, though produced simultaneously, may not be united by any appreciable tie. However, this simultaneity of production, amidst a common general condition has struck me; and this is why, although with much reserve, I have been led to state that the hypertrophy of the thyroid body, during pregnancy, is one of the consequences, as it is one of the proofs, of the energy imparted to the fibrous elements of the system."—*Archives Gén.*, t. xvi., pp. 513—521.

EXCERPTA MINORA.

Treatment of Gleet by Compression.—Dr. Hachenberg reports that he has found this practice very efficacious. He employs bougies made of ivory or highly-polished horn, having a button or shoulder at one end to prevent the slipping into the urethra. Before the introduction of the bougie at bedtime, the urethra should be well washed out with Castile-soap and water, and then by a mild, astringent lotion. An instrument of a size to fill the urethra is then oiled and gently introduced; and the urethra soon grasps the instrument so tenaciously as to render support or bandage unnecessary. It is removed in the morning, and another cleansing process follows, which is repeated occasionally during the day. The application is to be repeated every third or fourth night, until a cure is accomplished, which it is after from the third to the

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sixth application. There is sometimes a difficulty in removing the instrument from the grasp of the urethra; but if a gently rotatory movement precede traction, it will be easily accomplished. The first application may increase the tenderness of the parts, or cause a slight hæmorrhage; but tolerance is soon established. Certain forms of spermatorrhœa may be treated in the same way.—*North American Med.-Chir. Rev.* September, p. 371.

Medicated Cod-liver Oil.—Many Practitioners attribute the value of cod-liver oil to the small quantities of iodine, bromine, and phosphorus which it contains; and some, to increase its effect, add these substances to it. The following is M. Fougera's formula, in which the oil retains its taste, odour, and pale straw-colour. Cod-liver oil (cold-drawn preferred), 125 drachms; iodine, 6 grains; bromine and phosphorus, of each five-sixths of a grain.—*Bull. de Ther.*, October, p. 365.

Oxalate of Cerium.—Dr. Charles Lee communicates some cases in corroboration of the efficacy stated by Dr. Simpson (a) to attach to the use of this substance in the vomiting of pregnancy. Dr. Lee has only used it in the vomiting of advanced pregnancy, having always found this troublesome symptom occurring before the fourth month, yield to creosote or prussic acid, or better still to minute doses of sulphuric acid and brandy. He gives two grains of the cerium every few hours. Dr. Lee adds that he has found the employment of the remedy no less encouraging in the vomiting of phthisis, in pyrosis, hysterical emesis, and the various dyspeptic conditions of the stomach, especially atonic dyspepsia. The rapidity of the effect of the cerium in checking vomiting, noticed by Simpson, is just as observable in dyspepsia, whether as regards the relief of the nausea or the restoration of appetite. In several cases of acute and sub-acute gastritis, whether idiopathic, or supervening on debauch or delirium tremens, Dr. Lee has obtained no amelioration of the symptoms.—*American Journal of Medical Science*, October, p. 393.

Sulphuric Acid as a Remedy for Tænia.—Dr. Darrach states that several cases have occurred to him in which sulphuric acid has proved completely efficacious in the destruction of tape-worm. He orders:—Acid sulph. aromatic. ʒj., to one pint and a-half of water, directing the patient to drink of it as often as he can until it has been all taken.—*Ibid.*, p. 378.

Endermic Use of Animal Fat in Typhoid Fever.—Dr. Baker, of Alabama, extols highly the endermic application of animal fat in the shape of bacon-rind. He conceives that it acts in part by keeping the eliminating functions of the skin in activity and in part by conveying direct nourishment to the nervous tissue, and by supplying materials for combustion, and thus preventing the destruction of tissue which would otherwise take place in the course of a prolonged fever. He considers that animal fats and oils exert a much more decided entrophic agency than do vegetable oils.—*Ibid.*, p. 574.

GENERAL CORRESPONDENCE.

JORDAN ON SKIN-DISEASES.

LETTER FROM MR. CHURCHILL.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg to forward to you for publication a copy of a letter I have addressed to the Editor of the *British Medical Journal* in reference to the following article which appeared on the 20th October in that Journal:—

"A JANUS AMONG SKIN-DOCTORS.

"In the last number of the Journal we reviewed a work on 'Skin-Diseases and their Remedies; by Robert J. Jordan, M.D.' In performing this duty we criticised the book simply on its own merits; and regarded it as being to all appearance the production of a young man anxious to ingratiate himself into the practice of a speciality by a parade of his book-learning. Since the appearance of the review, we have noticed, and several correspondents have pointed out to us, a fact in relation to the author of the book which, had we been cognisant of it, would have entirely removed every particle of fear that we might be dealing too harshly with him. The fact is this: that Dr. Jordan touts for practice in the most unblushingly disgraceful manner in the public newspapers, provincial as well as Metropolitan. Here is his advertisement:—

"'Just published, price 1s., post free for fourteen stamps, with photographic illustrations, "Diseases of the Skin;" by ROBERT J. JORDAN, M.D., Licentiate of the Royal College of Physicians, Edinburgh; Member of the Royal College of Surgeons, England, etc., etc.; author of "Skin-Diseases and their Remedies," etc. Containing the modern treatment (as adopted at the Hospital St. Louis, Paris) for the cure of those diseases so prevalent in a high state of civilization, consequent on an impure state of the blood, causing cutaneous eruptions, scorbutic affections, and scrofula; treatment of superficial and deep-seated ulcer; torpidity of the circulatory system, causing discoloration of the hands, redness, roughness of the skin, disfiguring the face, giving an unsightly appearance, in lieu of a clear, fair, and healthy complexion.

"'This book is, as he has aimed to make it, "thoroughly useful and practical."—*Med. Times and Gazette*, Aug. 4, 1860.

"'Published by John Churchill, New Burlington-street. To be had direct from the author only, 29, George-street, Hanover-square, London. Hours for Consultation from 10 to 2; and by appointment.'

"The inference is clear enough; Dr. Jordan is the *Janus bifrons* of skin-doctors. He has a face for the Profession, and another for the people. Leaving no stone unturned to catch a few stray patients, he publishes two works on the same subject; one addressed to the Profession, the other to the public. The latter, though brought out at the lower price, is rendered more attractive by 'photographic illustrations,' and is advertised in such a way as to entitle the author to take rank with men of a very different standing from those whose names we mentioned last week at the conclusion of the review. The name of Mr. Churchill is, indeed, appended; but we are sure that this most respectable publisher cannot, when he allowed his name to appear, have been aware of the company into which it was to be thrust.

"As to the laudatory extract from the *Medical Times and Gazette* of August 4, it was not written concerning the book which is advertised in the papers as containing photographic illustrations, and published at one shilling, but concerning an unillustrated work which is sold for half-a-crown—the book, in fact, which we reviewed last week. Dr. Jordan, in thus endeavouring to make it appear that our contemporary has praised his shilling book, has shown that he can stoop to other, and perhaps more disgraceful, means of gaining the public ear than those to which we referred last week.

"With these remarks, we will leave the Professional character of Dr. Jordan (of whose degree as M.D. we have not been able to find the source) as exhibited in his advertisement, to the appreciation of our associates, and of all respectable members of the Profession."

I am, &c.

JOHN CHURCHILL.

"11, New Burlington-street, London, W.

"October 23, 1860.

"SIR,—You do me but justice when you state 'that I could not have been aware of the company I was to be thrust into' when I assented to have my name appended to Dr. Jordan's book on Skin-Diseases. I had no ground to suspect that this book would have been advertised in a way so discreditable. I fear that I cannot compel the withdrawal of my name; but I have done all I can—viz. refuse to sell the book, and it no longer takes its place in my stock.

"I had come to this determination, and had acted upon it, before your well-merited censure appeared.

"I am, Sir, your obedient Servant,

"JOHN CHURCHILL.

"To the Editor of the *British Medical Journal*."

PHYSICIANS OR APOTHECARIES?

[To the Editor of the Medical Times and Gazette.]

SIR,—Report states the suit between Apothecaries' Hall and the College of Physicians will eventually come before a competent tribunal for decision. That consummation is earnestly desired by various parties, although the final results which must thereby ensue are not yet sufficiently understood

(a) See *Medical Times and Gazette*, September, 1859.

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or appreciated. Thus, should the latter be able to create Third-class Practitioners, having the right of supplying medicines to patients, notwithstanding the Act of 1815, every Diploma-holder from any body in Schedule A, if registered, could then also dispense without hindrance. Under these circumstances, as Universities likewise possess the great advantage of conferring M.B. and M.D. degrees on applicants, which Colleges cannot, it is easy to foretell, against such competitors, where the largest number of candidates would congregate—viz. not at Pall-mall East, but at Scotch "Alma Maters," whose interests will be materially promoted if Blackfriars is vanquished. When matters so terminate, the old fable about an oyster may become aptly illustrated, in which two parties contending for possession, each got only a shell, while some by-stander seized the coveted mouthful. However, several eminent counsel, on both sides, having given opinions decidedly adverse to the new scheme, it may perhaps never proceed further; more especially, as the proposed Licentiates could not charge for drugs. Besides which, the Attorney-General, who was consulted simultaneously, and therefore spoke like a judge *ex cathedra*, after considering the arguments advanced *pro* and *con.* by the respective litigants, said the intended order could not be instituted. Hence, unless the College ultimately triumphs, Northern Graduates will derive little benefit, or the public actually obtain London-made Apothecary-Physicians.

I am, &c.

November 20. AN EDINBURGH ALUMNUS.

P.S.—Since my previous remarks were written, an important decision by the Court of Exchequer has been reported in the *Times* of the 15th instant, which creates quite a new phase in Medical legislation. What its ultimate effects on the Profession will prove, cannot at present be fully foreseen; but if confusion before prevailed, matters may perhaps become worse confounded, or even chaos supervene.

ED. A.

FISSURE OF THE ANUS.

LETTER FROM MR. SHARMAN.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last week's journal is a letter from Mr. Smith, who strongly condemns the method adopted by French Surgeons for the cure of fissure of the anus. Six months ago, I had a highly nervous patient under my care, suffering from that painful affection: local applications being tried in vain for a considerable time, I pointed out to my patient the simplicity and almost painless nature of the requisite operation, without being able to gain his consent to its performance. I therefore resorted to what I believe to be a more painful procedure, viz., that of "forcible dilatation" which I did thoroughly, and (much to my satisfaction) effectually, for complete success followed this practice. It is only right, however, to mention another case, recommended to me by an Islington Physician in which "forcible dilatation" failed, and the cure was finally brought about by the usual operation of incision through the base of the fissure (which is really an ulcer, as seen when the part is distended by the speculum), including some of the fibres of the sphincter ani muscle.

Respecting the partial division of the external sphincter ani in these cases, I wish to say a few words. The credit of this improvement over Boyer's plan of completely dividing the muscle, is awarded to Mr. Copeland: whether the muscle be partially or wholly divided, the operation is almost momentary, and often causes less pain than the introduction of the finger into the rectum for the purpose of guarding the knife. I have observed that the period of convalescence in many cases of partial division, is quite as long as, if not more protracted, than when complete division is practised. As a rule I do not wish to defend the old mode of practice against the one now generally pursued, but merely to express my conviction that in many cases which have come under my notice, a more speedy recovery and less suffering, aggregately considered, would have succeeded a complete division of the sphincter muscle.

Another case that occurred to me some time ago, in the country, is worthy of remark. The two characteristic symptoms of this affection, viz., excessive pricking and burning pain, commencing a short time after each evacuation, and great spasm of the sphincter muscle, were present to a high degree. The ulcer situated posteriorly, and a little to one side, was unusually sensitive to the touch. To satisfy a long-felt curiosity, as to what the result would be if the cut were made in a part of the rectum remote from the ulcer, I effected a partial division of the sphincter, not through the ulcer, but at some distance from it, in a sound part of the rectum, the symptoms ceased, and recovery advanced exactly as though the operation had been performed in the orthodox manner.

I am, &c.

JOHN SHARMAN.

2, Montague-place, N., November 12.

DIGITALIS IN DELIRIUM TREMENS.

LETTER FROM MR. HAINWORTH.

[To the Editor of the Medical Times and Gazette.]

SIR,—While searching the pages of "The St. Thomas's Hospital Reports" for another purpose, I found the following passage in a Clinical Lecture on Delirium Tremens, delivered by Dr. Roots, in October or November, 1835:—

"It has also been stated that digitalis has been given with advantage, I think, by an American Physician, but I am not certain whether it has been employed in this country; but certainly in doses which did in some measure excite surprise, at least, in my mind,—doses of a drachm or sixty minims, every two or three hours, and frequently repeated. I merely mention that such statements have been brought before the public; they may be true, but I am quite sure that I should never feel myself warranted in employing such a remedy in most of the cases of delirium tremens which it has been my chance to attend."

A mode of practice thus strenuously condemned by so experienced and energetic a Physician as Dr. Roots, was not likely to make much way in this country. The recent publication, however, of the very numerous cases successfully treated by Mr. Jones, with doses quadruple in amount to those above-named, will probably lead the Profession to take a different view of the medicine, and have more confidence in its administration. Any really efficacious addition to our resources in treating so formidable a malady must be hailed with satisfaction, at least, by those who, like myself, have been occasionally disappointed by the results of the opium treatment. From published statements, and from cases seen in my own practice and those of others, I have been led to the conclusion that delirium tremens is of late years less curable by opium than formerly, to whatever cause the difference may be attributable.

I am, &c.

JOHN HAINWORTH, F.R.C.S.

128, Camden-road Villas, November 15.

PROSTITUTION AT ALDERSHOT.—Not merely in the spirit of charity, but of prudence and economy, the attempt now being made to organize a Dispensary at Aldershot is one deserving every co-operation. The condition of the poor wretches who swarm round the camp has been described to us as most horrible, and in endeavouring to give them the relief likely to be afforded by an institution such as that which is projected, its originators are exercising charity in a most discriminating way. Wretched outcasts as they may be, they surely do not merit the heart-rending sufferings they undergo, ending sometimes in such a death as humanity must shudder to contemplate. We trust the Government will not withhold its assistance, as the indirect operation of the institution must be attended with results most beneficial to the sanitary condition of the soldiers, and, of course, to the public finances, which suffer in proportion as they become unfit for service by disease.—*Army and Navy Gazette.*

PROFESSOR GIORDANO, of Turin, who some months back published a work on puerperal fever, writes thus in his preface:—"I know that the present moment—a time of political agitation and febrile activity—is not very favourable to the peaceful and modest labours of science. But far from complaining, I rejoice at this, because the resolution of the great question which, above all things, occupies our thoughts will be thereby hastened—a question of far greater importance than that of puerperal fever, convulsions, and acute œdema."

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REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 13, 1860.

Mr. SPENCER SMITH, V.P., in the Chair.

A paper, by Mr. J. ADAMS, F.R.C.S., was read, on

A CASE OF EXTRA-UTERINE GESTATION.

This case has been frequently alluded to in the pages of this Journal. The woman's age was twenty-eight, and she was in other respects a healthy woman. She became pregnant in January, or the beginning of February, 1859, and passed through the usual stages of her condition with no suspicion that anything extraordinary had occurred until the latter end of October, when she expected to be confined. She never had any distinct morning sickness, although she suffered from nausea and other signs of indisposition. Mr. Williams, of Plaistow, Essex, was engaged to attend her; but when her full period had passed, nothing but a discharge of blood took place from her vagina, and pieces of flesh-like substance were expelled in gushes; there were no distinct uterine pains. Milk was secreted in her breasts, and in February, 1860, menstruation recommenced, and this has continued ever since uninterruptedly. In March the milk disappeared from her breasts. At this time she was seen by Dr. Ramsbotham and Mr. Adams, who both agreed that an extra-uterine fœtus existed, and she was advised to wait until six months had elapsed from the termination of her full term, so that the cyst might be further consolidated with the peritonæum. The tumour was irregularly ovoid in shape, its long axis vertical, and it was situated towards the right side of the umbilical and iliac regions of the abdomen; the abdominal walls could be moved to a slight extent over the surface of the tumour. It was not possible to distinguish the individual parts of a fœtus. Gastrotomy was performed on May 31, 1860, and she left the Hospital with a small fistulous opening at the lower part of the wound, whence a slight quantity of fœtid discharge continued: this has since disappeared. In this case no attempts were made to extract the placenta, as, on traction by the funis, it appeared firmly adherent. The child was delivered by the breech. The patient went on uninterruptedly well. The author entered rather fully into the question of the propriety of performing gastrotomy in cases of extra-uterine gestation; and after giving due weight to the arguments which may be fairly advanced against an early operation, and prior to the commencement of any distinct indication of Nature, as evinced by ulceration or suppuration, came to the conclusion that such an operation is quite justifiable. He advocated delay for some time after the end of the full term, to favour the opportunity for the consolidation of the cyst to the peritonæum, so as to avoid the additional risk of peritonitis. In this case the peritonæum was opened without any inconvenient consequences. He (Mr. Adams) had seen the patient that day. The wound had entirely closed. There was no evidence of any escape of the placenta beyond that which he had already stated in the paper.

Mr. ADAMS said he might take that opportunity of stating that he had seen the patient that very day; that the wound had entirely closed, the discharge stopped, and there was no evidence of the escape of the placenta beyond what was stated in the history of the case which had just been read.

Mr. SPENCER WELLS asked for some further information than he had gathered from the paper as to the possibility of removing the cyst with the attached placenta in the case just related. So far as he (Mr. Wells) understood the description, the cyst was in the peritoneal cavity, free and unattached on the left side, while on the right side it was adherent to the abdominal parietes. It was so free that, when the child was removed, it contracted or collapsed. This being the case, it would depend upon the extent and firmness of the adhesions on the right side, and upon the nature of the connexion with the Fallopian tube and uterus, whether a Surgeon would be justified in attempting to remove the cyst with its contained placenta rather than leave both to the slow process Mr. Adams's patient had gone through. Supposing the adhesions not to be very extensive, and the connexion with the uterus to be only by means of the Fallopian tube, it would seem, at first sight, to be better surgery to remove both cyst and placenta than to leave them. It was one thing to attempt to separate the placenta from the cyst; another to remove them both together. He (Mr. Wells) congratulated Mr. Adams most warmly on the very successful result of the interesting case he had recorded; but, as a guide to some rule of practice in future cases, he asked for a more detailed account of the amount of adhesions, and of the nature of the connexion between the cyst, the Fallopian tube, and the uterus.

Mr. ADAMS said that Mr. Wells had correctly described the case. The reason why he had preferred to leave it alone was, in the first place, that he was unwilling to add to its gravity, because the circumstances were peculiar and quite distinct from the operation which had frequently and successfully been performed for the removal of an ovarian cyst. In the next place, he felt it was quite impossible to say what the amount of adhesion was. It might be, however, and probably was, very extensive, and under the circumstances he was loath to remove the cyst by force. But besides that, we were as yet in the dark as to the true nature of the connexion which existed in such cases between the vessels of the placenta and those of the mother. Those were the reasons, combined with the important one of not doing more than was necessary, which induced him to prefer leaving the case to Nature after the removal of the fœtus, rather than to attempt the forcible separation of the cyst or any part of it. In the very last of the cases he had quoted, rude attempts were made to extract the placenta; large portions of the cyst were cut away, and the patient died, in his opinion, in consequence of the operation. The circumstances in this case were totally different from those which existed when the operation was performed for the removal of an ovarian cyst. There was, indeed, no analogy between the two cases. The operation of ovariotomy was sometimes more dangerous than that in the case he had brought before the Society, because in ovarian cysts there were often extensive adhesions, and the pedicle had to be divided. One circumstance in his case he had not mentioned, namely, that a portion of the omentum protruded, and he had cut it away; but in another similar case, he hardly thought he should do so. No ill effects resulted, but he could not see that any advantage could be obtained by such a procedure. The danger connected with the removal of the omentum was the hæmorrhage which followed, and which might have been avoided. In another similar case he should merely return the protruded part into the abdomen. There was no other point except the mode of dressing, which he thought rather important. He was convinced that the simple application of sutures through the abdominal parietes alone—that is, through the skin and its adjacent fat—was attended with infinitely less risk than the application of sutures through the peritoneum and abdominal muscles. He merely kept the parts in a state of quiet and apposition by means of a simple bandage and cotton-wool pad until union was effected.

Mr. POLLOCK said that the removal of an ovarian cyst was a different proceeding altogether from the operation necessary in extra-uterine fœtation: in the first, the diseased structure was the part removed; in the second, the disease to be taken away was contained in another structure, viz., the Fallopian tube; and he wished particularly to ask if any gentleman present had ever seen an extra-uterine fœtus which was not included in the tube.

M. GROUX, who has a Congenital Fissure of the Sternum, was then introduced to the meeting, and proceeded to exhibit and to illustrate, by a variety of experiments, the action of the heart and respiratory organs in his own person. At the close of the meeting he submitted himself to a closer personal examination by several of the members who were present.

The Society then adjourned.

BELGIUM possesses 51 establishments for the insane; 6 in the province of Antwerp, 11 in Brabant, 6 in West Flanders, 16 in East Flanders, 6 in Hainault, 4 in Liege, and 2 in Limbourg. The kingdom reckons 4907 insane out of its 4,500,000 inhabitants or 1 in every 920.

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EPIDEMIOLOGICAL SOCIETY.

MONDAY, NOVEMBER 5, 1860.

DR. BABINGTON, President, in the Chair.

A paper, by Professor SIMPSON, of Edinburgh, was read by Dr. MCWILLIAM, entitled

NOTICES OF THE APPEARANCE OF SYPHILIS IN SCOTLAND, IN THE LAST YEARS OF THE FIFTEENTH CENTURY.

Dr. Simpson's paper commenced by stating that Medical men are for the most part agreed upon two points in relation to the history of syphilis, viz. that it is a species of disease which was unknown to the Greek, Roman, and Arabian Physicians; and that it first began to prevail in Europe in the latter years of the fifteenth century. The non-existence of syphilis in ancient times, and the circumstance of its original appearance in Europe, about the date alluded to, are opinions strongly borne out by two sets of facts. For, first, no definite account of this marked and extraordinary species of disease is to be found in the writings of any one of the ancient Greek or Roman Physicians, historians, or poets; and, secondly, of the numerous authors whose works exist in the learned collections of Liusinus, Astruc, and Girtanner, and who saw and described the malady in the latter years of the fifteenth, or commencement of the sixteenth century, almost all comment upon it as (to use their own general expressions) "*Morbus Novus*," "*Morbus Ignotus*," etc. etc. "It would not, however," said Dr. Simpson, "affect our present object, were we to consider the disease as it appeared about the period in question, not to have been a new malady previously totally unknown, but merely, as some have thought, an aggravated form of a disease, formerly existing in so mild a form as not to have attracted general observation." Dr. Simpson considered it unnecessary to investigate the question of the probable source of the disease, and the exact date at which syphilis first burst forth in Europe. In relation to the object he had in view, it mattered not whether it sprung up spontaneously and endemically in Spain, Italy, or France, at the era in question, or was imported from Africa, as Grüner and others allege, or from Hispaniola, as Astruc, Wetherhead, and a host of authorities have stoutly, and not unsuccessfully, maintained. Nor was it necessary to discuss whether it first showed itself in 1493, as Sanchez and Hensler consider that they have proved; or in 1492, as Fulgosi asserts; or as early even as the month of October, 1483, as Peter Pinctor, in 1500, proved astrologically to his own complete satisfaction that it ought at least to have done, inasmuch as that was, as he has sagaciously shown, the precise and exact date of the conjunction of Venus with Jupiter, Mars, and Mercury; and the conjunction of these or other stars in the heavens above, was, as he and many of the Astrological Physicians of his time believed, the origin of this new scourge on the earth below. Dr. Simpson started from the general proposition, that the disease was in 1494 and 1495, first distinctly recognised in Italy, during the invasion of that country by the victorious army of Charles VIII., of France. The malady is generally allowed to have earliest broken out, in a marked degree, at Naples about the time that Charles took possession of that city in the spring of 1495, or nearly two years after Columbus's return from his first voyage to Hispaniola. Charles set out again for France in May, 1495, and the malady seems to have been both diffused by his infected troops along the line of their northward march, and afterwards carried to their respective houses by his own French soldiers, as well as by his various Swiss, German, and Flemish auxiliaries. The new malady was not long in reaching Scotland, as attested by edicts issued in 1497 by the Town Council of Aberdeen, with reference to the appearance of the disease there, and by the Privy Council in Scotland in relation to its prevalence in Edinburgh. By the Aberdeen edict it was "stated and ordainit, that all licht wemen be charg'd and ordainit to decist fra thar vices and syne of venerie,"—and a few years later, "that diligent inquisition be taken of all infect personis with this strange seikness of Nappelis." The Edinburgh edict was six months later in date than the first of those issued by the Aberdeen authorities. It was, as already stated, drawn up by the King's Privy Council, and proceeds thus:—"It is our Soveraine Lordis will, and the command of the Lordis of the Counsall, sent to the Prouest and Baillies within this Burgh, that this proclamation follow and be put into execution for the eschewing of the greit apperand danger of the infection of his Lieges fra a contagious sikness callit the Grandgore, &c. That is to say, We charge straitlie and command that all maner of personis, being within the Fredome of this Burgh, quhilk are infectit or has been infectit, and incurit of this said contagious Plage callit the Grandgore, devoyd, red, and pass furth of this Town, and Compair upon the sundis of Leith, at ten houris befome none, and thair sall have and and synd Botis reddie in the Haven ordainit, to tham be the Officary of this Burgh reddilie furneist with victuales, to have thaim to the Inch, and thare to remain quhile God provide for their Health." The edict further ordains that those who take upon them the cure of the disease are also to pass with the "infectit" to the Inch; and disobedience of the edict on the part of the Doctor or his patient, rendered both alike amenable to the penalty of being "brynt on the cheek with the marking irne, that they may be kennit in time to come." At the time of the first appearance of syphilis in the northern realm, the throne of Scotland was occupied by James IV., a prince who was a great patron of the arts and sciences of his time. At different times we find him experimenting in Chemistry, in Physiology, and in Medicine. His daily expense-books contain many entries of purchases for instruments and materials to make the unmakeable "Quinta Essentia," or philosopher's stone; and he had laboratories for these investigations both at Edinburgh and Stirling. King James practised the art of Leech-craft, as well as experimented in Alchemy and Physiology. "He was," says Lindsay of Pitscottie, "weill learned in the airt of Medicine; and was ane singular guid chireirgiane; and their was none of that profession, if they had any dangerous cure in hand, but would have craved his adwyse." The High-Treasurer's account shows that the King had a right royal way in one important respect with his patients, that by it he might have secured a large consulting and private practice, even in these modern days of high rivalry and competition; for he paid his patients, instead of being paid by them. Thus, in his daily expense-book, under the date of April 14, 1491, is the following entry:—"Item—To Dominico to gif ye King leve to leif him blud," 18 shillings Scotch: and a short time afterwards, "Item—To Kynnard ye barbour, for twa teith drawn furtht of his hed be ye King, xviii. shillings." He seems also to have tried his hand at Ocular Surgery; but the following entry rather ominously hints that he was not a successful operator for cataract:—"Item—Giffin to ye blind wif yat had her ein schorne, xviii. shillings. A prince imbued with such Medical and Surgical propensities would naturally feel deeply interested in the first appearance within his realm of such a malady as syphilis; and in his Treasurer's accounts there are several entries indicating that the King had bestowed monies upon various persons affected with this disease. Thus there are several entries between September, 1497, and April, 1498, for sums awarded to persons of both sexes afflicted with the "Grantgore." There are various sarcastic allusions to the disease by the Scottish poets of these early days, amply testifying to the fact of its rapid diffusion, both among the *attachés* of the Court (who were then the most common objects of poetical satire), and among the community at large. William Dunbar, the flower of the old Scottish poets, was at the period of the first introduction of syphilis, in 1497, in the prime of manhood; and in two or three years afterwards, viz., in 1500, was attached to the King and Court of James IV. by an annual State pension. In a number of verses addressed to his patroness the Queen—verses which strongly appear to us at the present day, with our existing standards of taste, as most unseemly and indecent, he commemorates the communication of the new disease, under the name of the "pockis" or the "spanyie pockis," to the Queen's men, during the jollities of Fastern's e'en, and the reign of the "Abbott of Unreason," and he closes his stanzes with an earnest advice to all to

"Bewar with that perillous play,
That men callis libbing of the Pockis."

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The after effects and consequences of the disease he describes thus,—

"Sum, that war ryatous as Rammis
Ar now mast tame lyke ony Lammis;
And sittin down lyke Scange Crockis;
And has forsaken all sic gamins
As men cā libbing of the Pockis."

Grunbecht and Brandt, who wrote on syphilis in 1496, when speaking of the diffusion of the disease at that early date over Europe both allude, in very general terms, to its having invaded France, Germany, etc., and reached as far as "Brittain." But the earliest specific notice of syphilis in England which Dr. Simpson remembers to have met with is in 1502; and in this notice the malady is spoken of, under the name of "French pox." This notice is contained in the interesting Privy Purse Expense-Book of Elizabeth of York, the Queen of King Henry VII., edited by Sir Harris Nicholas. This charitable lady seems, from the records in question, to have had several *protégées* under her immediate care and keeping. Among these *protégées* is entered John Pertriche "one of the sonnes of mad Beale." There are various articles of expenditure successively noted in the Queen's private expense-book as lavished upon this John Pertriche during the currency of 1502, as "monies" for his "dyetts," for "buying shirts," "shoyn," "hosyn," etc. There are twenty pence expended for his "Learnying," and the last two items in the account record attempts of two different and rather opposite kinds, to amend the mental, and moral deficiencies of this hopeful youth. These two ultimate items are :—"For a Prymer and Saulter, Book (to John) xx pence," and "Payed to a Surgeon which healed him of French pox xx shillings."

In the second division of his paper Dr. Simpson observed, that the preceding notices, however brief and imperfect, relative to the first introduction and dissemination of syphilis in this country, were not simply matters calculated to gratify mere antiquarian curiosity. They appeared to him to be capable of a much higher application. For they offered so many elements tending to illustrate the general history of the first appearance of syphilis in Europe, and justify us in drawing from the data they afford, several not uninteresting nor unimportant corollaries in regard to the first origin and mode of propagation of the disease, and the distinction of it from other affections with which it has been confounded. I. These notices tend to corroborate the pathological opinion, that syphilis was a species of disease new to Europe when it first excited the attention of Physicians, and historians, in the last years of the fifteenth century. If syphilis was new in Britain in the end of the fifteenth century, this shows, II. That it is a species of disease, distinct and different alike, 1st, from gonorrhœa, and, 2nd, from Greek leprosy (with both of which maladies it has occasionally been confounded), for both of these maladies existed, and were abundantly recognised in this country, long before the era of the introduction of syphilis. III. As regards the mode or modes in which the disease was supposed to be so speedily propagated at its first appearance in Europe, the Aberdeen and Edinburgh records are both interesting though they offer very opposite testimony on this point. For some time after syphilis broke out, it was believed both by the Medical and non-Medical public, that the disease was communicable and constantly communicated from the infected to the healthy, by the employment of the clothes, vessels, baths, etc., used by those already suffering from it, and by the slightest corporeal contact, or even by breathing the same air with them. One of the gravest articles of guilt brought against Cardinal Wolsey when he was arraigned by the House of Lords in 1529, consisted in the allegation that, to quote the *ipsissima verba* of the indictment as laid before Henry VIII., "Whereas your Grace is our Sovereign Lord and Head, in whom standeth all the surety and wealth of this Realm, the same Lord Cardinal, knowing himself to have the foul and contagious disease of the great pox broken out upon him in divers places of his body, came daily to your Grace, owning in your ear, and blowing upon your most noble Grace with his perilous and infective breath to the marvellous danger of your Highness, if God of His infinite goodness had not better provided for your Highness," etc., etc. For some years after the first outbreak of the disease sexual intercourse with the infected does not seem to have been suspected by any one, as the source and means by which the syphilitic contagion was propagated; nor was the primary affection of the several organs generally noticed by the authors of these times as a constant or marked symptom. They were acquainted with, and described only, the secondary symptoms of the malady. The hideous eruptions on the skin, the ulcers of the throat, the exostoses and nocturnal pains in the bones, while they mostly all pass over the genital organs as if they remained unaffected. So much was this the case that we find Montagnana, in 1498, recommending, not asa means of infection, but as a means of cure, moderate coition (*coitus temperatus*). Montagnana speaks of having recommended the treatment in question (*coitus temperatus*) to a sick bishop under his care; and perhaps we may venture to guess that such a prescription would neither be the most disagreeable medicine in the world to one who had taken upon him the vows of St. Benedict, nor the one least likely to extend Montagnana's practice among the same class of patients. IV. The early notices (continued Dr. Simpson) adduced of the appearance of syphilis in Scotland are curious, as proofs of the rapidity with which the disease travelled at its first outbreak over the kingdoms of Europe. The new malady was, as has already been stated, first distinctly recognised during the period that Charles VIII. of France occupied the City of Naples, or rather immediately after he left that place. That Naples was the locality in which the contagion first spread so widely and rapidly as to be considered almost the source of the new epidemic; and further, that this happened at the precise date of the visit of the French army, seems to be shown by the very designations respectively conferred at the time upon the new affection by the Neapolitans and French. For while the French, as it is well known, designated it at its first commencement "the Neapolitan disease;" the Neapolitans, on the other hand, termed it "the French disease." The army of Charles in their march through Italy arrived at Rome on the 4th of December, 1494, and entered Naples on the 21st of February, 1495, and after remaining there three months, they evacuated the city on the 20th of May. On the 24th of the same month the Spanish General, Cordova, landed in Sicily; on the 5th of July the battle of Torrenovo was fought, and the next day King Ferdinand returned to Naples, but the last remnant of the French army did not reach France till the end of the following year. The Aberdeen edict, however, was issued within less than two years after Charles commenced his march homeward. Or, to state the matter otherwise,—Columbus arrived at Palos, in Andalusia, after his first voyage to the New World, on March 15, 1493, and from his second voyage in April, 1496. The edict of the Aberdeen Aldermen and Council was passed on April 23, 1497, or exactly four years and thirty-eight days from the date of Columbus's first return to Europe, while the famous edict of the Parisian authorities was issued on March 6, 1497, only forty-eight days before that of Aberdeen. The rapidity with which the disease thus spread from the South of Europe to its western confines, has been often employed as an argument to show that the contagion of syphilis was propagated at its first introduction by laws different from those which now regulate its communication. In other words, it has often been alleged that the disease was thus spread from kingdom to kingdom, and from city to city, by epidemic influence, and by general contagion, and not merely by the slower medium of impure sexual connexion. When we look to the then existing state of society, both on the Continent and in our own country, to the loose manners and licentious lives, we shall probably find a sufficient solution of the, at first sight, difficult problem of the rapid dissemination of the new malady. The morals of the general mass of the people are even found to be regulated by the example set before them by the aristocracy and clergy. At the date of the introduction of syphilis into Europe, the notorious habits of the two latter ruling bodies were assuredly such as to expedite the diffusion of the new scourge that had sprung up among them, and hence at its first outbreak we find the disease forcing itself upon several of the highest members of the Continental Court and Church. The Emperor Charles V., Pope Alexander VI., kings and cardinals, princes and bishops, peers and priests, are recorded among its victims. As far as regarded the predisposing habits and influence of the clergy at least, matters were not better in Britain than on the Continent when the disease reached this country. There was openly inscribed over the door of Cardinal Wolsey's palace,—"Domus Meretricium Domini Cardinalis." The

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manners of the inferior dignitaries of the church offered only too close an imitation of those of its Primate. The Commissioners appointed by Henry VIII. to visit the monasteries of England, have recorded a sad, and probably only a too true, picture of the moral degeneracy of the great mass of the clergy of the time. With some few honourable and cheering exceptions they found the occupants of most of the monasteries "following lives of degraded vices and licentiousness, instead of religious purity and exemplary rectitude." Accounts of their proceedings were transmitted by the Visitor to the Vicar-General, and they contained sufficient material to render the monasteries "completely infamous, for their gross, absurd superstition, their shameful impositions, their abandoned, unnatural incontinency," etc. etc. Clerical morals and manners were not in a much better state on the Scottish side of the border. Queen Mary would seem to have regarded the health of the high Roman Church dignitary who baptised her son James with considerable suspicion, for she sent word to him to forbear to use the "spittle" on the occasion. "She would not have a pokia priest to spit in her child's mouth." Very shortly before the commencement of syphilis, the dissolute manners of the English clergy, especially of the regulars, created such noise and commotion, that Pope Innocent VIII. sent, in 1490, to Archbishop Merton, authorising him to admonish his abbots and friars, "that by their lewd and dissolute lives, they brought ruin upon their own souls and set a bad example to others." When such was the scandalous life led by some of the clergy, we cannot wonder (concluded Dr. Simpson) that before the introduction of syphilis, Rabelais (himself at one time an ecclesiastic) should apply to gonorrhœa the very significant term of "Rheume Ecclesiastique," or, that after the appearance of syphilis, this latter and greater malady should have spread speedily among all ranks, down from the clergy to the laity, and from the king to the church, and should have diffused itself by such stealthy and rapid steps over the countries of Europe, as to have at first been mistaken for a malady spreading itself not by impure intercourse, but by general epidemic influences.

A discussion followed the reading of this paper, in which Dr. Copland, Dr. Babington, Mr. Hunt, and Dr. McWilliam took part.

DURHAM UNIVERSITY.—Mr. Albert O. Haslewood has obtained the Medical Scholarship at this University in connexion with the Newcastle College of Medicine.

NOMINATION OF M. GENDRIN TO THE LEGION OF HONOUR.—There is a piece of news which cannot fail to astonish not a little the Medical public in France, and especially that of foreign countries. After thirty years of the most remarkable clinical teaching, after the publication of works no less remarkable, and after thirty years' service in the Hospitals, M. Gendrin was not a member of the Legion of Honour, of which he has just, indeed, been appointed Chevalier. It is true that his name is known in the two worlds, which is, indeed, a tolerable consolation for the loss of a ribbon,—so considerable a consolation, indeed, that we really think that, had we been in M. Gendrin's place, we should have contented ourselves with it for the rest of life.—*Moniteur des Sciences.*

USELESS VIVISECTIONS.—The *Moniteur des Sciences Médicale* makes the following lame reply to charges which have been made of the wanton cruelty in practising operations on living animals at the French Veterinary Schools:—"Our learned friend [the Editor of the *Cosmos*, who had reproduced the English charges] must know, better than we can tell him, that exaggeration is a defect in anything, and it is a pity that he did not declare to his London and Dublin correspondents that their zeal carries them too far. Personally, we deplore as much as any one can useless cruelties, whether exercised on man or beast; but we cannot admit that our excellent friends at Alfort and elsewhere are transformed into Cabochés or Caligulas, merely because they practise their pupils on living animals, *which is, however, unfortunately true.* But we cannot allow ourselves to decide that they are able to do without this procedure of instruction, and must confine ourselves to expressing a wish that they may be able to do so, and we beg our learned friend to transmit our statement to his honourable zoophitist correspondents"!

OBITUARY.

DR. CHARLES COOTE.

IT is with great sorrow that we have to announce the death of Dr. Charles Coote. A career of usefulness opening with brighter prospects than usually falls to the lot of one so young has thus been suddenly brought to a close; and when we say he died respected and esteemed by all who knew him, we feel that we are expressing a sentiment very generally felt.

Charles Thomas Coote was the fourth son of R. H. Coote, Esq., Barrister, of Lincoln's-inn. He was born in the year 1823. His early education was acquired at the Kensington Proprietary and King's College schools, whence he proceeded to Queen's College, Oxford, intending at that time to enter the Church, his mind having been attracted to theological studies by the movement which then began in the Church of England under the name of Tractarianism. In this study he continued for several years, and obtained with honours his degree of Master of Arts in 1847. But here his active mind took another turn, and he migrated to Pembroke College, devoting his attention to the more attractive studies of Medicine and Natural Science; and again he gave evidence of the talent which he possessed by gaining the Shepherd Medical Fellowship of his College. He now entered on the practical study of his Profession at St. Bartholomew's Hospital, and, a short time afterwards, obtained the Radcliffe Travelling Fellowship. In 1853 he took his degree of Doctor of Medicine at Oxford, and in 1858 was elected a Fellow of the Royal College of Physicians.

Having now finished his Professional education in England, he married, and proceeded to visit the various Continental Medical Schools, being for some time a pupil under Rokitansky at Vienna, and Virchow at Wurtzburg. But here a sad trial overtook him—his wife died; and this shock so shattered his health that he returned home, aged by much more than the time he had spent from England.

The war in the Crimea soon followed, and Dr. Coote went out as one of the Assistant-Physicians to the British Civil Hospital at Symrna. Upon his return to England he became attached to the Great Northern Hospital, which he afterwards relinquished on being appointed to the staff of the Middlesex Hospital, which appointment is now made vacant by his death.

His untiring energy and perseverance, his constant attendance in the post-mortem theatre, soon told upon a frame already shattered by domestic affliction, and weakened by his Eastern labours. He rapidly lost flesh and strength; and being advised by his colleagues to try change of air, he proceeded to St. Leonards, and afterwards to Hières, in the South of France. For a short time he seemed to derive evident benefit, and the accounts which reached home were very encouraging, but this was only of short duration. He was found dead in his bedroom on the morning of the 13th inst., having died apparently from some cardiac affection.

We gladly append the following resolution unanimously agreed to by his late colleagues, as expressing the feelings with which he has inspired them during the short time he held office at the Middlesex Hospital:—

"The Medical Committee have the painful duty to announce to the Weekly Board that they have received distressing intelligence of the death of their esteemed colleague, Dr. Charles Coote. The Committee cannot make this communication to the Weekly Board without at the same time expressing their deep sense of the loss the Hospital has sustained in the premature decease of one whose extensive acquirements, untiring energy, and great practical abilities, rendered him a peculiarly valuable officer, as well as an ornament to his Profession. As a colleague, Dr. Coote was endeared to the Committee by the amiability of his temper and the perfect integrity of his character. And in thus recording the personal attachment which was universally felt for him, the Committee are called upon to add the expression of their belief that the fatal event which they now deplore was hastened by his conscientious perseverance in the discharge of duties far beyond his strength."

That this resolution expresses a very general feeling we are sure; and we know that our departed friend was held in the

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very highest esteem by the students under his tuition. With their teacher they have also lost a kind-hearted and warm friend; and the promise which he gave of future greatness makes his loss one which the Profession may lament.

NEW INSTRUMENT.

DR. MALLEZ'S NEW URETHROTOME.

The following description of a very ingenious urethrotome, invented, and frequently applied, by Dr. Mallez, may be interesting to those who feel an interest in the advancement of this branch of our Profession.

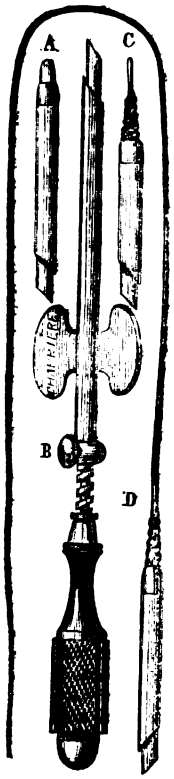
The instrument is of a peculiar form, and is composed as follows, according to Dr. Mallez's own description and forward:—

1. A German-silver canula, the urethral extremity of which is in steel, and its cutting-edge acting in a circular manner.

2. A conductor to facilitate the introduction of the canula.

3. A steel branch terminating in a conical spire. The posterior or under part being convex, and the anterior (or upper) part concave and cutting; near the handle of this branch a circular groove is made by which a small screw fixed to the canula regulates the rotatory motion.

The method of using the instrument is very simple. The canula, with its rounded extremity, is introduced as far as the stricture; the extremity is then removed, and the steel branch put in its place, penetrates slowly the stricture; it then suffices to raise the steel branch to excise on the cutting-edge of the canula all the tissues held by the conical spire. It is evident that the instrument is not applicable to every case of stricture, as, for instance, those of an inflammatory nature; neither should it be thought of in cases of spasmodic stricture.



A. Canula with its moveable extremity.
B. Screw for regulating the rotatory motion of the steel branch.
C. Conical extremity of the steel branch.
D. The same fixed to a bougie.

The instrument is most applicable in organic strictures, particularly those formed by thick fibrous productions. Before stating the exact cases for applying this instrument, it is necessary to make a few remarks respecting any objections that may be raised. Dr. Mallez says:—"In the first place, there is no doubt that a straight instrument is the most difficult to use in the curved portion of the urethra. But, notwithstanding, the use of straight urethrotomes, catheters, and other straight instruments, is sufficient proof that the urethra is capable of assuming the same form. It has been suggested by some that by using a similar instrument to mine the recto-urethral fascia might be perforated; but, if such accidents have occurred, the operator is more to blame than the form of the instrument. For the last few years straight instruments have been frequently introduced into the bladder without causing any bad result. However, the action of an instrument depends so much on the hand that guides it, that I shall no longer allude to any unfortunate cases that may possibly have occurred; but another objection requires perhaps more serious attention, and that is, a certain number of Surgeons, and some of the most celebrated of the day, entirely condemn incision of the urethra for the cure of stricture. Such an opinion, formed by some of those most competent to judge, from their practice and long experience, is worthy of serious consideration."

Dr. Mallez says further that his method is only applicable to thick fibrous strictures of considerable length, that encroach on the surrounding tissues of the penis. In these, he says it will always be attended with good results and every chance of success.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 9th inst.:—

Bedwell, Henry, Cheltenham, June 26, 1840
Bowness, R. Harrison, Poulton-le-Fylde, Lancashire, May 7, 1838
Carr, William, Lee-grove, Blackheath, May 29, 1837
Chapman, Richard, Kirby Moorside, February 5, 1819
Cooke, Robert Humphrey, Stoke Newington, February 15, 1839
Taylor, John, Bayswater, June 26, 1840
Williams, Robert Hankinson, Great Eccleston, May 9, 1834
Wood, Frederick, St. Bartholomew's Hospital, July 2, 1841.

The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 14th inst.:—

Bromley, John Bourne, Stourbridge, Worcestershire
Callon, William Joseph, Liverpool
Cheese, James, Jersey
Climo, William Hill, Belmullet, County Mayo
Davies, Henry, Cross-inn, Carmarthen
Finch, Thomas, London
Fowler, Francis Baker, Bath
Gayton, William, Church-street, Spitalfields
Hall, Marriott, Sheffield
Hall, Augustus Robinson, Topsham, Exeter
Hoyle, William, Slaithwaite, Yorkshire
Laidler, Joseph, Stockton-on-Tees
Langford, Henry Edward, Cherbury, Shropshire
Litchfield, Henry Robert Campbell, Twickenham
Masters, William Hooper, Yeovil, Somerset
Morgan, John, Clifton, Bristol
Nash, Robert, Weston-super-Mare
Racey, John, Quebec
Sealy, John, Barbadoes
Stawman, William, Wakefield
Steele, Charles, Clifton, Bristol
Taylor, Daniel, Bury, Lancashire
Thomson, William, Edinburgh
Thursfield, Thomas William, Kidderminster
Ward, Henry, Diss, Norfolk
Wheeler, Henry, Clifton, Bristol
Wilson, William James, Straid, Ballynure, Antrim.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—The following gentlemen having passed the Examinations, obtained the Diploma of the College, during the last sittings of the Examiners:—

Bolland, John, Dublin
Clark, Thomas, Blairgowrie
Clouston, Thomas Smith, Orkney
Fairbairn, William John, Edinburgh.
Hogg, Abraham, County Cavan
Mathews, James, County Cavan
Monteath, Dumfriesshire
Robertson, David, Dunkeld
Smith, William Thomas Young, Yorkshire
Tandy, George Grainger, Worcestershire

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, the 15th inst.:—

Bracey, Charles James, Birmingham
Cann, Francis Mark, Exeter, Devon
Gibson, Francis William, Bath
Snow, Thomas Fitzherbert, Box, Wilts
Tanner, John, Tetbury, Gloucestershire.

The following Gentlemen also on the same day passed their First Examination:—

Dawson, Richard Henry, Broxholme, Lincolnshire
Harvey, John, Birmingham
Stamper, James Fenton, Haverfordwest.

For an Assistant—

Hodgson, George Samuel, London-street, Greenwich.

The names of gentlemen who passed the Special Preliminary Examination in Arts on Tuesday and Wednesday, the 20th and 21st inst.

Adams, Frederic William, Bristol
Birt, George Corney, Brighton
Brocklehurst, T. H., Hyde
Bridgman, Isaac Thomas, Saville-row, Walworth
Calthrop, Christopher William, Withern Alford
Chabot, Frederick, Camberwell
Dusantoy, Henry G., Southampton
Harding, W. H., Aylesbury
Holderness, William Brown, 12 Park-street, Windsor

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Land, William John, Aylesbeare, Devon
Mackenzie, F. M., Tiverton
Pemberton, Francis M., York House, Chertsey
Pyle, Charles John, Amesbury, Wilts
Rayner, Henry, Sutton Valence, Kent
Sanderson, R. H., Wellingboro'
Simpson, Reginal P., Norwich
Weekes, Henry, Brompton, Kent
Wilks, William, Ashford
Williams, Eyton O., 39, Keppel-street
Wood, Robert, Uttoxeter.

APPOINTMENTS.

CHAPLIN.—Dr. Thomas Chaplin has been appointed Physician to the English Hospital for Jews at Jerusalem.

COOPER.—Mr. George Lewis Cooper, F.R.C.S., Surgeon to the Bloomsbury Dispensary, and one of the Surgeons to the National Vaccine Establishment, has been nominated by the College of Surgeons as a Recognised Teacher of Vaccination, and appointed by the Council of University College to instruct the Students of the Medical School in Vaccination, according to the new Regulations. Vaccine Station, 3, Caledonian-road, King's-cross.

GRAY.—Edwin Benjamin Gray, M.B. Oxon., M.R.C.S., and L.S.A. Lond. House-Surgeon to the Radcliffe Infirmary, Oxford, was unanimously elected Physician to that Institution, on November 15, 1860, in the room of Dr. Rolleston, resigned.

DEATHS.

BOWDEN.—October 28, Samuel William Bowden, of Brixham, Devonshire, M.R.C.S. Eng., L.S.A. Lond., Admiralty Surgeon and Agent, aged 52.

COOTE.—November 13, Charles Thomas Coote, M.D. Oxon.; F.R.C.P. Lond., of Gloucester-place, Hyde-park, aged 36.

HALLS.—November 6, at sea, on board the Peninsular and Oriental Company's steamer *Ceylon*, John James Halls, B.A. Cantab., F.R.C.S., Assistant-Surgeon, Bengal Army.

LAMONT.—November 11, Æneas Lamont, of Belfast, F.R.C.S. Ireland.

LUDLOW.—At D'Urban, Port Natal, South Africa, William Henry Ludlow, formerly of Leire, near Lutterworth, Leicestershire, aged 28.

MOLLOY.—November 14, at Hounslow, Middlesex, Robert Molloy, M.D., M.R.C.S. Eng., L.S.A. Lond., aged 45.

PEMELL.—November 13, at Canterbury, Peter Pemell, M.R.C.S. Eng., L.S.A. Lond.

PRICE.—November 13, William Price, of Portsmouth, M.R.C.S. Eng., aged 77.

SCAIFE.—November 4, suddenly, William Scaife, of Kinkerry-hill, Bewcastle, Cumberland.

SEIFFER.—August 26, at Greenock Creek, South Australia, A. Seiffer, M.D., aged 32.

STACEY.—November 15, Edmund Hills Stacey, of Carmarthen, M.R.C.S. Eng., L.S.A. Lond., aged 65.

TURNER.—November 11, Richard Turner, of Lewes, Sussex, M.R.C.S. Eng., L.S.A. Lond., aged 61.

TWEDDELL.—November 14, at Hartley Wintney, Hants, Fenwick Martin Tweddell.

WILSON.—November 8, John Grant Wilson, of Clifton, M.R.C.S. Eng., L.S.A. Lond., late Senior Surgeon to the Bristol General Hospital, aged 63.

AT a Meeting of the Council of the Royal College of Surgeons of England, held on the 9th inst., it was unanimously resolved that 200 guineas be devoted to the purchase of a piece of plate to be presented to Mr. Edmund Belfour, in acknowledgment of his unvarying zeal, fidelity, and honourable conduct, and of the invaluable services he has rendered to the Institution in all its departments during the fifty years now completed of his tenure of office as Secretary of the College.

PROFESSORS OF THE FACULTY OF MEDICINE OF PARIS.—The following is a list of the various Professors of the Paris Faculty for 1860-61:—Medical Physics, Gavarret; Medical Pathology, Guillot; Operations and Apparatus, Malgaigne; Medical Chemistry, Würtz; Anatomy, Jarjavy; General Pathology and Therapeutics, a substitute for Andral not yet named; Surgical Pathology, Denonvilliers; Medical Clinic, Bouillaud, Piorry, and Rostan; Surgical Clinic, Laugier, Jobert, Velpeau, and Nélaton; Obstetric Clinic, Paul Dubois.

IN the Court of Queen's Bench at Westminster, on Nov. 15, the case of the Queen *v.* the Registrar of the General Council of Medical Education and Registration of the United Kingdom, was brought before Lord Chief Justice Cockburn and Justices Hill and Blackburn. Mr. Serjeant Hayes moved for a rule calling upon the Registrar of the General Council of Medical Education and Registration to show cause why the name of the applicant, R. Organ, should not be restored to the Register, from which it had been erased by order of the Council. It appeared from the statement made by the learned serjeant, that the 46th section of the Medical Act (the 21st and 22nd of Victoria, cap. xc.), authorised the General Council to dispense with such provisions of the Act, or regulations made under it, as to them should seem fit, in favour of certain classes of practitioners, among whom were enumerated "persons practising in the United Kingdom on Foreign or Colonial diplomas or degree." The applicant sent in an application to have the benefit of this dispensation, as being in practice on a foreign diploma. The Council did not recognise his claim on the ground which he put forward, but allowed his name to be registered under another clause of the same section—viz. as "acting as Surgeon in the public service," the applicant being Surgeon to several Poor-law Unions in Yorkshire. Subsequently they caused his name to be erased from the Register, in accordance with the power given to the Council by the 29th section, which enacted that if a registered Medical Practitioner shall be convicted of any felony or misdemeanour, "or shall, after inquiry, be judged by the General Council to have been guilty of infamous conduct in any Professional respect," the General Council might, if they saw fit, direct the Registrar to erase his name from the Register. There was also another section, the 26th, which enacted that any entry which shall be proved to the satisfaction of such General or Branch Council to have been fraudulently made may be erased from the Register, by order in writing of such General or Branch Council; and the Council contended that they were justified in erasing the applicant's name under that section; also, it being alleged that he had procured his name to be registered by a statement that he had been duly appointed Surgeon to certain Unions, the fact being that, in at least one of the instances specified, he had no regular appointment. The learned serjeant now stated that the applicant had not claimed to be registered as a Surgeon "in the public service," but as "practising on a foreign diploma;" and he contended that the 29th section was prospective only, and not retrospective; and, as "the infamous conduct" of which it was alleged the applicant had been guilty took place many years ago, the Medical Council had no jurisdiction to inquire into it. Lord Chief Justice Cockburn said the question required serious consideration, and the the learned serjeant might take a rule.—Rule *nisi* granted.

LINNÆUS AND BUFFON were born in the same year, one in May, the other in September, 1707; but this identity of dates, the force of their genius, the grandeur of the services rendered by them to natural history, are the only real points of resemblance between them. Linnæus was born in a little village in Sweden, a country still warlike and barbarous; Buffon in the bosom of a noble and rich family, in the France of Louis XIV. Linnæus was compelled to become apprentice to an artisan, and sustained a long and painful struggle against adversity. If Buffon needed a strong resolution, it was to resist the seductions of the soft and easy life which was opened to him by his rank and fortune. Both had received from Nature intellectual tendencies even more diverse than the circumstances in which they were placed. Linnæus as patient and sagacious in the search after facts as he was ingenious in co-ordinating them; prudent rather than bold in his deductions; working long on minute details, and lost in them, as it were, to elevate himself at last with a more certain flight to the elevated regions of science; quick in forming hypotheses, but yet not deceiving himself by them; assigning with remarkable correctness to each idea its rank and value, as to each being its place; endowed with a perseverance which was never discouraged by obstacles nor fatigued by time; loving truth for itself, and finding that his shortest and simplest expression was also the most beautiful; always seeking that elegance proper to scientific writings, which results more from the concatenation of ideas than from a choice of words; lastly, without ever failing to be exact and concise, varying his style from the grave precision of a formula to that high poetry of which Genesis offers us the sublimest specimen. Buffon sagacious and as ingenious as Linnæus but in another order of ideas; disdaining technical details, neglecting the multiplying around him of observed facts, but seizing the most hidden consequences of those which he passed,

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and thus boldly elevating, on a fragile basis, a durable edifice, of which he alone and posterity could conceive the gigantic plan. Refusing to imprison his fertile imagination in the narrow circle of methods, and yet, by a happy contradiction, creating one day a classification which Linnæus himself might envy; losing himself sometimes in unknown space, where he wandered without a guide, but yet rendering even his errors fruitful. Impassioned with all that was beautiful, all that was grand; and if he completed nothing, daring to commence with all; to contemplate Nature in her entirety, and calling to his aid, to paint her worthily, the treasures of an eloquence that has never been surpassed. Linnæus was one of those rare types of perfection of the human intellect where synthesis and analysis meet in a just equilibrium, and enrich each other. Buffon was one of those men powerful by their synthetic powers, who pass, with a bold step, the limits of their epoch, occupy themselves in new routes, and advance towards future ages, gaining all by their genius, as a conqueror by his sword.—*G. St. Hilaire.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, November 17, 1860.

BIRTHS.

Births of Boys, 897; Girls, 863; Total, 1860.
Average of 10 corresponding weeks, 1850–59, 1588·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	607	576	1183
Average of the ten years 1850–59	589·7	559·3	1149·0
Average corrected to increased population ..	..	..	1264
Deaths of people above 90	..	1	1
Deaths in 15 General Hospitals	41	19	60

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	6	10	..	8	3	4
North ..	490,396	..	10	5	1	7	6	4
Central ..	393,256	..	8	5	4	10	3	1
East	485,522	..	11	8	2	11	4	1
South ..	616,635	2	8	10	5	10	9	5
Total.. ..	2,362,236	3	43	38	12	46	24	15

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·416 in.
Mean temperature	41·7
Highest point of thermometer	52·9
Lowest point of thermometer	33·0
Mean dew-point temperature	01·7
General direction of wind	..
Whole amount of rain in the week	0·92 in.

BOOKS RECEIVED.

The Composition of the Urine. By E. A. Parkes, M.D. London: 1860.

On Syphilitic Diseases. By L. Parker, F.R.C.S. Fourth Edition. London: 1860.

Anatomy of the Arteries. By J. H. Power, M.D. Dublin: 1860.

Clinique Médicale sur les Maladies des Femmes. Par Bernutz and Goupil. Paris: 1860.

Traité Pratique des Maladies de l'Enfance. Par F. Barrier, M.D. Paris: 1861.

An Epitome of Surgery. By J. B. Gill, M.D. London: 1860.

On the Admission of Air into Serous Cavities. By A. Meadows, M.D. London: 1860.

Contributions to Teratology. By J. J. Murray, F.R.C.S. London: 1860.

De la Syphilisation. Par W. Boeck. Christiania. 1860.

A Treatise on Mechanical Dentistry. By J. Richardson, D.D.S. London: 1860.

Letts's Diary and Medical Diary. London: 1861.

Die Erforschung des Cretinismus und Blödsinns. Von Dr. Guggenbühl. Vienna: 1860.

Vestiges of the Natural History of Creation. Eleventh Edition. London: 1860.

On a Peculiar Disease of the Osseous Tissue in the Horse. By G. Varnell, M.R.C.V.S. London: 1860.

Report of the Montrose Asylum. Montrose: 1860.

TO CORRESPONDENTS.

Mr. Rigby's Three Cases of Lithotomy shall appear.

Mr. Teale's Cases of Iridectomy shall appear next week.

Unity.—The letter shall appear next week.

Mr. Turner.—We shall be happy to receive the Report on the Treatment of Intermittents in India by Arsenic.

Mr. Amyot's paper shall appear in an early number.

A Reader will see a letter from Mr. Churchill in another part of this Number, respecting the advertisement he encloses. "Robert J. Jordan," with the title "M.D., Licentiate of the Royal College of Physicians, Edinburgh, and Member of the Royal College of Surgeons, England," applied to Mr. Churchill to publish a book, who very naturally concluded that the above titles were a sufficient guarantee as to the position and intentions of the author. It may become a question for the lawyers whether an author can take one sentence from the review of a book, and use it in praise of another book.

CHLORODYNE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Chlorodyne is making some noise in the world;—will you request some one of your numerous correspondents to inform me if it possesses any advantage over the narcotics now in use? whether it is equally safe to administer? and, if any one of them has seen a case where a fatal dose has been administered, whether the symptoms at all differ from those produced by opium, morphia, etc.? I am, &c. INQUIRER.

RANK OF PHYSICIANS AS DOCTORS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The consideration of the rank of Physicians involves the vexed question "are Physicians Doctors?" In showing that Physicians rank with the M.D. it will be necessary to prove that, by "ancient usage," or common law, they are *bona fide* Doctors; both in title and station: and here I would call the attention of Medical Graduates to the fact that it is by this same usage that they take their place with Esquires.

According to Dodd, Barristers and Doctors and Bachelors in the faculties of Divinity, Law, and Physic, are, by "ancient usage," Esquires. This being so it might be fairly asked why Physicians should not, by the same "ancient usage," be Doctors: the custom of giving Physicians the rank and designations of Doctors, being of more ancient date than the usage which constitutes Barristers and Graduates Esquires.

The cases are strictly identical. The title and rank of Doctor, it is true, are not directly or formally conferred upon the Physician by diploma; so neither is the rank of Esquire thus granted to the Barrister or Medical Graduate; yet each class having been so admitted, their respective ranks follow as a necessary consequence, either from Acts of Parliament or ancient usage.

As Physicians, then, are Doctors by ancient usage, just as Barristers and Graduates are Esquires on the same ground, the legal right of the Physician to the rank of Doctor must be, at least, equal to the right of Barrister to that of Esquire; consequently, in all Court lists, etc., we find that the F.R.C.P. (*e. g.*, Dr. William Baly, F.R.S.), is placed with the Doctors of the British Universities.

A greater error, perhaps, never existed than the supposition that the power of making Doctors is limited to the Universities; the Archbishop of Canterbury has this right; and King and Queen's College of Physicians has, by charter and Acts of Parliament, secured to its Fellows and Licentiates the title and rank of Doctors of Physic; besides which the London and Edinburgh Colleges confer on their Licentiates every honour, title, and privilege bestowed elsewhere on Physicians, including, of course, the title of Doctor bestowed upon Physicians by the Dublin College, and other Colleges in Italy, upon the model of which the London and Edinburgh Colleges were founded: knowing this and also that every Physician is by diploma a Teacher of Medicine (Latin, *Doctor Medicinæ*), and that the Licentiates of the London College are designated "Doctors of Physic of the College in London," by Coke; and that Mansfield ruled that Physicians were, in England, only Doctors by courtesy, unless they were either Graduates of one of the English Universities, or Licentiates of the Royal College of Physicians. Coupling these facts with the known power of ancient usage to give title and rank, it seems evident that Physicians are Doctors, and that the "Doctors of Physic of the College in London," with those of Edinburgh and Dublin rank with the Doctors of the Universities.

I am, &c. A PHYSICIAN AND DOCTOR.

DEODORISATION.

We have received a long reply to Mr. Condy from Dr. Skinner, but have only space for the following extracts, which are of practical interest. Dr Skinner says:—

"When I alluded to the 'indelible' nature of the stains produced by the Health Powder, I meant only so far as the domestic uses of soap and water are concerned. We all know that there are not many stains which are chemically indelible. I am inclined to think that the use of 'salt of lemon' entails additional expense, material, time, labour, and trouble, which is not required in using Wharrie's Powder." He adds: "For the benefit of those of your readers who would prefer using the Health Powder of the Messrs. Condy, or where objections are raised to the use of the pudendal napkin, with Wharrie's deodorant and antiseptic powder, in Hospital or private practice, and more especially amongst the poor, the

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following method will be found to meet every circumstance and objection:—Make two bags of thin calico six or eight inches square, one end being left open. Put into them one or other of the powders mixed with bran, sew up the open end, and apply the bag to the perinæum and pudenda: place a piece of sheet gutta percha between this and the napkin and all staining will be avoided. I have three patients at this time labouring under *carcinoma uteri* in its last stage, where this plan is adopted with Wharrie's Powder, and with the greatest success. As one bag is taken away, the other takes its place. The first is, on its withdrawal, opened and turned inside out; it is then shaken, rinsed in water, and hung up to dry. One or two of my monthly nurses have lately used an old pair of cotton stockings in a similar way."

The Prefix of Doctor.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The use of the prefix of Doctor by the Licentiates of a College of Physicians is still objected to by some. It appears to be a pity that such should be the case. Could not the Medical Council introduce a clause something to the following effect:—"Licentiates, or Members, or Fellows of either of the Colleges of Physicians in England, Scotland, and Ireland, may legally use the title of Doctor as a prefix." If the title is not legally allowed to the Physician (and he ought to have a legal title), by what title is he to announce himself to the public? It is not necessary that the F.R.C.P. should trench upon the University suffix of M.D.; but unless the Physician is allowed (and his position in this respect should be a legal one) to use Doctor as a prefix, he really has no means of announcing himself to the public; and under the present Act, which gives a right to the M.D. and Physician to practise in the same manner, it seems strange to force the L.R.C.P. to go to a University for M.D. in addition,—if so, what is the use of the L.R.C.P. diploma? Our Colleges of Physicians had better be closed. Can any title be substituted which shall be a full equivalent for the long usance of the "Dr." by the Physician—one which the public will as readily understand? They would think it very strange to see on a brass-plate "Physician," or "L.R.C.P.;" they would not understand it; but they do understand the short prefix of "Dr.", as indicating that such an one practises as a Physician. The sanctioning the old usage in the Medical Council would relieve some very honourable and well-meaning men, men who desire to do that which is right, from what many of them feel to be an awkward position. I am, &c. L.R.C.P.

Medical Gentlemen.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I am not much in the way of seeing Medical Journals, but happening to meet with your last issue, I was induced to peruse your excellent leading article on the Social Position of the Medical Profession. With respect to the statement, that, "the General Practitioner of Medicine is admitted with considerable reserve among what are called the 'better classes of society,'" I doubt whether this class is looked down upon solely because they supply and charge for drugs, thus identifying themselves with trade. I, in my capacity of a "poor curate," and, failing interest in high places, have been located in many different parts of the country, in all of which I have, of necessity, come into contact with the "doctor" of the district. The result of my observation has been, that where the Medical man has been a gentleman (that is, a man of polite education and refined manners), the fact of his supplying medicines did not act as a bar to a just appreciation, socially, of his qualities; but I am compelled to say that the great majority of rural Practitioners, in my experience, are not of this stamp, and would be out of place in the more refined society of the neighbourhood. For the most part they are men who have sprung from the trading classes, or from that still more ignorant class, the farmers, and are no more polished or educated than their progenitors. Much as such men may be esteemed for their Professional talent, or their charity to the poor, it cannot be a matter of surprise that they are not received on equal terms by the gentry and clergy of their neighbourhood.

There is, however, a stronger negation to their *entrée* into the "better classes of society." If they are themselves, from the advantages of a liberal education, reasonably presentable, their wives are not so, being, for the most part, the daughters of farmers or the smaller tradesmen, and in no degree companionable to the daintier dames by whom they are surrounded. Here then is, I submit, the true explanation of the comparatively low social status of the country General Practitioner and not the supplying of drugs. If he would rise out of it, he must, by a sound preliminary education, fit himself for the higher position, which, under more favourable circumstances, would be as freely accorded as to

November 12. Yours truly, A Poor Curate.

[We have printed the above letter, which, doubtless, will amuse some of our readers. Should their wives see it, we can fancy the indignant rejoinder upon the wives of many "poor curates."—Ed.]

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Never having had any faith in Parliamentary intermeddling with the Profession, I am no way surprised to find you characterising the past attempts of the Legislature in this line as "very unsuccessful;" but that, with this conviction, your "influential correspondents" should court their further tinkering, and that for the rather extraordinary purpose of assigning to Medical Practitioners their several ranks as "gentlemen," does certainly, to say the least of it, appear very "singular." One can scarcely conceive of a British House of Commons entertaining such a proposition at all; but if they did, it would assuredly and deservedly, prove unsuccessful. You admit that the enlightened tendency of the present age is to give the preference to "personal character, talents, and attainments," over such "claims to consideration as 'heralds rake from coffined clay,'" adding "this is as it should be." The present "less fortunate" position of Surgery, too, you describe as "merely a vestige of a state of things long passed away." Why, then, in a Profession which, viewed in the light of common sense, ought to be *one*, should any one seek to perpetuate anomalous distinctions, and not only so, but to extend them? The nominal division into Physicians, and Surgeons or Apothecaries, is bad enough; because, among other reasons, the thing is impracticable, except in a very few exceptional instances. Family practice cannot be portioned out like the wards of an Hospital; and Paterfamilias, in some case of illness, musing in perplexity which department to apply to, might be a good study for *Punch*. But to subdivide further, and institute invidious comparisons between those who receive fees and those who send in bills, and attempt to cast a slur on those who dispense, while those who merely write prescriptions are represented as alone worthy of notice, dubbing this Practitioner a gentleman, and that other no gentleman; and, above all, to prop up the already tottering fabric by an Act of Parliament, is scarcely the direction one would expect matters to take in the mind of a Medical reformer of the nineteenth century. The general public know nothing of the artificial distinctions some among us would fain keep up, and form their estimation of Doctors on totally different grounds; and if many Practitioners, as you say, are "admitted with considerable reserve among what are called 'the better class of society,'" depend upon it there is usually some other reason for the reserve than the accidental circumstance that they dispense medicines. There is a saying that "worth makes the man, the want of it the fellow," but it would seem to be the view of your "influential correspondents," that to write prescriptions and receive fees must now constitute the gentleman; while he who laboriously visits, prescribes, and, moreover, sees his prescriptions made up under his own eye, instead of trusting it to some careless druggist's shop-boy, and finally, sends in his bill, is not acting in his Professional character, and must, therefore, submit to be excluded from the rank and society of gentlemen. Why, not to speak of the many Practitioners who, from the distance from Druggists, have no alternative but to dispense, and whose disqualification for the rank of gentleman is consequently no further self-imposed than as it arises from their settling in rural districts at all, one not up to science in these matters would be apt to conclude that he who can dispense as well as prescribe ought to take precedence of the mere writer of prescriptions! A whole alphabet of letters appended to a name will not make an individual either a clever Physician or Surgeon; and just as little can an Act of Parliament render a boor a gentlemen. Superior skill and refinement of manners will suffice to point out "the Medical Gentleman" without the aid of the Legislature, even though he himself should "bring in a bill" now and then. And why should any member of the Profession be ashamed to send in an account to his employers? You at least are no advocate of gratuitous services, and if we are to be paid at all, surely a fee "by any other name should smell as sweet."

Please excuse these plain remarks upon your article on the subject of "Medical Gentlemen," from one who has no "Counter-practice" and no wish for more than the allowed "medicine chest."

I am, &c. A Constant Reader.

COMMUNICATIONS have been received from—

Dr. Conolly; Mr. Kendall; Mr. Rigby; Mr. Turner, Poona, Bombay; Dr. McWilliam; Dr. Osborn; Mr. Wheatley; Mr. Workman; Mr. Fortescue; Dr. R. H. Wilke; Mr. Burman; Mr. Varnell; Dr. Richardson; Dr. Hobson; Dr. Boeck, Christiania; Dr. Tilt; Dr. Meadows; Dr. Guggenbühl; Mr. J. J. Murray; Dr. Skinner; Dr. Anderson; Mr. Bennett, Liverpool; Mr. Marley; Mr. Scholefield; Mr. Amyot; Dr. Parsons; Dr. Smyth; Mr. Hilliard; and Mr. Golding.

APPOINTMENTS FOR THE WEEK.

November 24. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

26. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Lettsomian Lectures: On Medicine, By Dr. Charles J. Hare—"Practical Observations on some of the Points of Difficulty in the Investigation and Diagnosis of Tumours and Intumescence of the Abdomen."

27. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. Dr. Handfield Jones "On a Case of Proptosis, Goitre, Palpitation," etc. Dr. Wynn Williams "On Scrofulous Diseases of Bone and other Tissues."

28. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Hunterian Society, 8 p.m.

29. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

King's College Medical Society. Mr. Earle "On Apnœa Neonatorum."

30. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) at 2 o'clock:—

By Mr. Fergusson—Hare-lip; Nævus; Removal of Fungous Mass from Breast; Removal of Growth from Tongue; Excision of Elbow.

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Pilules de Hogg a la Pepsine, pure ou

unié aux FERRUGINEUX.—These three useful preparations have already been prescribed by many eminent Physicians throughout France, who have reported that the most satisfactory results have attended their administration in such cases and conditions as the following :—

PILLS of PURE PEPSINE, exhibited for Dyspepsia, Diarrhœa, Indigestion, and sense of uneasiness after eating.

PILLS of PEPSINE united with IRON, in Female Complaints, Impoverishment of the Blood, and in most cases of convalescence, to strengthen the system generally.

PILLS of PEPSINE united with PROTO-IODIDE of IRON, in all cases where this latter medicine is indicated : Debility, Chlorosis, Rheumatism, Cutaneous Affections, Tumours, Consumption, &c. &c., and as an excellent adjunct to Cod-liver Oil.

The great hindrance to the more extensive satisfactory treatment of disease by means of this agent, has been the difficulty of obtaining Acidulated Pepsine in a pure state and administering it in an agreeable form without destroying its wonderful properties.

Mr. HOGG, Pharmacien, 2, Rue Castiglione, Paris, has not only been fortunate enough in preparing pure Pepsine in large quantities and in a convenient form, resino-Balsamic-coated Pills, but also in uniting most successfully this valuable agent with *pure Iron reduced by Hydrogen* and the *Proto-Iodide of Iron*.

In the Report of the Committee composed of Messrs. Longet, Londe, and Bouchardat, appointed by the Imperial Academy of Medicine of Paris to examine the merits of Mr. Hogg's preparations it is stated :—"That Pepsine combined with Iron or its Proto-Iodide, modifies by its digestive powers the irritating qualities which have so often prevented Physicians prescribing these medicines for delicate and nervous temperaments before the introduction of these valuable preparations of Mr. Hogg."

Mr. R. HOGG, 9, Albion-place, Hyde-park-square, is Agent for these three preparations in the United Kingdom, and sold by all Patent Medicine Vendors. In bottles, 2s. 9d. and 4s. 6d. of 50 and 100 Pills, see Pamphlets sent free by post.

Hogg's Lithia Water, Super-

CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA.

HOGG'S Citrate of Potash, and Citrate of Potash and Iron Waters.

HOGG'S Protocarbonate of Iron Water, and Ammonio-Phosphate of Iron Water.

These Waters are prepared as prescribed by Drs. Garrod, Owen Rees, and Bird; they are strongly effervescent, very agreeable, and contain an ordinary dose of their respective ingredients.

Also Potash Water, containing 20 grs. of the Bicarbonate; Soda Water, 15 grs. ; Seltzer, Vichy, and Pulina, from correct analyses.

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Aerated Lithia Water. — Messrs.

BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD'S instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain 2 grains and 5 grains in each bottle, either by itself, or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.

The following Waters as usual :—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains ; Soda, 15 grains ; Ammonia, 10 grains ; Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

BLAKE, SANDFORD & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Chlorodyne. —J. T. Davenport

begs to direct attention to the disgraceful and fraudulent practice of certain parties, who apply the term "CHLORODYNE." to compounds of THEIR OWN MANUFACTURE, WELL KNOWING that the word is applied to a remedy SOLELY DISCOVERED and INTRODUCED by Dr. J. COLLIS BROWNE, M.R.C.S.L. (late Army Medical Staff), the formula of which is confided to J. T. DAVENPORT, and NONE other ;—hence the assumption of the title, claim to discovery, or manufacture of CHLORODYNE by any other persons is a direct palpable deceit and imposition.

The Medical Testimony, published on the extraordinary properties of this remedy, is exclusively applied to

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"Kennington Park, Surrey, February 12, 1857.

"To Mr. T. B. Brown."

"Army Medical Department, January 16, 1847.

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GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D., Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"—

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol. i. p.* 319.

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NOTICE is hereby given, That the ANNUAL MEETING of this ASSOCIATION will be held at the FREEMASONS' TAVERN, on THURSDAY next, the 29th inst., at Eight o'Clock in the Evening.

By Order of the Committee,

E. BECKER, Assistant-Secretary.

N.B.—The only authorised agent to receive subscriptions is the Assistant-Secretary, who will furnish a receipt countersigned by the Treasurer.

University of St. Andrews.—Notice is hereby given, That the NEXT EXAMINATION for the DEGREE of DOCTOR of MEDICINE will Commence on THURSDAY, the 27th DECEMBER.

Fellows and Members of the Royal Colleges of Surgeons of England Edinburgh, and Dublin, of the Faculty of Physicians and Surgeons of Glasgow, and Licentiates of the London Apothecaries' Company are eligible for Examination.

Every Candidate is required to communicate by letter with Dr. Day, the Professor of Medicine, fourteen days before the period of Examination, and to present himself to the Secretary for Registration on or before Wednesday the 26th December.

By Order of the Senatus Academicus,

St. Andrews, November 21, 1860. JAMES McBEAN, M.A., Sec.

Bristol General Hospital.—Wanted, an ASSISTANT HOUSE-SURGEON. Board and Lodging will be provided in the House, but no Salary given. Candidates are required to produce satisfactory Testimonials of ability and good moral conduct. Applications to be addressed to the Secretary, at the Hospital.

By Order of the Committee,

W. J. BURGESS, Secretary.

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Practical Midwifery.—General Lying-IN HOSPITAL, YORK-ROAD, LAMBETH.—This Hospital receives Two Resident House-Surgeons, who attend all the Cases, both in and out of the Hospital, under the superintendence of the Physicians Gentlemen wishing to hold this Office are required to have attended Two Courses of Lectures on Midwifery. The Office is held for Three Months, and the Fee required for that time for Board, &c., has been lately reduced. For particulars, apply to the Matron, at the Hospital; or to Dr. Hutton, 26, Lowndes-street, Belgrave-square.

By Order of the Weekly Board.

THOMAS HENRY SMITH, Secretary.

Public Dispensary, Carey-street, LINCOLN'S-INN.—An Extraordinary General Meeting of the Governors and Subscribers will be held at the Dispensary House, on Tuesday, the 11th day of December next, for the ELECTION of a RESIDENT MEDICAL OFFICER. The Election will be by Ballot, to commence at One, and terminate at Three o'Clock precisely. Any gentleman desirous of becoming a Candidate, must be a Member of the Royal College of Surgeons of England, and a Licentiate of the Apothecaries' Company, unmarried, and must confine his attention exclusively to the business of the Charity. The salary is 100 Guineas per annum, besides residence. A Meeting of the Committee will be held on Tuesday, the 27th day of November instant, at Twelve o'Clock precisely, to receive and examine the Testimonials of Candidates, whose presence will then be required.

5, Bishop's Court, Lincoln's-inn, J. S. PHILLIPS, Secretary.
November 14, 1860.

Radcliffe Infirmary, Oxford.

November 14, 1860.

The Office of HOUSE-SURGEON APOTHECARY to this House being VACANT, the Weekly Board, (seven Governors being present), do hereby convene a Special General Court, to be holden in the Committee-room of this House, on THURSDAY, December 6, at One o'clock p.m., for the Election of a proper person into the vacant place.

Candidates for the above Office, must be Members of the Church of England, and unmarried, and must produce the Diplomas of the Royal College of Surgeons of England, Scotland, or Ireland, and the Licence from the Worshipful Society of Apothecaries, together with Testimonials to their general character and conduct.

The House-Surgeon Apothecary will be provided with Board and Lodging, Fire and Candles, Washing and Attendance, and will receive a Salary of One Hundred Pounds per annum, also One Pound from each Pupil upon his admission to the Practice of the Infirmary, and also a fee of Twenty Pounds upon each occasion of a new Apprenticeship.

He will not be allowed to practise on his own account, whether in or out of the House.

Testimonials to be in the hands of the Secretary before the 29th inst.

S. TRASH, Secretary.

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Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

Office Hours, from 11 till 4.

Ledbury Poor-Law Union.—The Office of MEDICAL OFFICER of the Ledbury and Yarkhill District, and the Workhouse in this Union, will be VACANT on the 26th day of DECEMBER next. The Board of Guardians invite the applications of Candidates who are duly qualified according to the General Order of the Poor-Law Board. The Medical Officer will be required to reside in the town of Ledbury, and to conform in every respect to the Regulations of the Poor-Law Board. He must devote his whole time and attention to the duties of his office, and will be restricted from all private Practice. The district comprises fourteen parishes, and the Workhouse area 29,196 acres, population 9,178. The appointment will be for one year. Salary £300 per annum. The salary will be inclusive of, and in consideration of all extra fees payable under the General Consolidated Order of the Poor-Law Board. The Guardians will provide Drugs, and Medical and Surgical Appliances, also a competent person to dispense the same. The Medical Officer will in addition be required to Vaccinate all children in his district, and will be allowed the usual fee for each successful case. The Election will take place at the Board Room, Ledbury, on Tuesday the 11th day of December next, at Eleven o'clock in the forenoon. Candidates are requested to send their Applications in writing, with Testimonials enclosed, accompanied with their Diplomas to me, on or before the 10th day of December next, and to be in attendance on the day of Election.

By Order of the Board of Guardians,

Ledbury, November 20. J. HUGHES, Clerk to the Guardians.

Practice for Disposal.—A Practice of £500, including an appointment of the value of £200 is for DISPOSAL. For particulars, address, A. B., 21, Harp-lane, London, E.C.

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Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph.D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

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MEDICAL TIMES & GAZETTE

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GENTLEMEN,—I am fully sensible of the difficulty I impose on myself in attempting to give, in little more than one Lecture, an intelligible account of the several forms of Bright's kidney, which have been described by writers, and to which I have made allusion in previous Lectures. You are aware that since I have occupied the Chair of Medicine in this College, jointly with Dr. Stewart, I have been in the habit of describing the several forms of diseased kidney included in the general denomination of Bright's disease, as modifications, or a more or less extensive commingling of two leading typical forms, commonly and very aptly termed the large white kidney, and the small, hard, contracted kidney. I say modifications, or a mixture of these two, but not gradations; for, I believe, from an experience of some years, and somewhat close observation, that Dr. Bright and his followers (especially Dr. Wilks, whose very able and pains-taking investigations of these pathological conditions of the kidney entitle him to rank among the highest authorities on this subject) are quite right in their opinion, that these two forms are essentially different, and never pass by any pathological process from the one to the other. In entertaining this opinion, however, I do not ignore the fact that the process which leads to the one form may be engrafted upon the other, or that from special causes, constitutions, and states of body, the two processes may go on contemporaneously, and so form a mixed kidney, that is to say, a kidney having a more or less close resemblance to both these forms, either in the same or in different parts. Now the essential characters, speaking roughly, of these two forms of kidney are the following:—

1. *The Large White Kidney.*—It is, as its name implies, larger than the normal kidney, varying in size from six to twelve ounces or even more; its external, cortical, or secreting part is increased at the expense of the internal, medullary, or purely excreting parts, measuring generally between the base of the pyramids and the investing capsule, from half-an-inch to an inch or more; it is of a whitish, or yellowish-white colour, flaccid, and anæmic, partly from the obliteration of the vessels, partly from the more or less abundant serosity, and partly from the diminution in the amount of blood-corpuscles. There may, however, be, and there often are, a few enlarged and turgid veins, which in the interior are tortuous, and on the surface have an arborescent form; the medullary portion may present various degrees of engorgement, or may be as exsanguine as the cortical portion, but this, so far as my experience goes, is rare. The course of this disease is generally rapid; it is always accompanied by considerable general dropsy; and the urine is generally scanty, smoky, and contains large quantities of albumen, some blood-casts of tubes, epithelial and exudative casts, and some red blood-corpuscles, and, at the later stages of the disease, more or less fatty matter. The duration is seldom longer than from four, five, or six to eight or twelve months; it may, however, persist even longer in some rare cases.

2. *The Small, Contracted Kidney.*—It is invariably smaller than the normal kidney, sometimes only half the natural size; it is hard, contracted, red, and granular; the external or cortical part is wasted, and therefore much diminished, without any corresponding increase of the tubular portion.

This form is chronic in its nature, its duration occupying many years, and is very seldom found without evidence of a similar process in other organs, especially in the liver, and not infrequently in the spleen and heart; and it is more than probable, that these have been affected contemporaneously with the kidney, from the influence of some cause affecting the body generally.

The symptoms of this form are somewhat obscure; certainly not so evident as those characteristic of the other and more acute form. They are more of a secondary character, and more particularly referrible to remote organs, rather than to the kidney itself from the effects of the disease, and the retention of the urinary constituents, upon the blood, and upon the nutrition of the body. The general tissues of the body suffer degradation, and the subjects of the disease are cut off from some other disease, as apoplexy, or other head affections, pneumonia, pleurisy, pericarditis, peritonitis, etc., to which they have become predisposed, owing to the general dyscracia produced by the insidious and unsuspected progress of the kidney affection; they die from pyæmia, erysipelas, or other causes, after accidents or surgical operations, which are not in themselves mortal, and not usually followed by a fatal result. The urine in this form is, as a rule, as abundant as in health, sometimes even more abundant; it is of low specific gravity; it may or may not contain albumen, generally the only effect of applying heat and adding nitric acid, is to render the urine slightly opaline, but to produce no sediment or actual precipitate; it scarcely ever contains any casts of tubes, either epithelial or exudative. There is very seldom any anasarca. If there be any, it is small in amount, and then generally only at the close of life. But in many cases, on looking attentively, you may, as I have stated in a preceding Lecture, detect a slight œdema beneath the conjuntivæ, and in the feet at night, and a general puffy condition of the eyelids, and of the loose subcutaneous tissues. The more positive or evident symptoms and signs of this form are pallor, neuralgia, headaches resembling those characteristic of hemicrania, noises in the ears, motes before the eyes, and other symptoms referrible to the nervous system, dyspeptic and other symptoms indicative of gastric and intestinal irritation, and even inflammation; for even extensive ulceration of the stomach is occasionally found with this condition of kidney, but whether it be an effect of it, experience has not enabled me to decide, although it is not improbable.

Now, as I have said before, and indicated in preceding Lectures, every kind of modification of these two forms may be met with, but never any true gradation from the one into the others—that is from the large white, or most acute form, into the hard, contracted, and more chronic disease. There may be, from some peculiarities in the nature of the cause, the habits of life, and constitution of the individual, a state partaking of both characters, or the one process may attack a kidney previously the seat of the other process, and so in a manner become engrafted upon it, in which case the organ will of course present the characters of both. It may or may not be larger than normal; generally it is. It is much less pale than the large white; its vessels are much more numerous and more or less gorged with blood; the Malpighian tufts are red and solid, and the organ presents a coarse granular appearance. The symptoms, as you might be prepared to expect, are much less acute than in the large white form, and more decided than in the purely chronic form. The urine is very seldom free from albumen, it may contain a very considerable quantity; the specific gravity is considerably under the average, but never so constantly low as in the small contracted kidney; there is almost always more or less deposit of albumino-fibrinous casts of tubes both large and small, and also casts of imperfect broken down granular epithelium, in which there generally are some minute fatty molecules, and a few isolated blood-corpuscles. There is commonly considerable anasarca, with great proneness to effusions in the serous cavities, and even inflammatory formations—as flakes of lymph, etc.

Besides these two leading, typical forms, and the third or mixed form, there are two others mentioned by writers, namely the Waxy, Lardaceous, or Amyloid kidney, and the Fatty kidney. These may be modifications of the first form (the large white), or they may be produced by an independent morbid process. They much more rarely accompany the hard, contracted type of kidney.

You will perceive that the terms lardaceous, waxy, and amyloid are synonymous, and are used to indicate the same disease. The first was used originally by Rokitansky, from the supposed resemblance of the kidney when so affected to

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bacon rind. The second was a name given to it by some English pathologists from a fancied resemblance to wax, and the third is the term given to it by Virchow, because of its offering reactions on the application of iodine and sulphuric acid, resembling, if not identical with, those of the same agents upon starch.

This form of kidney must be rare, for I have not met with it in my practice at this Hospital. But now that we have the means of detecting this degeneration even when partial, and before it has become so general as to affect the whole cortical substance, so as to be apparent to the naked eye, we shall doubtless find it more frequently; for I have for some time had the impression that this change or metamorphosis must be frequent in scrofulous and phthisical patients, and have often been surprised at not discovering palpable evidence of it in the dead-house (a). Virchow says "that a large proportion of the cases of Bright's disease, especially the chronic ones, are assignable to this change" (into the lardaceous, waxy, or amyloid condition) "and must, therefore, be separated from many other similar forms as constituting a special, altogether a peculiar affection" (b). From the interesting account of this condition given by Dr. Harris (c) it appears that the kidneys are generally enlarged, and that the cut surface of the cortex is of a palé yellowish-white colour, here and there irregularly depressed, the depressions giving the surface an uneven lobular appearance. The capsules strip off readily, leaving the surface smooth and not torn. The symptoms of this form of kidney are obscure. There is generally anasarca more or less considerable, a great proportion of albumen in the urine, and also some small pale waxy casts, and a few epithelial cells, and red blood-corpuscles. The specific gravity of the urine is generally under 1012. It being a constitutional disease, and the urine containing but a very small proportion of urea, the general symptoms are severe, especially the nervous symptoms.

The next form is the fatty kidney. In most, indeed in all, of the other forms of these affections, the kidney may undergo the fatty metamorphosis, but especially is it prone to take place in the large white kidney, and in the mixed white and granular kidney. Virchow has found that the kidney, whose epithelium has passed into a fatty degeneration, nearly always shrivels up, and the result is a permanent atrophy. But when the pure typical white kidney undergoes this metamorphosis there is but little diminution in size, and the exudative matter deposited in the tubules and intertubular substance seems to undergo a still further degeneration into fatty and oily matter. This condition will generally be found in persons who have been addicted to intemperance—especially in the use of undiluted spirits—as brandy, gin, and whisky.

The symptoms indicative of the fatty kidney will more or less be modified according to the conditions of the organ with which this metamorphosis is associated, and also with the greater or smaller amount of this degeneration in other organs of the body, especially in the heart and arteries. There is generally very considerable anasarca, although great fatty degeneration of the organ has been found where no anasarca was observed during life. The same may be said, also, with regard to albumen. When the white kidney is the seat of the metamorphosis you will invariably find considerable anasarca, and more or less of albumen, and of fat or oily casts in the urine.

Having now given a short, but I fear a very imperfect, outline and general description of the several forms and modifications of the kidney in Bright's disease, I will endeavour to explain somewhat more minutely than I have yet done, or rather in a more connected manner, the processes by which the several forms and modifications are produced. But before I enter upon this description, I wish to direct your attention to certain points connected with the anatomy of the kidney, especially the relation which exists between the Malpighian bodies, the tubules, and the blood-vessels, and also their relative sizes.

Anatomical Arrangement.—After the division of the renal arteries in the pelvis of the kidney, and their entry into the cortical substance between the pyramids, they divide into branches, which surround each pyramid, in a horizontal direction. From these ramifications, on the side looking towards the cortex, there arise with great regularity, and for the most part at right angles, smaller arteries, which, after a few more divisions, give off fine twigs, which run outwardly, in a straight course, between the cortical fasciculi or lobules, and are aptly termed *arteriæ interlobulares*. These twigs support the Malpighian bodies, and, with the exception of some branches to the coats of the organ, they terminate exclusively in the formation of their vascular coils. Each interlobular artery gives off, on two, three, or four sides, a great number of fine twigs, possessing the structure of arteries, which, after running a short distance, either directly or after dividing once, penetrate the tunic of the Malpighian body, becoming the afferent vessels of the coil. Now, the capillaries and the Malpighian capillaries, so formed by the convolutions in every direction, constitute the coil, and are represented to be unsupported, and to lie loose in the expanded extremity of the convoluted uriniferous tubule. They ultimately unite, by as many branches as the afferent vessel divided into, to form the efferent vessel. This efferent vessel, also arterial in form and structure, leaves the Malpighian body near the entrance of the afferent vessel, and nearly opposite to the opening of the uriniferous tube, and after proceeding a short course, break up into a very rich plexus of capillaries, the network of which lies between and around the tubes. The only exception to this is in the efferent vessels nearest to the pyramids, the capillaries formed by which run a long and straight course towards the papillæ, where they join others which have taken a similar direction. One set of venous radicles lie between the lobules near the surface, and present a stellate arrangement, and receive the blood from the first set of capillaries (or cortical capillary plexus). The other venous radicles have their origin around the pyramids, and receive the straight capillaries. The convoluted tubules, in their expanded extremity, or Malpighian capsule, as it is called, receive the capillaries into which the afferent arteries break up, and in the remainder of their course lie between and among the rich plexus of capillaries which the efferent arteries form, while the straight or purely excretory tubes lie between the straight capillaries formed by those efferent vessels that are nearest the pyramids.

The annexed table shows the respective sizes of the different blood-vessels and tubes and Malpighian capsules. I must request your attentive study of this table, because without it I fear that you will have but an imperfect acquaintance with the manner in which the secretion of urine is effected, as also with the pathological processes which I shall endeavour to describe. The measurements I have taken from Kölliker's "Manual of Human Histology," and from Mr. Bowman's paper in the "Philosophical Transactions." The description of the anatomical arrangement is for the most part condensed from Kölliker (Sydenham Society's edition).

I need not say that all the vessels, nerves, lymphatics, and tubes are held together by connective tissue or stroma, and that this framework or matrix, as it is called, is continuous with the capsule on the one side, and with the calyces on the other. The capsule and calyces are formed chiefly of white fibrous tissue, and, according to Kölliker, some yellow elastic fibres. These, however, are not described by most other anatomists. The only vessels that are not held together by connective tissue are the Malpighian capillaries, which hang loose in the capsule, and are only covered by an extremely delicate reflexion of the capsule.

Now, you will perceive from this anatomical description, that the Malpighian capillaries, being entirely within, or inclosed, in a manner, by the capsule, if any transudation, or exudation through their walls, or extravasation (by their rupture) takes place, the transuded, exuded, or extravasated matters must of necessity be in the tubules, and in no other part, unless (which probably frequently happens) the quantity of extravasated matters—in fact, the hæmorrhage—is so great, or so suddenly poured out, as to distend the capsule, or upper portion of the tube, to such an extent as to burst it, when the extravasation will find its way into the interstices of the intertubular substance. This happens in every case with artificial injection of the vessels, and we are certain it takes

(a) Since writing the above Mr. Sibley has informed me that this form of kidney is frequently found in scrofulous subjects, who have died from Surgical maladies, especially those in whom the bones have been much affected.

(b) Virchow on "Cellular Pathology," translated for the New Sydenham Society by Dr. Chance.

(c) "On the Nature of the Substance found in the Amyloid Degeneration of Various Organs of the Human Body." By Francis Harris, M.D. Cantab.

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TABLE OF THE DIAMETER OF THE MALPIGHIAN BODIES, AND OF THE URINIFEROUS TUBES, AND DIFFERENT BLOOD-VESSELS, REDUCED TO FRACTIONS OF AN ENGLISH INCH.

	Kölliker.	Bowman.
Straight tubes at their origin in apices of cones, from about	1/132 to 1/111	1/500 to 1/200
,, at their terminations at base of cones	1/111 ,, 1/17	1/300
,, in the bundles of Ferrein (with which diameter they enter the cortical substance)	1/500 ,, 1/76	
Convoluted tubules	1/883	1/250 to 1/150
Malpighian capsule	1/132 ,, 1/111	1/104
Smaller arteries give off fine twigs termed Arteria interlobulares, in diameter	1/132 ,, 1/10	
Each Arteria interlobularis gives off a great number of "afferent vessels,"—diameter	1/250 ,, 1/76	
Vasa afferens, convolution of, in Malpighian tuft	1/750 ,, 1/375	
Finest capillaries of malpighian tuft—diameter	1/705 ,, 1/777	
Vasa efferentia in cartical substance	1/777 ,, 1/847	
Capillaries into which they break up	1/6600 1/777 ,, 1/420	
Rounded angular meshes between them—width	1/222 ,, 1/41	
Vasa efferentia in nearest contiguity with Malpighian pyramids	1/100 ,, 1/47	
Arteriolæ rectæ gradually attenuate to	1/750 ,, 1/100	
Capillaries with which arteriolæ rectæ communicate	1/500 ,, 1/750	
Membrana propria	1/4838 ,, 1/1000	
Epithelium cells—in width	1/376 ,, 1/18	1/1000
Do. do. thickness	1/750 ,, 1/200	
Cells of straight tubules—in width	1/750 ,, 1/383	
Do. do. thickness	1/750	
Membrana propria of Malpighian bodies	1/2000 ,, 1/1750	
Membrane, thickness of	1/100 ,, 1/60	

PATHOLOGICAL ALTERATIONS OF URINIFEROUS TUBES AS TO SIZE.

Membrana propria frequently thickened to	1/1000 to 1/600
Epithelial cells enlarged to diameter of	1/250
Or dilated into slender cysts—in length	1/50 ,, 1/38

place from intense congestion during life by irritating substances—as turpentine, cantharides, etc.—and has often been witnessed after death. It is probable that the Malpighian capillaries almost, if not completely, fill the capsule; and it is known (as you will see in the above table of admeasurements) that the uriniferous tubules, immediately before their expansion to form the capsule, and so embrace the convoluted capillaries, become considerably narrowed. This offers some impediment to the escape of fluid; so that, if any cause of congestion be in operation, whether active from inflammation, or passive from obstructive disease of the heart, or obstruction to the venous circulation from emphysema, or capillary congestion from a weak left ventricle, and extravasation takes place, some of the extravasated matter will certainly make its escape by the tubes, but some will also run into the surrounding tissue between them, and so exert more or less pressure upon the tubules below; and will, therefore, lead to still greater extravasation into the intertubular tissue. But an irritant, such as turpentine, cantharides, copaiba, alcohol, even the poison of scarlatina, may not be so concentrated as to produce this violent and immediate effect upon the Malpighian capillaries, and the congestion of these will be accompanied by a simultaneous congestion, and blood-delay in the intertubular plexus. In this case, transudation or exudation, or extravasation by rupture, may not only take place from the first set of capillaries into the tubules, but from the second set also, and therefore into the tissues between the tubes, like the blood plasma normally transuded for nutrition, and also, it may be, for secretion, and finally blood stasis be produced. The large efferent vessels near the pyramids will now become the only ones permitting, probably, of any circulation, sluggish and retarded though it may be. Now, here it is necessary always to have in remembrance the relation which the intertubular capillaries bear to the tubes, for, otherwise, you will be liable to fall into the error (as I believe it is), of likening some morbid states of the kidney to bronchitis. The arrangement of these capillaries is peculiar; they are very small, and are exceedingly numerous, and do not—indeed, could not, from their respective sizes—ramify upon the walls of the tubules in any manner at all resembling that in which the beautiful network of capillaries are situated upon the mucous membrane lining even the ultimate bronchial ramifications and pouch-like depressions or cells. The capillaries and vessels near the surface of the cortex of the kidney, seem to form the entire tissue of the organ, and the tubules merely lie among them, and seem to have no functional relation to them, more than that they happen to be placed there. Any effusion of whatever nature from the intertubular capillaries, must first be in the intertubular tissue, and cannot gain access to the interior of the tubules, except by imbibition, or osmotic action of the epithelium cells, and if that effusion be unusually great, or unusually plastic and thick, it must press upon the tubules, and more or less completely occlude their central canal or channel. It is impossible that they can be ruptured by such pressure; that can only take place by a distending force from within, as I have no doubt it often does.

The Process of Formation of the Large White Kidney.—You will have perceived, from what I said when describing the effect of scarlatina, when a cause of kidney disease, that I regarded this form as inflammatory in its origin and nature.

Now, with reference to the inflammatory process, it is impossible to say in what it essentially consists, or what constitutes the difference between mere passive congestion, and that from what (for want of a better term) we call inflammation. If we are ever to be permitted to dive into what now appears to us an *Arcanum impenetrabile*, it will be by applying irritating substances to, or irritating with needles, various transparent tissues, and carefully watching the effects at different stages. This has been done over and over again so far as the behaviour of the blood in the vessels, and of the vessels themselves is concerned, but has not been followed up by a careful and minute examination, step by step, of the subsequent changes, whether as nutritive alterations, new formations, or degenerations. It seems to me most desirable, also, that we should not only do this in warm blooded, and other vertebrate animals, and even classes somewhat below these, but that we should descend still further in the animal scale, to animals in which no nervous or separate vascular system has been as yet discovered, and even to vegetable forms. There is an essentially vegetative aspect in which to regard the inflammatory process. Many of the alterations which we observe as the results of what we call inflamnation, may be observed in vegetable life, and in these animals in which not a trace of nervous structure, or distinct blood-vessels can be discovered. There is no doubt that the application of anything irritating or offensive to a tissue, even when far removed apparently from nerves and vessels, produces certain morbid changes, that is to say, that the nutrition deviates under this irritation, more or less, from the normal nutrition and growth, or it becomes arrested altogether, and the tissue decays, and is finally destroyed. Either the fluids drawn to the irritated parts through the interstices of the surrounding tissues by capillarity, or endosmosis, or both, are no longer chemically or molecularly fit for healthy nutrition, or, which is more probable, the tissue itself, whether cellular, molecular,

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or fibrous, is not in a condition to exercise the normal affinities, and therefore to assimilate the nutrient fluids with which they are bathed, and an alteration in form and properties, and of development, and growth is the result: not new formations, but alterations of pre-existing forms. Cells possessing a certain normal form become metamorphosed into an entirely new form, and a persistence of the irritation may make that altered form a permanent one. For example, cancer blastema, molecules, and cells, probably are nothing more than an alteration of normal blastema, molecules, and cells. If the irritation be in skin, mucous, serous, or synovial membranes, it will be an alteration of the cuticular or epithelial cell—epithelial cancer; if in true glandular tissue, an alteration of the gland cells; if in a fibrous tissue, with formative cells, an alteration of that fibrous tissue and those cells. These altered blastemata, molecules, and cells, like other degraded forms, both of animal and vegetable life, acquire a mode of growth and reproduction much more rapid than that of the normal blastemata, molecules, and cells, and when once formed are a centre, a *foyer*, a focus, containing all the elements of a new but degraded growth, which, in its rank and redundant reproduction, encroaches upon and destroys all the normal tissues; and more than this, its potential blastema may be absorbed and carried to distant parts, there to become new centres of reproduction, and to pursue the same rapid and destructive course. If it were conceivable that a cell, molecule, or fibre, could be conscious of an impression, and could communicate to us the nature of that impression, we should probably discover that the application of an irritating body acts like a shock, depriving it for a time, or persistently, of its properties as a living cell, molecule, or fibre, and that while so paralysed, it is incapable of exercising its proper affinities, and is given up to the influence of purely physical laws, and this independently of vessels and nerves. If we could be permitted to make an analogy between unconscious things and conscious beings, the irritant would be found to produce the same stunning and paralysing effects upon the cell, molecule, or fibre, as a severe and sudden blow does upon the head, paralysing for a moment all cerebral functions, and reducing the brain to the condition of an inert mass. This is probably the kind of action which Virchow observed in cartilage cells when a needle was introduced through them, and also in the cornea in *parenchymatous keratitis*. He has given the term "nutritive irritation" to this change, of which I have endeavoured to conjecture the process. In one respect, then, it is probable—nay, almost certain—that a living tissue, or even a single anatomical element, may undergo changes and departures, more or less considerable, from the normal state, and with such changes lose their natural properties, acquire others, or even fall under the influence of purely physical laws, like any other dead or effete matter. This we must bear in mind, for it is probable that most of the degenerations and nutritive alterations which we observe in epithelial cells and sublying membranes in this and the other forms of kidney in Bright's disease, take place by a process somewhat allied, if not exactly similar to this.

Now, we will consider inflammation in another aspect—namely, with reference to the blood. I have used the terms *transudation* and *exudation*, and *transudates* and *exudates*. Although objections may reasonably be urged against the use of these terms on many grounds, yet I do not see how we can discover better terms. They do not certainly, in their etymological sense, express the idea which we wish to convey. It will be necessary, then, to state what we mean by the terms,—to give ideas, in fact, to them. I have used them, and shall continue to use them, in this sense—*Transudation* is the term used to express a passage through the interstices of the walls of the vessels of a certain fluid; in health, it is the *blood plasma*; in disease, it is this also, but with varying and always increased proportions of water. A *transudate* is never spontaneously coagulable. *Exudation* is the term applied to a passage through tissues, or the interstices of the walls of a vessel, of a plasma, having characters and properties altogether different from those of health. For example, the fibrin *transuded* with the blood-plasma in health is not spontaneously and immediately coagulable; in disease, or in the state which we term inflammation, it is more or less so; but, whether it be so from a condition acquired while in the blood-vessels, or after it has left them, from mere contact with a tissue, irritated as I have endeavoured to explain above, is not known. There is no doubt that, during inflammation of any organ, the whole of the blood is altered, the fibrin undergoes more or less change; but whether this be an antecedent or a consequent, it is not easy to say. In some cases it is probably the one, in others the other. In scarlatina it is certainly the former; so is it also with cold and with alcohol, when their action is general. When, however, their application is partial or topical, it is the latter. This is of great pathological interest, especially in reference to these diseases of the kidney. It helps to explain the fact, which is so often observed in this general condition of the blood, from these and other causes of these affections of the kidney, that a very slight local cause of irritation will lead to a severe local inflammation; and on the other hand it equally explains why a severe local inflammation is often followed or accompanied by an inflammation of some remote organ,—pericarditis, pneumonia, pleurisy, from exposure to the local application of cold; inflammation of the brain or membranes, from want of rest, or anxiety of mind, or great pain. In exudation, then, the matter exuded possesses certain properties which it does not possess in health. It spontaneously and immediately or quickly coagulates; it is more potential as a blastema for the development of molecules and cells, and these molecules and cells have determinate forms, varying according to the state of the blood and the cause of the inflammation. If scarlatina be the cause, these forms will be low, degenerate, and easily destructible; the fibrin mixed with albumen—albumino-fibrinous matter—although coagulable, does not fibrillate and afford a material susceptible of any organising or formative processes; or if it be, as it sometimes may be in the kidney, it is into the very lowest form of matter compatible with its remaining in the system, or forming a part of the organ, in which case it will degenerate more or less rapidly into a fatty condition; or, in an eminently scrofulous constitution, into an amyloid condition, when these conditions of kidney are not the results of an independent process. This exuded matter may, in better constitutions, or when the inflammation of the kidney is due to the operation of cold, or alcohol, be more plastic, and take on higher forms of organisation, and become converted into connective tissue. But in the white form of kidney it never does, unless a distinct, separate, and independent process is engrafted upon the old one. The exudates in this form of kidney are unfitted in many ways for the development, growth, and nutrition of normal cells and membranes. They are unfitted, for example, for the formation and nutrition of the basement membrane and the epithelial cells of the uriniferous tubes, and these, consequently undergo such an alteration as I have described above, or they may be rapidly destroyed, and their *débris* be either washed out with the urine, or accumulate and become impacted in the tube, and so render it impervious to any further passage of the urine.

You will see, then, that, according to the condition of the blood, as influenced by the constitution and the cause, so will be the nature and properties of the exudate; and, according to the condition of the surrounding tissue, and of the exudate, and the mutual action of the one upon the other, so will be the products. In the white kidney, in its typical form, scarlatina being almost essentially the cause, the blood is diseased, the fibrin is diminished and possesses little plasticity, the tissues are more or less paralysed, the matter which is exuded into the intertubular substance may undergo liquefaction, may even assume a somewhat puriform character, and may be absorbed by the lymphatics and by them carried into the circulation, or imbibed by the walls of the tubes, and be discharged with the urine, while that which is exuded at once into the tubes from the *Malpighian* capillaries may be either carried off with the urine, or mixed, more or less, with the cast off and degraded epithelium, and so assist in the distension and obstruction of the tubes; and this may go on until the whole tube, together with the Malpighian tuft and capsule, forms a solid, cylindrical mass. In this case the increased thickness of the cortical portion will be due to this tubular distension and enlargement. On the other hand, some of the exuded matter may, and does, remain in the intertubular tissue, which it infiltrates, and there undergoes a low form of organisation, and in time is converted more or less into fatty matter, when the increased thickness will be due to both these conditions.

There is still another element in the inflammatory process, which, I think, may by itself lead to all the effects which we usually see in inflammation. It seems to me an error to

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suppose that nerves possess no influence beyond where they are actually situated. They may induce a current or a polar force in parts more or less distant, which may, in its turn, influence the chemical affinities, and confer properties which might not belong to matter not under such influence. Judging from the effects of division of nerves, we cannot help coming to the conclusion that impairment, deficiency, or entire destruction of innervation will lead to changes known as inflammatory; and in the case of the white kidney, we are sure that the nervous system is affected.

Lastly,—with regard to this form of kidney, you have seen that the cortical part is increased in a manner disproportionate to that of the medullary part, by the causes I have pointed out. In the cortical part the increase, as we have seen, is due to enlargement and solidification generally, of the tubes or of some part of them, and to deposit in the intertubular tissue, and the smaller vessels are consequently pressed upon, and many, if not most of them, obliterated. This is not so, however, with those of the medullary portions. These large *arteriæ rectæ* and *venæ rectæ*, and intermediate capillaries, are freely open in the majority of the cases, and permit a free passage for the blood brought by the renal artery, as any one may discover for himself by injecting a kidney so diseased with fine injection.

I will defer my remarks upon the other forms until my next Lecture.

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

Part I.—THE HANWELL ASYLUM.

No. XI.

By JOHN CONOLLY, M.D.

Conclusion of Part I.

I have lingered over this First Part of my Recollections of the Varieties of Insanity, because its subjects have seemed to excuse my dwelling on the years in which my residence in the Hanwell Asylum afforded me hourly opportunities of witnessing every diversity of damaged and disordered mind, and the operation of all varied influences upon them. It is natural to take a reluctant farewell of scenes allied with important events in life, when it is felt that life is swiftly passing away; that what at a period still recent seemed the most intensely interesting, is passing into the oblivion which has already overtaken much, and which awaits the rest. The Second Part of my design in writing these Papers, if I complete it, will, I trust, have the recommendation of containing some more varied practical observations respecting particular forms of mental malady, the product of long-continued observation in private practice; offered as contributions to knowledge in a department of Medical science of which the unprejudiced contemplation has only been possible since the cure of mental disorders has more occupied the minds of Physicians, than the mere repression of violence and suppression of inconvenient symptoms.

But the pictures presented to observation and fixed in the memory in the five active years in which my life was almost limited to the wards of Hanwell, will still present themselves, as images allied not only with inextinguishable feelings of interest and attachment, but with reflections on the illustration they often afforded of the varieties of human character, the remnants of mental qualities shattered and broken, and of thoughts, habits, and affections, confused and inefficient, but with something of a sacred character even in their state of demolition and ruin. So presented to observation, although the first impression was often amusing, the reflections excited generally led to interpretations more serious and affecting. The intentions of individual life, scattered by the impairment of reason, and the traces of a sense of public or of private duties of which the performance was henceforth frustrated by malady, the memory of former gaieties or alleviations of toil and care, now recurring fitfully to the desolated mind, or the singular modes in which inward trains of thought or more obvious delusions found expression, were, when carefully translated, found to be touching indications of that common link which, in this short and incomprehensible existence, binds together all mankind.

By those acquainted with the approaches to the Hanwell Asylum in the days of which I am speaking, a few eccentric figures must still be remembered, presenting a singularly distinct aspect, making them noticeable even in a crowd of insane persons. The important gait and manner of the poor man who considered himself the creator of the world, and yet whose rubicund face and fondness for malt liquor had made his only known name in the asylum *October*, was generally conspicuous: he would assert his high dignity, but ask for a newspaper as one still eager for sublunary intelligence; and he would haughtily refuse to go into the chapel, to offer prayers, as he expressed it, to himself, and yet willingly ring the bell to summon the congregation. Not far from him was a happy man, content with worldly rank, and always decorated with a prodigious star, manufactured by himself in the smith's shop. A little further on, and ever sweeping the lawn, was a fine old man, whose long grey hair, calm face, and perpetual bewilderment as to the passing railway trains, and occasional active startings off to keep pace with them, were the subject of admiration to the beholders. The fantastic caps invented and worn by some of the female patients, and evident sources of happiness to them, could sometimes scarcely be regarded with the gravity necessary to avoid giving offence to the wearers. An elderly Irishwoman wore a very elaborate cap, and a highly-wrought collar, in which were inscribed numerous names, not easily pronounced, which she read off, however, with great complacency, as they were the names of her ancestors for many ages; and she concluded by declaring that she was the heiress of millions of money, fraudulently kept from her. Her losses and wrongs did not, however, dwell heavily upon her; and finding one evening that escape was practicable, she dressed up the pillow of her bed with her well-known cap and collar, and set off for London. She was very fond of relating this adventure, of which the point that most excited her glee was that she was drinking tea with some friends in St. Giles's, at nine in the evening, when the nurses of her ward first discovered that she was gone. Odd figures were met within doors, too numerous and various to be described. Sometimes the cocoa-nut fibre used in the bedding was twisted into head-dresses highly complicated and ingenious; or the blankets were torn and fashioned into picturesque shapes. One young woman, singularly handsome, and highly maniacal, made herself, with these simple materials, a perfect copy of a print of a woman of one of the South Sea islands; and the recollection was not many months afterward curiously contrasted with her appearance as a visitor, one Sunday morning, in the chapel of the asylum, after she had been sent out quite well; when she came dressed with a care and taste not less calculated to do justice to her fine face and figure. In one ward, on visiting days, but more certainly on the entertainment evenings, might be met a woman of very striking appearance, in her finest dress; all in black, and radiant with beads, wearing a hat and plume, and her very shoes designed to show a small and symmetrical foot. This gay-looking person was no longer young, but her manner was animated, the expression of her face often pleasing, and her whole deportment suitable to the society of a high class of housebreakers, of one of whom, of considerable celebrity, she had been the wife.

No one, then, passed through the galleries of the Asylum without meeting the nimble and light-hearted man, whose life had been passed in theatres, and who, untaught to write or to read, had been so well trained to dancing and jumping as to have been long a famous harlequin, on the same stage with the more famous clown, Grimaldi. Even when between seventy and eighty years of age the retired harlequin was to be met neatly dressed, and generally with some little finery of neckcloth and waistcoat: he used to tell his age, boast of his sound teeth, relate a few rapid recollections of his stage life, and conclude by a little dance, executed with the gaiety of a boy. In the same ward with this harmless individual, a ward appropriated to tranquil patients, was another elderly man, who had been in business as a shop-keeper in London. He was usually free from any agitation, rather inclined to melancholy, but seeming to derive consolation from his Bible and prayer-book. At intervals of four or five weeks he became more animated, and in these periods of comparative

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excitement he always collected fragments of various kinds, and, especially, whenever practicable, orange-peel; these articles he arranged and re-arranged on the floor, usually sitting in the midst of them, immersed in thought and calculation, and too much and too happily employed to converse with passers-by. It often happened that friendless and destitute foreigners, becoming insane and troublesome in London, were sent to Hanwell; and their national and individual peculiarities were sometimes strikingly displayed. A French cook, who seemed to be possessed with military delusions, tore up his bedding, part of which he converted into a kind of tunic, and part into a turban, and into cross-belts, rolling up a small blanket into the representation of a rolled-up great coat, and thus attired, walked out of his room, announcing his intention of marching across the desert. This young man recovered, and returned happily to Paris to resume his occupation. We had at one time a musician, a poor German, whose case was particularly recommended to our attention in consequence of his arriving in a bruised, and wounded, and nearly starved condition, having been kept in restraint by cords and chains. After a few days he asked for a violin, and, on its being supplied, he for some weeks amused us by the odd positions he assumed when playing upon it; which, although partly the consequences of many surfaces of his body being so injured as to deprive him of the ordinary comfort of lying down or sitting up, were also partly associated with his humorous character, afterward displayed in many more cheerful ways, when his skilful performances gladdened the hearts of his fellow-patients, and were listened to with peculiar satisfaction by all who had known him in his disastrous state. This poor man's case was one of those which from time to time illustrated the advantage of the non-restraint treatment, and communicated encouragement and comfort to those who were trying to establish it. He came to us emaciated, ragged, irritated with ulcers, caused by lying manacled on wet straw. He left us for his native country, full of health and good spirits, well dressed, and with some help from the admirable Fund available for that purpose, and called the Adelaide Fund.

The diversities of life in London furnished occasional cases to Hanwell scarcely to be met with in asylums remoter from the capital; the cases of men more or less educated, and who, from some imperfection of mind or infirmity of disposition, had fallen out of their own rank in life, and by slow degrees had sunk into destitution; or, after long contention with the troubled currents of town existence, were wrecked and cast ashore like things unregarded and valueless. Ingenious and ambitious men, not very systematically educated; or men of imagination and feeling, but wanting self-government; and also some who had studied at the Universities and had brought away some fragments of learning, and perhaps a cultivated taste, but no solid acquirement; sometimes appeared among the new arrivals from the workhouses, where misery had made them acquainted with strange bedfellows. Men of the latter class are well known to be generally troublesome; and although unable to employ themselves efficiently, or to pursue any profession or occupation steadily, are yet keen and critical of others, and great promoters of discontent in various branches of the public service, and very irregular in their duties in all situations. One of this description soon devoted a large portion of his time to writing comments upon my proceedings, when I first became the Superintending Physician at Hanwell. He had been a Cambridge student, designed for the Church; then a lawyer, then an officer in the Militia, then nothing; and had at length become so excessively eccentric as to make his consignment to Hanwell a great relief to his friends and neighbours. This poor gentleman occupied much time in conversation with me when I visited his ward, and more in composing letters to me, of great length, written at his leisure, closely and clearly, and by no means always uninstructive. The situation of men of this kind, when first shut up with pauper lunatics, clothed like them, taking their meals with them, conforming to the general hours of rising and going to bed, often very different from those to which they have been accustomed, could not be regarded without a sort of commiseration. A full sense of the condition to which they have sunk becomes to some of them then only a reality. The illusions kept up by various speculative undertakings, or by wild companions, or by successive vicious stimulants, are suddenly extinguished, and thoughts of other days, when they were younger and full of promise and of hope, revert to them painfully, after long forgetfulness of what dissipation, and idleness, and schemes innumerable seemed to have obliterated from their mind. Some of the unfortunate men thus situated (for women seemed less conscious of their position in such circumstances) became desponding and disposed to suicide; but the greater part sustained themselves with fortitude. In reality, the life they entered upon on becoming patients had many compensations. There was ready for them on arrival a supper of bread and cheese, with wholesome beer; no ardent spirits could be obtained, but then no night-wanderings awaited them. There was the comfort of a clean bed. The morning light no longer awoke them to a sense of uncertainty of breakfast and sufficient food for the day. They walked out in pleasant grounds; they had an ample and wholesome daily dinner; and they heard simple and beautiful prayers read in the chapel, of which the words had once been familiar to their ears. Nor were minor consolations wanting. They generally excited sympathy in the store-room and in the shops of the workmen; and slight additions to the fashion of the Asylum clothing, a book now and then, and pens and ink and paper, filled up the measure of their unwonted content. They had, indeed, no money,—but they wanted none.

The letters of my friendly correspondent are all too long for insertion here; but I learned from them the uneasiness occasioned to patients by arbitrary attendants under insufficient supervision, and the dangers incurred, not by patients only, but by the attendants themselves, in the absence of any prompt means of obtaining additional aid. I was often exhorted against too much indulgence to those under my command, and warned—by the recital of attacks on former officers—against going, as I daily did, through the wards unattended, and talking freely with men subject to paroxysms of violence. But I also received many compliments, and as time and many changes went on, much encouragement, which was far from being despised.

Every infirmity of mind may be found exaggerated in asylums, and vanity is one of the most frequent. The imperfect examination of alleged facts, and the building of hasty conclusions upon them, which are very generally to be met with among persons who have not been trained to steadier thinking, are seen in excess among insane people, particularly among men; and reformers, legislators, philosophers, abound among them. Those who were at all acquainted with Hanwell a few years ago must have remarked a striking example of this class of men, whose mode of walking and whose address bespoke an undoubted consciousness of his own superiority not only to his neighbours in the wards, but to people in general. He was brought to Hanwell in consequence of an attempt in a churchyard, on a Sunday, to give a confutation to the doctrines to which the departing congregation had just been listening. On arriving at the asylum he refused to tell us his name, and he persevered in this reserve until he left us, some years afterward, quite well. We were encouraged to conclude that he was a person of importance, and had rather distinguished himself in foreign service; and his employment for many months was the decoration of the walls of his room with figures or caricatures, accompanied with diffuse verbal explanations. The subjects generally related to the improvement of society, and the regeneration of this kingdom in particular, and eventually of the whole world. He named his room the Temple of Ingenuity, and regarded his artistic attempts as perfect. On the door he inscribed "Here lives a Philosopher, and not a Madman." He had taken particular pains in painting a serpent, the folds of which measured forty feet; and the commentary upon it was illustrative of his general style:—"Whoever looks with the optics of true philosophy at the innumerable ways in which that mind-crushing Boa Constrictor, Superstitution, contrives *still* to twine its pernicious coils around every object, aim, hope, fear, pain, pleasure, and purpose of human life, will cease to feel any surprise at my strenuous efforts to rouse up every slumbering energy against the embraces of so deadly a pest." On the "western wall" of this curious apartment were written Twelve Maxims, which he evidently looked upon as a compendium of his own character: his commentary ran thus:—"Whoever is so fortunate as, by nature and training, to be able to concentrate, in a *Grand Focus* of superior ability, the rays of these 12 Glorious Guide-stars—Knowledge, Truth, Vigour, Enterprise, Secrecy, Tact, Perseverance, Temperance, Wit, Eloquence, Generosity, and Personal Qualifications—

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may triumphantly succeed in what it would be the height of madness in a less gifted mortal even to attempt." Altogether the room of this artist—philosopher as he sometimes denominated himself—formed a curious study. One might discern in its multitudinous mottoes and apostrophes and witticisms the materials of sense, and fancy, and feeling, but broken and heaped together like unregarded fragments mixed with rubbish in the yard of a statuary; here and there something to admire, but nothing finished. There was in his conversation as well as in his writings, a want of concentration, a constant proneness to parenthesis and prolixity, and a want of clear direction, which were but the manifestations of a mind capable of acquirement, but incapable of application to any useful purpose of life. It often occurred to me, however, that the outside world contained many persons of a like description; men idle in youth, and proving useless when graver years have succeeded; ever proposing and never performing; men whose lives "fume away in projects and in hope," as with Johnson's valetudinarian, and with whom "the day of action never arrives." The end of this harmless philosopher's history at Hanwell was, that he was allowed to leave the asylum, and that his room was long preserved nearly as he left it. Since that time I believe he has never more attempted to confute sermons, and has refrained from any attempt to claim the superintendence of the education of the Prince of Wales, which design had, it appeared, occasioned some alarm in the parish in London in which he resided, and had influenced the original decision which gave him a temporary habitation at Hanwell.

Physicians practising in mental disorders see, every year, examples of young men of education and of family, who have had the advantage of being early so placed as to give them opportunities of distinction, but who, from some faultiness of the brain, and from idleness, or dissipation, or excessive smoking, become incapacitated for any useful employment. Although for a time capable of occasional exertion, and manifesting the possession of talents, and now and then reverting to literary pursuits and pleasures, their efforts gradually become rarer and feebler, their general habits less and less decorous, their insensibility to any calls of duty greater; until at length they are found to be inefficient for any occupation, and sink into imbecility. Some of these unhappy young men, after being long a burden to their disappointed friends, are left friendless, and sink into pauperism. Examples of this kind are occasionally met with in the wards of pauper asylums; where reminiscences recur to them connected with earlier exertions, and for a few weeks the brain seems occasionally to recover a portion of its original energy; and they resume old mental occupations; write the title-pages of works they imagine they shall compose and publish, or scenes of dramas, the plot of which soon becomes unintelligible; or perphaps odes and sonnets, not without beauty, but yet never complete. We had once a patient of this description at Hanwell, a man of a family distinguished for eloquence, and poetry, and wit; and in all his better moods he occupied himself in compositions beginning with what seemed a promise of excellence, but always diverging into dreamy imaginations. He had his weeks of poetical rapture, and his weeks of silent gloom. Believing that the consideration of these peculiarities of mind is not fruitless, I shall insert, as a last specimen, one of his letters, written in his gravest mood, and exhibiting the peculiarities I have alluded to. The letter accompanied the manuscript of a kind of dramatic poem, of considerable length and vagueness:—

"Dear Sir,—It was late in life when I fell in with Addison and Goldsmith, and I have since found that Imitation is more difficult than emulation; so that in what I now submit to you, I solicit your regard for the substantial ideas, and not for the style of composition. In conformity, I have followed the neoteric, usual method of blending amusement with Instruction. If it serve to beguile you to an hour of Recreation from more serious studies, it will have done a great deal; if you circulate it among your friends and fraternity, and are induced to publish it, it may probably raise me up some very influential friends and possibly prove profitable; and, if it effect for me the light of freedom and sight of God's providence o'er a plan more extended than the monotony of this house affords, it will have performed all its mission. But such an event should be brought to be, silently and expeditiously, for the interference day and night that I here encounter adumbrates some kind of sly and secret invidiousness; else, with fewer omissions and mistakes and in a superior caligraphy, I had submitted my humble birthday gift o'er your family altar—should I have said the altar of your profession? There is a flower called the champack in the East, much worn by the Burmese and Bengalese,—a flower of the form of, though not quite so large as, the feminine magnolio, of a yellow colour and great fragrance, the tree as lofty as the largest of the *new* Elm trees planted recently herein. Is there any Extract of it procurable? P.S.—I have said it is your own. The things of Cæsar to Cæsar. Perhaps my worldlimindedness more than kind wishes and affections will appear when I have introduced things that belong to God."

When reflecting on the various writings and other literary efforts of the inmates of Hanwell, even of those whose education had least qualified them for writing letters or for recording their thoughts, it still always seemed as if the struggles thus made to express their feelings through the medium of an imperfect brain did but painfully show by what "thin partitions" sound and unsound mind are divided; and at the same time impressively enforce the care that should be taken to educate the faculties of the mind judiciously, to be heedful of the bodily mansion in which they are lodged, and to watch and check the first aberrations of intellect; training, above all, the faculty of attention to steadiness and accuracy; so as to strengthen the judgment and increase the safeguards against an unrestrained fancy. It was, however, a kind of pleasure to perceive that among so many disordered minds, for whom life had become purposeless, the ordinary trials and troubles of life had also ceased; and that they were screened from all the common privations and sorrows incidental to people of the poorer class, however great their exertions or exemplary their character. Although, for the most part, no longer useful, they were not despised; they had found, at last, a home where their irregularities brought no penalties upon them, and were, if possible, reclaimed; where their oddities were kindly regarded; where their morbid apprehensions were allayed, and their hearts were comforted; where, after fitful years of want and distraction, their later days were passed in security and peace; and where, cared for, and calmed, and consoled, when death came, they died resignedly. And such are the simple annals of the insane in pauper lunatic asylums. The memory of those protected people—their gratitude, their attachment,—will be treasured by me as long as consciousness remains.

CASES OF IRIDECTOMY.

By T. PRIDGIN TEALE, Jun., M.A., F.R.C.S.

As the subject of Iridectomy is now under discussion, I have selected the following from among the cases in which I have performed the operation, as confirmatory of the results obtained by other Surgeons:—

Chronic Glaucoma.

Mary T., aged 50.

Right eye.—Blind from chronic glaucoma.

Left eye.—Failing one year; she can read large print; globe hard.

January, 1859.—Iridectomy of left eye.

October, 1860.—Vision, which had progressively failed for a year, has remained stationary since the operation. She can read No. 6 Jaëger with the aid of convex glasses. Globe less hard than before the operation, though not quite of natural tension.

In this case the disease, which had progressed in the right eye to complete blindness, was arrested in the left at the stage at which the operation was performed.

Sub-acute Glaucoma.

Mrs. S., aged 54, for ten months has suffered from intense unremitting pain in the brow and left side of the head.

Left eye.—Perfectly dark many months; cornea hazy; aqueous humour turbid; conjunctiva dusky red colour; globe hard.

Right eye.—Globe hard; cornea and aqueous humour clear; lens opalescent; states that she has occasionally perceived the light of a candle during the last two or three months, but that generally she has no perception of light.

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December, 1859.—Iridectomy of both eyes. The day following the operation the neuralgia was less than it had been for many months.

October, 1860.—During the three weeks following the operation the pain gradually abated, and has never returned. Globes of natural tension. She has regained a small amount of sight with the right eye, being able, early in the morning, to see the window frames, and to distinguish fingers. The relief of pain and arrest of the glaucomatous process was perfect. The recovery of the small amount of sight was quite unlooked for at such an advanced period of the disease.

Sub-acute Glaucoma.

Mrs. M., aged 60, ten weeks ago was suddenly seized with severe pain in the right eye and forehead, and with dimness of vision. Three weeks later the left eye became dim and painful. She has been treated by repeated blisters, leeches, mercury, and opiates, with slight transient relief; but during this time has never been free from pain which she describes as agonising, and as if her eyes were being roasted. Globes hard; conjunctivæ dusky red; surface of corneæ dull; retinæ invisible in consequence of the turbid state of the humours. She cannot tell the time by a watch.

July 19.—Iridectomy of both eyes.

August 20.—The pain steadily abated during three weeks after the operation, and has now entirely left her. She can tell the time by a watch, and has read several verses of a hymn of ordinary type. Humours clear. Optic nerve-entrance visible in both eyes. No appearance of cupping.

October 20.—Both globes of natural tension. She can read No. 4 Jaëger, and is free from pain. Fair mobility of each iris.

Iritis with Closed Pupil.

Joseph B., aged 29. For a year has suffered from repeated attacks of syphilitic iritis, which during the last six months have been attended with constant severe pain. He has been for some time perfectly blind. In the right eye there is total synechia posterior, the iris bulging forwards, and the cornea being ulcerated. The left eye was destroyed by a blow many years ago.

September 4, 1858.—As no treatment had of late mitigated his sufferings, iridectomy was performed, without however any expectation of recovery of sight.

12th.—He is free from pain. Ulcer of cornea healing.

October 2.—The patient having slept in a draught, the eye again become inflamed and painful. Iridectomy was therefore repeated.

January, 1859.—Has been perfectly free from pain for many weeks. The ulcer of the cornea is healed, and the globe is in a quiescent state.

In this case, although there was no hope of sight, the object of the operation was attained, namely, relief of pain, and arrest of constant irritation of the globe, results which ordinary means of treatment, continued for several months, had failed to obtain.

Iritis with "Exclusion" of the Pupil.

Sarah F., aged 49. Iritis of left eye nine months. Constant, and often intense pain six months, during which she has been under Medical treatment (apparently mercurial, as her gums were made tender) without any relief. Total synechia posterior. She can hardly count fingers in a strong light. Right eye blind since infancy.

May 14, 1859.—Iridectomy of left eye.

17th.—Slight increase of iritis, with diminution of pain.

June 3.—Eye free from pain and redness. A few weeks later she could read large letters equal to 19 Jaëger, and could walk by herself through the streets.

October, 1860.—She has had no return of pain nor inflammation since the operation.

Iritis with Closed Pupil.

James A., aged 19. Has suffered from syphilitic iritis of left eye for three months, during which period he was put under the influence of mercury by his medical attendant, without benefit. There is synechia posterior, with closed pupil. Iritis of right eye three weeks.

March 13.—Iridectomy of left eye.

15th.—Mercurial treatment commenced on account of inflammation of right eye.

20th.—Mercurials discontinued.

April 7.—Both eyes free from pain and inflammation; sight of left obstructed by exudation.

October 18.—There has been no relapse of inflammation; artificial pupil required in the left eye.

In this case the left eye, after being inflamed three months, during which mercurial treatment was tried in vain, had perfectly recovered a quiescent state in three weeks after the operation of iridectomy.

"Exclusion" of Pupil with Commencing Staphyloma.

Mrs. O., aged 24. Had iritis in childhood, which left synechia posterior of both eyes. For the last three years has suffered from repeated attacks of inflammation, accompanied by intense pain, which have reduced vision to a doubtful perception of light.

Right globe, hard and prominent. Three small staphylomas in upper ciliary region. Iris bulged forwards.

Left globe, complete synechia posterior without tension of the globe or bulging of the iris.

November 4, 1859.—Iridectomy of both eyes.

January, 1860.—Both globes soft. The staphylomas of the right eye have disappeared.

October.—No trace of staphyloma in right eye, the globe of which is soft, and shrinking rather below the natural size.

She has only had one slight attack of inflammation, a few weeks after the operation, and for the last eight months the eyes have been in a perfectly quiescent state.

Interstitial Corneitis.

Maria C., aged 28, unmarried, suffered from inflammation of the eyes for the first time three months ago, after being harrassed for several months by attendance on an invalid. There is no reason to suspect primary syphilis. Her teeth are dwarfed, transversely grooved, and wide apart, such as Hutchinson describes as the result of hereditary syphilis. Before she was born, her mother had had seven miscarriages and dead children in succession.

Right eye inflamed three months, cornea mottled and universally opaque, so that the iris could not be seen, globe very soft, vision reduced to bare perception of light.

Left eye.—Cornea mottled with red and white interstitial patches, with one or two clearer portions at the margin through which the iris can be distinguished. Can see the light of a candle, but cannot count fingers; globe soft.

July 25.—Iridectomy of both eyes, with the double object of at once arresting the inflammatory processes which had already advanced to such a damaging extent, and also with a view to providing an artificial pupil opposite to the remnant of transparent cornea in the better eye.

26th.—Pain and intolerance of light much relieved. Has slept better than she has done for several weeks.

August 6.—Slow but steady improvement since the operation.

10th.—Alterative treatment commenced.

September 1.—Alteratives discontinued. The improvement in the condition of the eyes seemed to be rather more rapid under their influence.

October 30.—*Right eye.*—Globe has recovered its natural tension, and is free from irritation. Mottled opacities throughout the entire cornea. Can count fingers at four inches distance.

Left eye.—Tension almost natural. Slight tenderness and redness round the cornea. Counts fingers at seven inches.

From the foregoing cases, and others in which I have performed iridectomy, I am firmly convinced that we possess in this operation a most powerful agent in arresting many disorganising processes in the eyeball which were little, if at all, under the control of any method of treatment previously in use. In many of the cases a greater or less amount of vision has been restored. In others, where recovery of sight was impossible on account of permanent change of structure in the retina or cornea, dependent on the length of time during which the disease had remained unchecked, there has still been obtained incalculable benefit by relief of pain, and arrest of disorganising processes. Of these latter cases I believe there is hardly one in which sight would not have been preserved or recovered, if the operation could have been performed at an early period of the disease.

Leeds.

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CASE OF OVARIOTOMY.

By T. SPENCER WELLS, F.R.C.S.
Lecturer on Surgery, Surgeon to the Samaritan Hospital, etc.

In accordance with the rule I have hitherto observed of bringing before the Profession the details of every case in which I may perform ovariotomy, the following is submitted to the readers of the *Medical Times and Gazette*. The last case recorded in this Journal was the nineteenth. It was published with others in the Number of August 25, 1860.

Case 20.—On February 29, 1860, I was requested by Mr. McCrea, of Islington, to see a patient residing in Barnsbury-park. She was 53 years of age, and was suffering from a very large ovarian cyst. The girth at the umbilicus was fifty-one inches, the measurement from symphisis pubis to ensiform cartilage thirty-one inches. She had been married twenty-six years, had had one child twenty-four years ago, none since, nor any miscarriages. The catamenia had been occasionally profuse, but had ceased three years ago. Her general health had been good until early in 1852, when swelling began low down on the right side, and gradually increased. She had no pain until the abdomen had acquired a considerable size in the Spring of 1853, when she consulted Dr. Ferguson, who advised her to wait as long as possible before being tapped. Increase had been very slow; but of late Mr. McCrea had attended her for some time, owing to increasing difficulty in getting about, from slowly increasing size of the abdomen. She had lost flesh, but had a good colour and cheerful aspect. Taking all the circumstances of the case into consideration, we determined to advise still further delay; not to interfere until the pressure of the fluid began to exercise some really injurious influence, and then to meet again.

On May 11, the fluid having increased, and as she was becoming much distressed by its pressure, it was agreed in consultation with Mr. McCrea that I should tap her. This was done, and fifty-six pints of clear viscid fluid removed. After tapping, some groups of smaller cysts were felt in the wall of the principal cyst; the largest being to the right side between the umbilicus and false ribs, and adhering there. This we concluded to be sufficient indication against the injection of iodine. She was much relieved by the tapping, and remained in fair health during the summer, although the sac gradually refilled, and the smaller cysts grew faster in proportion than the large one filled. Towards the end of September she was nearly as large as before tapping, and another consultation was held, in which Mr. McCrea and I fully considered the arguments for and against ovariotomy,—the age of the patient, and the existence of adhesions on the one hand, and the hopelessness of mere tapping or iodine injection on the other—and after fairly putting the risk before the patient and her husband, it was determined that I should perform the

Operation.—Accordingly, on October 16, Dr. Cribb having administered chloroform, and Dr. Althaus, Mr. McCrea, and Dr. Routh, kindly assisting me, I removed the cyst. Although the adhesions to the parietes were very extensive, and much firmer than in any case I had met with before where I had done more than make an exploratory incision, I was able to remove the whole through an incision only four inches long, midway between the umbilicus and symphisis pubis. A small portion of adhering omentum was detached; a long peduncle from the right side of the uterus easily secured; the left ovary examined and found healthy; the peritoneal cavity cleansed carefully from a little blood and viscid fluid from a cyst which had escaped into it; and the wound united by hare-lip pins passed through the whole thickness of the abdominal parietes, including the peritoneum, and by superficial wire sutures. As soon as the wound was closed, the clamp (which had been used to secure the peduncle temporarily) was removed, after the application of a ligature below it.

The Progress after Operation was very satisfactory, Mr. McCrea and Dr. Cribb carrying on the plan of treatment we agreed upon most assiduously. There was never much pain, though sickness was troublesome. Occasional enemas, containing twenty drops of laudanum, were given, and warm linseed poultices kept applied to the abdomen. The pulse varied from 96 to 112, and for some days there was considerable flatulent distension of the intestines. I removed the hare-lip pins on the 19th, when the wound was found to be accurately united. On the 21st the bowels acted freely, after an enema of warm water. On the 22nd I removed all the superficial sutures. The ligatures were still firm on the peduncle, and did not separate until the fourteenth day, namely October 30. When I saw her on November 2, she was eating and sleeping well, and walking about the room. I saw her again on the 23rd, when she was quite well, and in excellent spirits, although she had been up the greater part of the night with her husband, who had been very ill. The cicatrix was quite firm, the appetite good, the bowels acted regularly, the urine passed naturally, and she was beginning to gain flesh. On the 26th she called, with Mr. McCrea, upon Dr. Ferguson, who was much gratified at the success.

The interesting features in this case are the age of the patient, the large size of the cyst, and the extreme firmness of the adhesions, which rendered the rapidity and completeness of the recovery really remarkable even to those who have been surprised at similar recoveries before under careful nursing and simple treatment.

The cyst was shown on the evening of the day it was removed at the meeting of the Pathological Society. It consisted of one very large cyst, which had contained between forty and fifty pints of fluid, and of a number of groups of smaller cysts, growing in and from the walls of the principal cyst, and weighing about eight pounds.

This being the twentieth case, it may be well to state that the general result of my experience of ovariotomy since my first case, in 1858, has been as follows:—

12 in Hospital Practice,	8 recoveries	4 deaths	
8 in Private Practice,	5	„ 3	„
20 cases	13	„ 7	

When it is remembered that many of the women who are now alive and in good health were in an utterly hopeless condition, these facts are surely a sufficient answer to the question, "Is Ovariotomy Justifiable?" I may add, that a patient, in her 43rd year, from whom I removed a large ovarian tumour in October, 1859, was safely delivered of a child on the 2nd of November, 1860, under the care of Mr. Ridsdale, of Euston-square. Mother and child have gone on well.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

A CLINICAL REPORT ON EPITHELIAL CANCER.

(Continued from page 498.)

METROPOLITAN FREE HOSPITAL.

CANCER OF THE TONGUE, EXTENDING TO THE TONSIL—RAPID PROGRESS.

Joseph C., a chair-maker, aged 66, was admitted under my own care, for ulcers of the leg, on November 15, 1859. He was a tall, thin, pallid man, of yellow faded-leaf complexion. He attended, and very regularly, for ulcer of the leg, but did not draw attention to his tongue until January 13, 1860, and then only on account of the severe pain, which kept him awake. It was then found that the right side of the base of the tongue, the right arch of the palate, the tonsil and adjacent structures, were involved in one mass of malignant growth, which had ulcerated extensively. There was an enlarged gland, overlying the bifurcation of the carotid. It was ascertained that he had had pains in his tongue for about a year, which got much worse during the last two months. He had latterly experienced much difficulty and pain in swallowing. He had been a great smoker, and had

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always smoked with the pipe on the right side of his mouth. This man continued to attend for a few months after the discovery of the state of his tongue. The ulceration rapidly advanced, and the gland got much larger. When he ceased to come to the Hospital it was because he was getting too feeble. It is probable that he has since died.

THE MIDDLESEX HOSPITAL.

CANCER OF THE TONGUE—REMOVAL BY LIGATURE—RETURN OF THE DISEASE—DEATH.

(Under the care of Mr. DE MORGAN.)

Caroline C., aged 35, a married woman, and the mother of three children, was admitted in February, 1855. She was subject to dyspepsia; but during the last few years she had been in rather better health. She had broken teeth on the right side of her mouth, which had irritated the tongue. Two years before her admission she noticed that her tongue was sore, and a year ago a lump began to form in it. Mr. De Morgan removed the right side and tip of the tongue by ligature. He made an incision in the median line beneath the jaw, and dissected his way upwards, and then, having passed the ligature, tied it over a wooden bridge, which was fixed as a sort of tourniquet. In ten days or a fortnight it had separated. On March 19 both the wound below the jaw and that of the tongue were quite healed. There was then however, suspicious hardening about the cicatrix. The disease soon afterwards returned in the stump, and in the course of a few months the woman died.

EPITHELIAL CANCER OF THE EAR RAPIDLY FOLLOWED BY DISEASE OF THE GLANDS.

(Under the care of Mr. COCK.)

Mary R., aged 49, was admitted a few weeks ago, under Mr. Cock's care for cancer of the ear and secondary cancer of the lymphatic glands over the parotid. Six months before a cancerous ulcer had been removed from the ear, but the wound had never quite healed. There is now in addition a mass of induration over the parotid, ulcerated on the surface. The portio dura on this side is implicated and the side of the face is paralysed. The woman is sinking rapidly, and the case is beyond all hope of Surgical interference.

ST. THOMAS'S HOSPITAL.

CANCER OF THE TONGUE AND OF THE SUBMAXILLARY LYMPHATIC GLANDS.

(Under the care of Mr. McMURDO.)

Daniel H., aged 46, was admitted November 2, 1860. He stated that twelve months ago he experienced a soreness of his tongue on the left side, which he imagined was due to irritation of some decayed teeth. Several had been removed in consequence, but nothing was done for the tongue. The ulcer in the latter grew more painful, and five months ago the glands below the jaw began to enlarge. There is at present an ulcer on the left and under side of the tongue. This half of the tongue is hardened, swollen, and very painful; and he speaks with great difficulty from pain in moving the tongue, which is also not able to be much moved from being swollen, and tied down by the ulceration and induration. He suffers a great deal of pain. His health has generally been good, and he says that, except for the local distress, he feels well. He is, however, very sallow, haggard, and emaciated.

THE WEST NORFOLK HOSPITAL.

CANCER OF THE LIP—EXCISION—RETURN IN THE GLANDS.

(Under the care of Mr. KENDALL.)

Robert W., aged 61, a great smoker, had a cancer form in his lower lip on the left side, in 1857. In 1858 it was excised by a Surgeon in the country. Not long after the operation he had enlargement of the submaxillary lymphatics, and in about a year he was admitted under Mr. Kendall's care. The disease was then too extensive to permit of excision. The glandular mass soon ulcerated and spread very deeply. The man, after a short stay in the Hospital, returned home to linger out the few and wretched months which remained to him.

The case is a good example of the rapid progress of this form of cancer when once it has attacked the glands.

HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

CASE OF WRITER'S PALSY—CLINICAL REMARKS.

(Under the care of Dr. BROWN-SEQUARD.)

The following is a case of what is commonly called "writer's palsy." The fact however is, states Dr. Brown-Séquard, that the condition is one of spasm and not of palsy. The patient, an intelligent man, aged 32, was asked to write. When he took the pen in hand and began to write, the thumb, to which digit the sole blame appeared due, was spasmodically flexed, the last phalanx being apparently more influenced than the rest of the member. It was found that the tendon of the flexor longus pollicis was rigid, and the patient said that it was slightly tender on pressure. Dr. Brown-Séquard considers this spasm to be the result of a morbid association, the idea of writing, as it were, being involuntarily followed by spasm, just as physiologically the ciliary muscle (without the interference of direct voluntary effort) accommodates to the required distance when objects at different distances are looked at. There were, however, in this case, some features which made it differ somewhat from the typical affection as generally described. Thus the man found the same difficulty in lifting a small weight, and from the same cause—spasm of the thumb. He could grasp firmly, and was even able to button his clothes with the hand, though not so well as with the other. Dr. Brown-Séquard related the case of a literary gentleman who was accustomed to write a great deal, and in whom this spasmodic affection attacked one after another the fingers of his right hand, and then, after a time, the left, with which he had learned to write. This gentleman, after the thumb and index finger of his right hand were rendered useless, wrote with the remaining fingers, and when these were attacked he fixed the pen on his wrist and again wrote; but the arm now became spasmodic, and he could not write at all. He then learned to write with the left hand, but the spasm also attacked the several parts on this side in the same way, and he was compelled finally to abandon the pen. Another point of interest in the present case was that at about the age of 14 the patient had some other paralytic affection. The following is a short sketch of his history: About the age mentioned he began to lose control over his bladder, and to experience difficulty in walking. He had, too, about the same time, pain in the head, of the exact seat of which he gives no clear account. He next had double vision. He says that neither of the upper eyelids ever fell, so that the third nerve was probably not affected. He gradually lost entirely all power of motion and all sensation in the legs and in the hands. The fingers then were spasmodically flexed, and, as he explained, were curled towards his palm, apparently not, as is often seen, completely closed like a fist, rigid in a bent position. The symptoms gradually passed off again, and, three years from the commencement, he considered himself to be getting well, and remained in very good health until 1859. He was then a clerk, and began to find a difficulty in writing. His pen would, he says, drop from his hand. To such an extent did the difficulty increase that he was obliged, in October, 1859, to resign his situation. He has since learned to write with the left hand, but he thinks not quickly enough to enable him to return to his old employment. He is apparently a healthy-looking man, but says that he has occasional sensations (epileptic vertigo?) coming on as if starting from the back of the head and passing over to the forehead. He seems to dwell on this feeling as if it were of more consequence than would appear by his verbal description of it. It is not, he says, giddiness, and he is not at all unconscious. This comes on when he looks steadily at any thing, or when reading, and prevents him reading more than a few lines at a time. The hand has improved very much since he first came under care.

CASE OF WASTING PALSY—CLINICAL REMARKS.

(Under the care of Dr. RAMSKILL.)

John K., aged 41, was admitted a patient, under the care of Dr. Ramskill, on May 1, 1860. He has been married six years; has had two children; he is by trade a white-smith, a very steady, hard-working man, and has never had a day's ill-health before the present illness. He never had

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syphilis. His father died suddenly, of paralysis, at the age of 87. His mother died from an unknown cause, at the age of 73. He attributes his present illness to change of employment and exposure to hot air in a "drying-goods" establishment. He was exposed to a temperature of 90° to 100° Fahr. for eight or ten hours a-day, and thinks walking home in the cold air brought on the disease.

He first began to be ill three years ago; he had pain most severely in the forehead over the left eye, and had "flashes of light" in that eye. For this he was blistered and leeched. It lasted more or less for twelve months; at the end of which time he for the first time perceived a weakness in the thumb of the left hand; he could not manage his tools, nor attempt any whitesmith's work when he got home at night. This incapacity extended to the rest of the hand, and up the arm; it then missed the fore-arm, and affected the muscles of the shoulder-joint, and about this time began in the thumb of the right hand. It then extended in this arm the same way, missing the fore-arm, and going to the shoulder. Soon afterwards the upper extremities were perfectly paralysed, and the head drooped. He could still walk, and talk without much impediment. His legs next began to fail. The disease did not begin in the toes, but failure seemed to commence with weakness of both knees at once. They were feeble, bent with the weight of the body, but with assistance on each side he could still walk well enough. (Co-ordination of muscle was perfect.) He can walk now, with this help, for five or six yards, and ceases to try further because of the great fatigue it causes. He looks well fleshed in the face, but has a thick, greasy, muddy complexion. He sits with his chin resting on the sternum, and if not well placed in his chair, would evidently fall forwards. He speaks slowly, with a drawl, and with a sense of fatigue. He can with difficulty swallow saliva, makes many attempts, and it is heard gurgling in the throat. He swallows semi-solids comparatively well. He nearly chokes in the morning in endeavouring to get up a little mucus. His wife says that he gets almost black in the face before accomplishing it. He dreads cold, and shivers at the thought of it. He has suffered from pain in the limbs from the first invasion of the disease; the pains are of a rheumatic character, dull and gnawing, rarely neuralgic, worse at night, and worse after a cold day or any exposure. He makes no complaint of cramps or twitches in the muscles, and grumbles most about a new feeling of tightness round the abdomen, "as if the skin were too small." It is most annoying across the upper part, and he feels as if a cord were tied round him there; he has also a constant desire to pass water. Sensations of touch, heat, pricking, tickling, are everywhere normal. His appetite is very good. His bowels are constipated.

On examination, the muscles of the hand and forearm on both sides are found very much wasted. There is no contraction of the hands. A considerable bulk of the biceps remains, but it is evidently a fatty, degenerated mass. The chest is quite flat; the pectorales have almost disappeared. The muscles of both shoulder-joints are more transformed than wasted, and to the eye there would not seem to be any affection of the latissimi and trapezii. The left side, however, is most wasted. The scapulæ are much less distorted than is usual in such a case. This seems to be a consequence of paralysis of both trapezii and levates anguli scapulæ, as well as of the serrati and muscles of the shoulder-joint. On being told to make a deep inspiration, the patient hardly lifts the chest-walls—the breathing is almost entirely diaphragmatic. In the lower extremities, the muscles in front of the leg have suffered more than those of the calf. The application of electro-galvanism produced the usual results; *i.e.* the electric irritability of each muscle was equal to the amount of healthy fibre left in it. In the muscles of the hand, forearm, and shoulder-joint, no contraction could be obtained; very little in the superficial muscles of the back; none in the anterior tibial region; some in the muscles of the calf, much more in those of the front part of the thigh, while behind that limb several muscles could be made out, apparently healthy, contracting strongly under the same power of the battery which had been everywhere else applied, and here producing considerably more pain. In the lower extremities, and in the lower part of the back, fibrillary undulations were produced by exposure, by sprinkling with cold water, or on applying the battery.

The patient was ordered, on May 7, iodide of potassium, with rhubarb and bark, and he continued this medicine until October 20. He was directed to be galvanised, but for the subsequent five months was unable to get it applied.

He now appears with a history of having made good progress. His head does not droop on the chest; his pains have disappeared; and his wife asserts in corroboration of his own statement, that if he omits the medicine for a day or two he is manifestly worse. The irritability of bladder has ceased, and the abnormal sensations about the abdomen have vanished. He has no complaints to make beyond inability to move, difficulty in swallowing saliva, and in expectorating phlegm. He can flex the thigh strongly, but he cannot walk a step. The upper extremities are as we first saw them. A remarkable fact, however, is, that after having been three times galvanised within the last fourteen days, he was able to stand for a few minutes while being dressed.

Dr. Ramskill remarked that, although in wasting palsy the original cause of the disease must be sought for in muscle, and not in nerve or nervous centre, yet the progress of the malady is accelerated by a participation of the nervous system in the way of a reflex contraction on the capillaries of both muscles and nerves in the affected parts; and, in all probability, this is one of the class of cases in which we should at the post-mortem find alterations in the roots of the spinal nerves. The feelings of tightness of the abdomen, and of a string round the upper part of it, were not caused by distension, for examination disposed of this objection, and the abdominal muscles were as little affected as any in the body, but rather were to be considered as referred sensations, and caused by irritation of the cord at the roots of the spinal nerves. The bladder symptoms were due to the same cause, for the urine was not found abnormal. The same symptoms were found in a more exaggerated degree in other affections involving the origins of the spinal nerves, as myelitis, congestion, etc. The connexion between the headache which existed twelve months before the beginning of the paralysis, did not seem to have any direct relation to the latter; it was the wrong kind of headache, and in the wrong place. The predisposing cause seemed to be the man's original occupation, constant use and fatigue of the muscles of the hand and arms; the exciting cause, exposure to cold after prolonged heat. Dr. Ramskill considered the action of the iodide to be well worthy of note; and it seemed to him doubtful if galvanism would have produced such a marked effect had not a sort of saturation of the system been produced with the drug.

ST. THOMAS'S HOSPITAL.

DISEASED LIVER AND ASCITES—A MURMUR FROM DISPLACEMENT OF THE HEART.

(Under the care of Dr. PEACOCK.)

Thomas C., aged 31, admitted August 23, 1860. He stated that three weeks before his admission he was suddenly seized with vomiting of blood, and brought up fully three quarts, and that after going to bed he had a fit, in which he became insensible, and continued so for two days. On his recovery he found himself "swelled in the belly." On admission, the abdomen was very tumid and tense, and there were large veins on its surface, especially at the upper part; some passing over the thorax, others disappearing at the edges of the false ribs on each side of the xyphoid cartilage.

The cardiac dulness commenced two inches below the left clavicle, and the hepatic dulness about one inch below the right nipple. A loud systolic murmur was heard at the junction of the upper and middle portions of the sternum, and, to a less intense degree, to the left of the upper part of that bone, over a considerable space.

The respiratory sounds in the resonant portions of the chest were very loud and harsh; posteriorly, the chest was clear above and dull below in the dorsal regions; and the respiratory sounds were loud and harsh in the former situation, inaudible in the latter.

He was thin, sallow, pale, and anæmic-looking. His bowels were relaxed, and had been so from the commencement of his illness. Pulse 100, sharp and feeble; respirations, 32, feeble and irregular. The lower extremities were œdematous and pitted on pressure. There were remains of sores on the calves of the legs, caused by the application of sinapisms. He could lie down on his back. He had some cough and

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expectoration; the sputum was deeply tinged with blood. He complained of tightness and pain in the abdomen, which, he said, prevented his sleeping at night. The urine had a specific gravity of 1020, and was not albuminous. He was directed to be tapped and have an anodyne draught each night.

August 30.—He was tapped on the 27th, and three gallons of fluid, of a light-straw colour were removed. The removal of the fluid afforded him very great relief, and afterwards the liver could be felt considerably enlarged and projecting, and the spleen also formed a large tumour. He was less anxious-looking. The tongue was somewhat furred. The fluid continued to ooze from the aperture, as he could not bear the bandage. The veins on the surface of the abdomen were still very large, and the abdomen was not much less than before, though flaccid instead of being tense. The heart retained its situation high up in the chest, and there was a harsh systolic murmur heard at the level of the third cartilage, both at and on each side of the sternum, especially on the left side. It was only feebly audible at the top of the sternum, and not at all at the posterior part of the chest. Pulse quiet, equal, feeble. Urine, specific gravity, 1020; not albuminous. A pill containing a single grain of calomel was directed to be taken each night, but, as it created diarrhœa, it was discontinued on the 6th of September, and the astringent mixture ordered to be given as required.

September 10.—The abdomen was enlarging, and there was very obvious fluctuation. The veins on the surface were increasing in size, but the abdomen was not tense. The bowels were still relaxed three or four times daily. He passed little water, but had no material pain in the loins. He was sickly, but did not throw up anything. The murmur was heard as before, and the pulse was quiet and somewhat weaker.

From this time he continued much in the same state, having occasional accessions of diarrhœa, which, though restrained by medicine, greatly reduced him. Latterly he was capable of taking but little food, and he died exhausted on the 24th.

Owing to the body having been required for the dissecting-room, it was not examined in the recent state. On being opened, the heart was found to be natural in size; the valves transparent, and free from all appearances of disease. The liver was very large, and contained masses of yellowish-coloured soft deposit (medullary sarcoma). The spleen also was very large, filling a considerable portion of the left side of the abdominal cavity. All the other organs appear to have been healthy.

In reference to this case, Dr. Peacock remarked at the time of the patient's admission, that the ascites doubtless depended on some form of serious disease of the liver, and he felt disposed to believe on the presence of malignant deposits in that organ. The history was, however, too imperfect to enable him to give a positive opinion, and if the statement of the patient was correct, the disease could not have been of very long duration.

He also especially referred to the systolic murmur heard at the base of the heart, and along the course of the aorta, and said it was an interesting and important question on what it depended. Was it purely anæmic? Did it depend on disease of the aortic valves or aorta?—or was it due to the upward displacement of the heart? An anæmic murmur was seldom if ever so intense as this, and was indeed rare, except in females; and there was nothing in the character of the pulse or other symptoms, which indicated any cardiac or aortic disease. He therefore concluded that the last cause, the upward displacement of the heart, gave rise to the phenomenon; and he was confirmed in this opinion by recollecting a precisely similar case which fell under his notice some time ago, in which a loud systolic murmur had been heard during life in the course of the aorta, and after death the heart and arteries were found entirely free from disease. We frequently see cases in which the heart is greatly displaced to one or other side, without giving rise to a murmur; indeed, when in such cases a murmur is heard, the inference was a very safe one, that there is some source of pressure independent of the displacement. Thus in a case Dr. Peacock saw some time ago, in which it was open to doubt whether the displacing cause was a pleuritic exudation or a medullary sarcomatous tumour, he inferred—and, as it proved, correctly—that the disease was of the latter description, from the systole of the heart being attended by a murmur in the course of the aorta. It seemed, however, that with great vertical displacement, the flow of the blood might be so far interfered with, as to create a murmur without any external source of pressure existing.

It will be seen that the views expressed by Dr. Peacock in reference to this case, proved in both instances correct. We have been favoured by notes of the following case—that referred to by Dr. Peacock, when speaking of the case of Thomas C.:—

Edward T., aged 24, was admitted under Dr. Peacock's care, into the Royal Free Hospital, on June 2, 1846. From the state of his mind when Dr. Peacock saw him, it was impossible to get any satisfactory history of his case. He had been admitted at first for ulcerated bubo, for which he had previously been very freely mercurialised. It was ascertained too that his habits had been very irregular. The following notes were taken of his condition on June 4. He is very incoherent, and has been excited ever since his admission. His eyes are glassy, and the conjunctivæ and general surface of the body are deeply tinged with bile. The abdomen is very greatly swollen and covered with large distended veins. On percussion it sounds clear above the umbilicus as he lies on his back, but it is dull laterally and below, and palpation in those parts elicits a distinct sense of fluctuation. On the right side the hepatic dulness extends to above the level of the nipple. On the left side the chest is tympanitic below, and the cardiac dulness commences at the level of the second costal cartilage, and extends from the right side of the sternum to beyond the line of the nipple. Midway between the sternum and the left nipple, and below this line, the first sound of the heart is much masked, and the second sound cannot be heard. At the level of the second costal cartilage a very loud murmur attends the impulse of the heart, and this extends in the course of the vessels of the neck and down the left side of the spine; and is audible, more or less, over the whole of the upper part of the chest, and especially on the left side in front, and over nearly the whole of the back. The cardiac impulse is distinctly felt in the interspace between the second and third and the third and fourth left costal cartilages. The respiration is feeble throughout the sonorous portions of the chest. The respirations are thirty-five to forty in the minute. The pulse is 133, hard and wiry. The urine is scanty. He has been freely purged with elaterium. He is directed to take another dose of elaterium, and to have a blister applied to the nape of the neck.

June 5.—The elaterium has not operated. He is weaker and nearly comatose, the pupils being dilated and fixed. He lapsed into this state during the night. He died on the 6th.

The body was examined the same day. The abdomen contained a large amount of deep, yellowish-coloured, opaque serum, with some flocculent lymph. A fibrinous exudation was also found on the peritoneal surface. The omentum was thickened and hardened. The liver was much cirrhosed, and was covered by a recent layer of lymph. The spleen was soft and large. The kidneys were healthy. The lungs and heart were pushed to the top of the chest. The pericardium contained some fluid. The heart weighed nine ounces one-and-a-half drachms, and on careful examination proved to be quite healthy. The lungs were considerably congested.

CASE OF DELIRIUM TREMENS.

(Under the care of Dr. BARKER.)

[Reported by Mr. J. Dodd Swallow, Clinical Clerk.]

At page 301 of this Journal for September 29, will be found a communication by Mr. Jones, of Jersey, in which he advocates the treatment of delirium tremens by large doses of digitalis. Mr. Jones states that during a period of twelve years, he has given this remedy in at least seventy cases of delirium tremens. The best form, he thinks, is the tincture. He states, "The largest quantity I have ever given was half an ounce at first, half an ounce four hours afterwards, and another half-ounce six hours after that—making an ounce and a-half in ten hours." In the case we are about to relate, two doses only of the tincture were given, one at three p.m., and another at eight p.m. The result was that the pulse was reduced by the first dose from 112 to 94, and on the second from 120 to 94; and on both occasions the patient was much quieter. The benefit, however, was only temporary, and he got no sleep. Dr. Barker then prescribed a full dose of morphia and stimulants, and the patient steadily recovered. How far the force of the disease was broken by the previous

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doses of digitalis; or whether, if the treatment by that drug had been persevered in, the patient would have recovered so quickly,—we do not attempt to determine. We shall briefly place the facts of the case before our readers.

Patrick F., aged 23, a coffee-house keeper, was admitted into the Casualty Ward October 24, 1860. The history of the patient then obtained was, that for the last five or six years he had been addicted to hard drinking, usually drinking porter, and occasionally gin. He had had one or two mild attacks of delirium tremens. The last occurred two years ago. It appeared that for upwards of a week before the present attack he had not been perfectly sober.

On admission he was quiet, and appeared as though he was still drunk, his face was red and bloated, the eyes injected, the skin hot and perspiring; pulse 98, full and hard. He was ordered to have an emetic, and after its operation to take a dose of purgative medicine, which was followed by a pill of calomel and colocynth.

October 25, 10 a.m.—The patient has not slept since he was admitted into the Hospital; he is now very restless and excited; his face is pale and cool, and he is covered with a cold, clammy perspiration; he answers questions, but immediately wanders to some imaginary scene. There is considerable tremor; the bowels have not been relieved, the tongue is covered with a thick, creamy coating. Pulse 96, full.

3 o'clock p.m.—He has been very excited all the day, and is now very violent. Pulse 112, full and regular. Mr. Whitfield ordered him to take half-an-ounce of tincture of digitalis. The effect of this was to reduce the pulse at four o'clock to 94. He was quieter, but still much excited.

At eight o'clock the pulse had risen to 120, full and regular. He was then very violent. The same dose of digitalis was now repeated by Mr. Whitfield.

At ten o'clock, two hours after the second dose, the pulse was reduced to 94. The patient was quieter.

At eleven o'clock the pulse had risen to 104.

October 26.—The patient had had no sleep during the night, and continued very excited; the bowels had not been relieved; pulse 100, regular, and softer. He was ordered by Dr. Barker a full dose of the hydrochlorate of morphia, combined with one drachm of the compound spirit of ether, and it was to be repeated after two hours. He had also two pints of porter and a glass of gin during the day.

27th. — The report states that he fell asleep about eight o'clock last evening, and slept comfortably during the night; he awoke this morning much better, is perfectly quiet and rational; the skin is warm and is acting freely; pulse 90; the bowels were subsequently purged. From this period he quickly recovered.

30th.—He left the Hospital quite well.

GUY'S HOSPITAL.

VARICOCELE—MR. LEE'S OPERATION—CURE.

(Under the care of Mr. BRYANT.)

A carpenter, aged 22, applied for advice on account of intense pain in his left testis. He had had varicocele on this side more or less for five years, had had much treatment for the pain, and had worn suspensory bandages without relief. Mr. Bryant therefore suggested an operation, to which the man assented. On July 25 Mr. Bryant introduced pins under the vein at two points, after the plan introduced by Mr. Lee. On the 26th he divided the vein subcutaneously, and on the 27th he removed the pins. The operation was successful. The pain was removed; and in the place of the vein there remained a little induration above the testis.

The following is the mode in which Mr. Lee performs the operation of radical cure of varicocele. The account is taken from his recent pamphlet on that subject.

"The scrotum on the side of the varicocele is taken between the fingers and thumb, and the vessels allowed to glide one by one out of the hand. Presently the vas deferens will escape, and may always be known by its hardness. As soon as this is separated from the other vessels a needle may be introduced opposite the point of the thumb, and may be made to pass through the scrotum to the point of the fingers. The needle thus introduced passes between the vas deferens, and a bundle of spermatic veins. A figure of 8 ligature is then passed, not very tightly, round the ends of the needle, and then tied. The point of the needle may then be cut off. The same thing is repeated either half-an-inch, or an inch, lower down or higher up, and the patient goes to bed. If the ligature is not drawn tight he generally suffers little pain.

"On the third day, or at such an interval as may be necessary, indicated by the resistance afforded by the affected veins, the scrotum is held as before, and as soon as the vas deferens escapes from between the finger and thumb, a very thin knife is introduced with its edge directed upwards or downwards. This passes, like the needles, between the vas deferens and the dilated veins. The edge of the knife is then turned forwards, and the cluster of veins divided towards the skin. In doing this it is convenient to place the fleshy part of the thumb of the right hand over the veins so as to prevent them yielding before the knife. When the knife is introduced care should be taken that it is not passed below more veins than are included in the ligature. Two days later the ligature and needles are removed."

THE SOUTH DISPENSARY, LIVERPOOL.

PHLEGMONOID ERYSIPELAS IN AN INFANT—QUESTION OF CONTAGION.

[Communicated by Mr. J. M. BENNETT, Surgeon to the Dispensary.]

Mrs. M., a healthy person in good circumstances, was attended by me in her second accouchement, which was of the shortest and least troublesome duration. Both mother and child progressed in health until about the commencement of the fourth week, when my attention was called to the feeble state of the child, and the violent sickness of stomach from which it suffered. The vomiting appeared to be of such a nature as to threaten the worst results. Small doses of the bicarbonate of soda in mint-water seemed, after the lapse of two days, to produce sedative effects. Upon the day following the subsidence of the sickness, a small patch of bright blush was observed over the right parietal eminence, which rapidly extended over the face, head, and posterior part of the neck. I ordered these parts to be merely dusted with flour, as I thought any further interference with so young a child unjustifiable. Upon the fourth day from the commencement of the erysipelas, there was distinct fluctuation to be felt over the posterior part of the scalp. I feared, however, to make any incision to give exit to the matter, when I considered the age of my patient, and the shock which might be occasioned by the loss of a very small quantity of blood. I therefore waited until an evidence of thinning at some point might occur. Upon the sixth day, I determined to run all hazard, and made an incision, which gave exit to about ʒij. of very fetid pus, mixed with some shreds of the surrounding tissues. The face at this time was so disfigured, that the features were as much changed as I had ever seen them in an adult under similar circumstances—the whole of the parts having a bright, glazed surface, threatening to break at every point. I ordered the tincture of iron in as large doses as I considered it safe to give, namely, six minims three times daily. Brandy diluted in mint-tea was also given frequently. The case progressed slowly from the period of the first incision, which I found it necessary to repeat in three other points. Sloughing of the substance of the scalp occurred around each of the openings, to the extent of about a quarter of an inch. The iron treatment was continued for twelve days; a weak solution of the permanganate of potash being used locally. All symptoms of the disease had subsided by the fourteenth day; the child has since rapidly acquired strength. In this case I sought in vain for an exciting cause, until at length I was informed of a circumstance which might have given rise to the attack, namely, the mother's habit of giving a small portion of ardent spirits to the child, although I considered her a person of sober habits, she admitted to me that "sipping," as she termed it, was a custom derived from her mother country, Scotland, and that she had always seen it given with impunity to young children. Immediately after the convalescence of the child had taken place, I was asked to prescribe for a sea captain residing in the house, who had been taken ill three days before. I found him suffering from very extensive erysipelas of the face and neck; he was treated with iron, brandy, and incision, the matter having formed in large quantities. This case was just coming to a favourable

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termination, when I was required to treat the mother of the child for an attack of the same disease, but of a milder form. The same treatment, minus incision, was adopted, and happily with like results. I carefully examined the neighbouring out-buildings, yard, etc., but could find no ill-conditioned sewer, or other hot-bed for malaria, which would lead to the supposition that the disease had its origin spontaneously. I have, therefore, come to a conclusion which may well be canvassed, namely, that the spirit was the sole exciting cause of the child's attack, and contagion that of the two others. I have never seen nor yet read of so young a child suffering from erysipelas of such a type. The child is now strong and presents no appearance of ill-health, further than the large marks left from the sloughing of the scalp.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 448.—Crinoline a Century Ago.

After my return to school (at Warwick, in 1753), as my progress in Latin was prevented by the hooping-cough, my father came from Bath, and took me away with him. Our journey lay in some places out of the high road, and across corn-fields. Our vehicle was a two-wheeled carriage, something like a French *chaise de poste*, and as we travelled slowly, I had time for observation. I recollect, however, only one thing that caught my attention: when we came on the high road to Cirencester, I saw a man carrying a machine five or six feet in diameter, of an oval form, and composed of slender ribs of steel. I begged my father to inquire what it was. We were told that it was the skeleton of a lady's hoop. It was furnished with hinges, which permitted it to fold together in a small compass, so that more than two persons might sit on one seat of a coach, a feat not easily performed, when ladies were encompassed with whalebone hoops of six feet extent. My curiosity was excited by the first sight of this machine, probably more than another child's might have been, because previous agreeable associations had given me some taste for mechanics, which was still a little further increased by the pleasure I took in examining this glittering contrivance.—*Memoirs of R. L. Edgeworth, Esq.* 1820. Vol. i. p. *55*. D.

No. 449.—Doctors and Carriages.

The Elizabethan Physicians did not ride in coaches. Their usage was to visit their patients on horseback, sitting sideways on foot-cloths like women. The last Presidents of the College who visited their patients in this way were Simeon Fox and Dr. Argent. Harvey to the last went his rounds in that fashion. Aubrey describes him thus:—"He rode on horseback with a foot cloth to visit his patients, his man following on foot, as the fashion then was, was very decent, now quite discontinued." By the end of Charles the Second's reign, successful Physicians had for the most part taken to carriages; and an old writer accounts for the rise in Physicians' fees from ten shillings to a pound on the ground that the more expensive style of equipage required a larger income for its maintenance.—*Athenæum.*

No. 450.—Science in the Eighteenth Century.

The following specimens of the Medical and Chemical Sciences, as they existed a century ago, may interest some of the readers of your Notes and Queries. They are taken from the *London Journal* for January, 1763:—

"1. *Method to Discover Allum in Bread.*—Mix chalk with aquafortis; pour them upon the water in which the suspected bread has been infused and well soaked: if there be any aluminous acid, it will appear evidently soon after the mixture by a gypseous or chalky concretion, forming a hard mass at the bottom of the vessel."

"2. *Lord Blakeney's Cure for the Yellow Jaundice.*—Take the white of an egg and two glasses of spring water, then beat them well together, and after drink them off at a draught. It cools the lungs, which in this distemper are always inflamed; expels that asthmatic disorder which also, in some degree, always afflicts the party diseased; it speedily procures perspiration, invigorates the animal spirits, causes digestion, and creates an appetite."

However much we may rejoice now-a-days at escaping in general those concomitants of the yellow jaundice, we surely must deplore the inferiority of our eggs to those of our grandfathers and great-grandfathers. How happy they must have been in possessing such a simple panacea for all their woes. The February number of the *London Journal* for the same year contains the recipe for making Ward's Sweating Powder, a preparation singularly like our far-famed Dover's Powder. It was composed of opium, ipecacuanha, and liquorice, mixed with a powder obtained by fulminating nitre and vitriolated tartar (? carbonate of potash). The amount of opium and ipecacuanha in this powder must have been very equal to that in Dover's powder, though the ordinary dose of Ward's (twenty to forty grains) was much larger than what we usually venture on with Dover's powder,—perhaps from the inferiority of the opium in former days. N.

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Medical Times and Gazette.

SATURDAY, DECEMBER 1.

TEACHINGS BY THE DEAD.

A leading article is not the place for eulogy of the dead. If it were, we might, with certainty of kindly response, laud the name of Dr. Charles Coote. He has done his full share of this world's work, and is now at rest. But the lesson of his life belongs to survivors, and we may well take occasion to record a few thoughts suggested by the circumstances of the latter part of his career.

During the last year of his life Dr. Coote held the appointment of Assistant-Physician to the Middlesex Hospital; he was Demonstrator of Pathological Anatomy; jointly with Mr. Henry, he filled the Lectureship on Medical Jurisprudence; and for many months he did the duty of an invalid colleague. No wonder that we have to lament his death.

The task imposed on the Assistant-Physician of a large Hospital is enough for the powers of any ordinary man when superadded to his private occupation; and is far greater than a society of mere money-giving people has a right to look for gratuitously at the hands of any young man. The work amounts to this. The best four hours of two days in the week are spent in seeing and prescribing for the out-patients. The number of these coming under the care of one Physician is seldom less than three hundred; they form two subdivisions, so that about one hundred and fifty are attended to at each sitting. This gives, on an average, about two minutes and a-half to each case, many new ones being among the number every day. A painstaking man is on all occasions surrounded by a crowd of students, and it is not easy, without experience, to estimate the strain upon the powers both of mind and body during a morning passed in the conscientious endeavour to do justice to the patients, and to satisfy the demands for practical instruction on the part of the class.

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This necessary tension is of itself exhausting, but it is made more so by the gradually increasing impurity of the atmosphere of a room through which for so long a time a train of human beings, in all stages of dirt and disease, is uninterruptedly moving. And what is the money value of the service? A very simple calculation would perhaps shock even the conscience of a committee. Very few men whose time is worth anything would reckon their working hours as fairly paid for at half-a-guinea each. Eight hours per week of such service gives the advantage to an Institution of more than two hundred pounds a-year, the supposed equivalent being experience and some prospective popularity. But even of this, society may be said ultimately to take the greater share, and the only direct personal benefit comes from a sense of duty well done. How many of the tablets which commemorate the "munificence of benefactors" tell a tale which will bear comparison with this; and how many of the easy cheque-writing contributors, or the still less self-denying testators, have ever fairly made the comparison? Or, perhaps we may more fairly ask, Is there not here a case of contrast rather than of comparison? The lesson is simply this:—There is room for greater subdivision in this department of Hospital labour, and what is done, if not paid for, might reasonably be acknowledged by an *honorarium*.

Again, we doubt how far it is well to put the whole work of the dead-room into the charge of one man: no doubt it is absolutely wrong if that man is already responsible for other duties. As this matter now stands, we have pathological lecturers who never see the course and progress of a single case of actual disease conjointly with their class, reading manuscripts as enigmatical to the mass of students as Egyptian papyri; Talmudistical commentators on clinical medicine, whose patients seem to be immortal; and demonstrators of morbid anatomy, overflowing with the details and technicalities of their science, but to whom the dead are as the mysterious stones of Petra. What story of the living lies hidden to them under the perplexing ciphers which they are called upon to unriddle? Here would seem to be a most unprofitable division of labour. Because Vienna has its Rokitanski, and Berlin its Virchow, it does not follow that every Metropolitan School is to produce a rival. An exhaustive examination of the dead by those who have to attend to the living is, we know, impossible. But is it, as a rule, necessary? And is it, for the practical purposes of a School, desirable? And is not more real good likely to be done by each Physician and Surgeon leading his class from the bed-side or the operating-room to the dissecting-table, and there personally investigating and demonstrating the one point at issue? And if there are to be special teachers of pathological anatomy, let their tools be the scalpel and the microscope rather than the pen and pencil.

There cannot be two opinions about the last point to which we mean to refer. No one ought to object to do his full share of the work of whatever establishment he belongs to, and every staff should be full-handed. All ornamental appendages to machinery are worse than useless. Now, there can be no room to complain of our Hospital officials. Most of them are working, if we could get at the whole truth, overtime and with loaded valves. There are no reserves among them to fall back upon in the event of illness or temporary epidemic pressure. The work of some or all must in such case be doubled. The result of this cannot fail to be bad on all sides. We are apt to think and talk of Hospital cases as abstract entities. They are among the most sensitive things we have to deal with. Circumstances contract the range of their sympathies, and whatever we do or neglect influences them with proportionate intensity. How they are affected by one man having for a long time to do the work of two or three is never shown in statistical tables. The reverse side of the matter we see in the fate of Dr. Coote. Extra-mural assistance, we are aware, may be occasionally made use of; but it should be the rule. It would be a present safety-valve to the establishment, and it would give a means of testing and tempering the material ultimately to be incorporated.

None of these things are specially legislated for in the second table of the Ten Commandments, nor in any modern code of ethics; but if those concerned would only consider the broad application of the words, "Thou shalt neither kill nor steal," we should have to congratulate ourselves on a more just appreciation of valuable labour and fewer premature deaths of worthy men to deplore.

THE WEEK.

The *Times*, in aleading article, makes the following assertion:—

"All other classes [besides unoccupied women] have their patrons: paupers, criminals, madmen, idiots, orphans, sick, aged, deaf, dumb, and blind, all have their almshouses, prisons, reformatories, and asylums."

But, in making this assertion, the writer falls into an error; and he is reminded of it by a correspondent.

"Where [it is asked] are the asylums for the most miserable of all classes,—the men and women who are struck down in the midst of their laborious lives by incurable disease? We learn from the Registrar-General's report that more than 80,000 persons die every year in England from cancer, dropsy, and consumption. Of these, at least half the number must belong to the humbler working classes, who can make no provision to meet the necessities of months or years of helplessness and suffering. For these 30,000 or 40,000, then, of claimants on our uttermost compassion, where are the asylums? It seems almost a mockery to answer that there is one Hospital for Incurables in England (the Royal Hospital at Putney), and that it receives, inclusive of cripples, 112 patients. We cannot speak of this as provision for the thousands who are needing such shelter, and who are rejected as hopeless from the 270 Hospitals and Infirmaries we freely maintain for curable, and, therefore, far less piteous, cases. Where, then, is their actual asylum? It is the workhouse! There they are received, and there they die, huddled together in the surgical and infirm wards, with every form and degree of human misery and degradation."

But workhouses, he goes on to state, were "established on principles expressly adapted to render the condition of the inmates undesirable even to the poorest outside the walls, rightly assuming that some fault or improvidence has thrown the pauper on the community for support." Consequently, he reasonably argues, workhouses cannot be the right abodes of these victims of disease. Their case implies no improvidence, but simply a terrible infliction, which must be submitted to as from the hands of Providence. Their end ought to be smoothed, and made as easy as human aid can make it. This object the writer referred to well suggests may be done by the efforts of charity added to Poor-law aid.

"Let the persons in workhouses who are suffering from acute and painful diseases, such as dropsy, cancer, and consumption, be placed in wards specially allotted to them, to be called the Wards for Male and Female Incurables. In these wards let voluntary charity be permitted to introduce whatever comforts may tend to alleviate the sufferings of the inmates."

We agree, at all events, with the writer, that it is quite time we took steps towards making provision for those of our afflicted people who are the victims of incurable disease.

We have to congratulate the Bath and Bristol Medical Registration Association on the successful prosecution of a charge against a Druggist for practising illegally as a Surgeon. A Druggist in Bristol, named Leaker, not only put "Surgeon and Accoucheur" under his name in his shop-window, but

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actually signed a legal certificate "J. E. Leaker, Surgeon." It was proved that he was not registered. No case could be clearer; but upon the absurd plea that the man had called himself Surgeon before the Medical Act passed, and therefore thought he could do so still, the sapient magistrates ruled that there was no "false and wilful" attempt to deceive the public, and as the self-constituted "Surgeon" agreed to take down his false title and discontinue practising, he was allowed to escape without a fine. According to the moral code of the Bristol magistrates, then, it would appear that if a man assume a title to which he has no claim after 1858, he does it "wilfully and falsely;" but if he assumed it before 1858, he does it "involuntarily and truly." It reminds us of the man who told a lie so often that he believed it himself at last. This is the precious excuse the Bristol Justices make for their townsman.

Our Reports of the meetings of the Royal Medical and Chirurgical Society have hitherto been delayed until the week after the meeting, in order that we might obtain the official abstracts of the papers. But even the delay of a week did not enable us to present the reports of the meetings to our readers without considerable inconvenience, as the abstracts were frequently received at the last moment before going to press. Again; as the abstracts were official, we did not feel at liberty either to condense or add to them; consequently long papers of very little interest occasionally appeared, while, at other times, a very meagre abstract was given of some paper of considerable interest and worth. Accordingly we have determined to trust to our own staff for the future, and hope to publish our report of each meeting on the succeeding Saturday. This explanation is necessary, as our Reporter, not the Secretaries of the Society, will for the future be responsible for the correctness of the abstracts we publish of papers read before the Royal Medical and Chirurgical Society.

The manufacturers of Green Arsenical Papers will certainly be brought to their senses at last. Mr. Metcalf, of Highbury, has shown that a boy, three and a-half years of age, died with all the symptoms of arsenical poisoning. Dr. Letheby reported that the paper on the room in which the child had been playing was covered with arsenite of copper, the pigment amounting to about a third of the weight of the paper. He found arsenic in the stomach, liver, and evacuations of the child, and the jury returned the following very proper verdict:—"That Clarence William King had been poisoned by the inhalation of arsenical fumes which had escaped from the green paper of a certain sitting-room, and that the manufacturer of such paper had been guilty of very careless and culpable conduct."

☞ It is necessary that gentlemen who may think of entering the Army or Indian Medical Service should know that the next examination of candidates will commence on the third Monday in February. The number of Assistant-Surgeons required will be about fifty. There will be no separate examinations for the two Services, the British and Indian being now united under one head. All successful candidates will be Gazetted on the same day; their pay will commence at once, and those who go abroad will have a free passage found. The prospect is a fine one for young men of energy.

We are glad to perceive that the University of Dublin pursues its steady course of endeavouring to improve the system of Medical education, and to elevate the *status* of the Profession. The Board of Trinity College has, by a decree of the 9th ult., adopted the principle of periodical examinations of candidates for degrees and licences in Medicine and Surgery, to be made compulsory in and after the year 1863, allowing students in the interval the option of presenting themselves or not at the Preliminary Examination. The examinations will in future be two in number, one (the Preliminary) in Anatomy and Physiology, Botany and Materia Medica, and Chemistry, Theoretical and Practical, with Chemical Physics, to be held at the close of the second year of Medical study; and the other, in the same subjects, and under the same regulations as heretofore, after the full curriculum has been completed. It is also announced that two Medical Scholarships of £20 per annum, tenable for two years, will be given annually to the best answerers at the Preliminary Examination. In addition, two Exhibitions will be given by the University Professors.

The following remarks on infanticide in London occur in the last monthly report on the health and climate of St. Marylebone, by Dr. Thomson. They are well worthy of attention:—

"A newly-born infant was 'found dead in the ornamental water, Regent's-park, wilfully murdered.' I have not learned that any further steps have been taken respecting these cases. Surely, if there were a public prosecutor, it would be his duty to endeavour to discover the perpetrators of murders, or, in the absence of such a functionary, *is* there no one to investigate judicially such cases of child murder as form the opprobrium of our parish month by month? Ten instances of the murder and manslaughter of infants are recorded in my annual report for 1859, and I have not heard of a conviction having taken place in the case of any of the murderers. Surely, if these crimes are not detected, something should be done to investigate and modify their causes."

Every fresh case brought before the Law Courts only serves to show the incompleteness or the impotency of the Medical Act as a protection to the public against unregistered Practitioners. The famous case of the Liverpool "Botanic Surgeon," Hamilton, "anti-registered," has been decided in the Court of Queen's Bench in favour of the "anti-registered" person. His counsel contended that the case was settled by the decision in the Common Pleas, where it had been held that for a person merely to call himself a Surgeon, without being duly registered, was no offence against the 40th section. The following is from the law report of the *Times*, and a very pretty thing the lawyers make of the Medical Act which our friends of the *Journal Association* plumed themselves so much on helping through Parliament:—

"Mr. Temple contended that the respondent had falsely pretended to be a Surgeon by signing a Medical certificate for burial. The 37th section of the Medical Act enacted that no certificate required by any Act of Parliament should be valid unless the person signing the same be registered under the Act. Mr. Evans said that the 37th section referred to cases where the certificate of a Surgeon was required—for instance, in the case of an insane person whom it might be proposed to send to a lunatic asylum. But the certificate as to the cause of death might be given by any person who was present at the death. Mr. Justice Hill referred to the 25th section of the Registration Act (6th and 7th William IV., cap. lxxxvi.), and said that was so. Mr. Justice Blackburn thought that part of the case was disposed of. Mr. Temple proceeded to call attention to the case, in which it was found that the words 'anti-registered' were written in very small letters, and so as to be illegible except upon close inspection. Mr. Justice Wightman referred to the 40th section, and suggested that, to bring the case within it, it must be shown that the party falsely pretended to be a Surgeon, etc., 'implying that he is Registered under the Act, or that he is recognised by law as a Physician, or Surgeon,' etc. The words of the section were: 'Any person who shall wilfully and falsely pretend to be, or take or use the name or title of a Physician, Doctor of Medicine, Licen-

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tiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding £20.' Lord Chief Justice Cockburn said there was nothing in the Act to prevent a person from merely practising as a Surgeon without being registered. His lordship thought the decision of the magistrates should be affirmed, but, at the same time, he thought that a person who wrote 'anti-registered' in very small letters was not entitled to costs. The other Judges were of the same opinion. Judgment affirmed without costs."

REVIEWS.

The Composition of the Urine in Health and Disease, and Under the Action of Remedies. By EDMUND A. PARKES, M.D., F.R.C.P., Professor of Hygiene in the Army Medical School, etc., etc. London; 1860. Pp. 400.

THIS is, in every sense of the word, a complete book; and one which well sustains the reputation of the author. It professes to give an abstract of the very numerous observations on the urine of man which have been made of late years. It brings into one volume the records of all the most interesting and elaborate researches on the subject which are scattered through a multiplicity of works. Every reference is given, fully and carefully, so that every statement may be traced to its author. While, too, it gives exactly the information it professes to give, that is to say, "an enumeration of the alterations in the urinary constituents under various circumstances," it does not enter into a chemical history of these constituents, nor of the mode of determining their amount. Neither does it give any account of urinary sediments.

On carefully perusing these researches, so industriously collected, and arranged so lucidly, we cannot help feeling a melancholy conviction, which mingles with the gratification we experience in the reception of these new, enlarged, and exact researches, of the imperfect basis on which many of the lately-received doctrines and methods of treatment must be admitted to rest. Compare Prout in 1840, or Golding Bird in 1850, with Parkes in 1860, and it will be seen that caution in drawing conclusions increases as exact experiments are multiplied. Dr. Prout believed that urea was derived from the destruction of the gelatinous tissues; and that there existed diseases in which this excretory principle was in excess, absolutely or relatively. He taught that "the proportion of urea in healthy urine is such that, on the addition of nitric acid, no crystallisation takes place, till the urine is concentrated by evaporation." Prout does not assign any quantity of urea as the *normal* quantity, and evidently trusted to this crystallisation test, and to an estimate of specific gravity. Let it be remembered, however, that Prout was the first to show the composition of urea, and the first to detect it in the blood. Golding Bird likewise adhered to the crystallisation test, and assumed 270 grains of urea as the average quantity excreted by a healthy man in twenty-four hours; and even when quoting Lehmann's experiments, which showed that the amount might vary from 819 to 237 grains, according to the nature of the food, he ascribed the great excess of urea which these experiments showed above the assumed average, to "the idiosyncracy of the ingenious experimenter."

Yet to our knowledge, many a case has been treated, and successfully treated, on the avowed assumption of "excessive elimination of urea," when no such excess is proved or probable; the fact being that the diseases were diseases of exhaustion, and that a tonic and nutritive treatment will do good, in the right case, no matter whether the hypothesis on which it is adopted be well founded or not. Professor Haughton has show that if Prout's test be relied upon, most flesh-eating patients may be pronounced in a chronic state of diabetes insipidus.

The Introduction to Dr. Parkes' work treats of the mean amounts of the normal urinary constituents; then of the relative proportions and combinations; then of the amount of each constituent excreted in twenty-fours by a definite amount of body-weight; next of the acidity and the specific gravity of the urine, and the origin of the urinary constituents. On reading the first page we find ourselves at once in a school where nothing short of absolute exactitude is aimed at. For, whereas the older analysts contented themselves with detailing the per-centage amounts of the various urinary constituents, whether of the entire urine, or of the solid constituents alone, their results are abandoned as worthless; and it is stated that determinations to be satisfactory, must state, not merely the absolute quantity of the various constituents excreted in a given time, but likewise the relation which the amount of excretion bears to the weight of the body. "Thus, in addition to saying that so many grains of urea, or uric acid, were excreted in one, twelve, or twenty-four hours, it is also often stated how many grains were furnished by each pound-weight of the body in the given time."

We learn that the mean daily amount of water determined to have been passed by adult well-fed men is 52½ fluid ounces; yet that the quantity excreted by different individuals varies from 35 to 81 ounces; and that every individual has probably a range of variation of about one-fourth the mean quantity. The urea has an equal range of variation from 286 to 688 grains. Creatin and creatinin, usually reckoned under the head of that unknown mass the "extractives," may be estimated at 4·7 grains for the former, and 7 for the latter. The pigment and extractives (under which last head will probably be found in time a vast variety of products of extreme importance) amount to 154 grains,—a large quantity. Of mucus, about 7 grains; of uric acid, about 8½; of sulphuric acid,—an ingredient liable to great variety of range, because it is both made in the blood out of the sulphur of food, and introduced as sulphuric acid,—from 17 to 31 grains; of phosphoric acid, 24 to 48; of chlorine, 51 to 173; and of ammonia in the form of chloride, about 35·25. The alkalis are very variable; the quantity of lime is minute —from 2 to 6 grains; and besides the occasional presence of hippuric acid, about 1½ grains of oxalic acid is stated to be probably a constant ingredient.

The mean amount of urea excreted by one kilogramme of weight of the body is estimated, both by Professor Lehmann and Julius Vogel, at 3½ grains per pound avoirdupois, or 1 part every 2000. This is a little above what Dr. Parkes made it by experiment; but being a round number, may be borne in mind usefully. The acidity, or general excess of acids over alkalis, is conveniently estimated by the equivalent of oxalic acid in crystals; and thus seems to vary from about 30 to 60 grains or degrees.

The relation of the urinary excretion to the ingesta, and to the total excretions, then comes into notice; and it appears that, viewing the excreta as a whole, from 48 to 62 per cent. are contained in the urine, from 4 to 8 in the fæces, and from 30 to 46 in the exhalations of the skin and lungs. We see that Dr. Parkes gives currency to the conclusions of Barral, by whom, the quantity of nitrogenous matter exhaled by the skin and lungs, is actually estimated as being half as much again as that which escapes by the kidneys! If this were the case, the cleanest man would surely be more odoriferous than any sink. It is more comforting, though perhaps less correct, to believe (with Vierordt) that of the nitrogen of animal or plastic food ⅝ escapes by the kidneys, and ⅛ by the bowels, leaving a minute fraction to the skin and lungs. While alluding to this part of the subject, we may say, that the present volume is but part of a series, and that the excretions from the skin, lungs, and intestines, and the nature of the tissue-changes which lead to alterations in the excretions, are proposed as subjects for subsequent volumes, which we hope to see in time.

Our space forbids our dwelling longer on Dr. Parkes' work, and we feel that what we have said is calculated to give an idea of the spirit in which it is written, rather than of the overwhelming mass of material ready disposed for use. We have perused it most carefully, and find in it all the topics of most interest and value to the speculative as well as to the practical man. The influence of every conceivable article of diet and medicine, especially of the "diuretics;" the history of the elimination of various medicines, as quinine and strychnine; the abnormal substances found in urine in disease; and the variations of urine in disease under various treatments, or no treatment at all, will be found here; and while acknowledging the enormous mass of matter compiled, we must not forget the many conspicuous

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original researches which the author has for many years carried on. Such are those on the influence of solution of potass and of acetate of potass; the analysis of urine in typhoid and typhus; the observations on urinary excretion in pneumonia, and in Bright's disease. The account of diabetic urine and the theories of its origin are interesting, from the acuteness with which they are handled; but we may sum up by saying that the whole work inspires us with the strongest desire for the complementary volumes, which we hope will soon follow.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

RUSSIAN CIVIL HOSPITALS IN 1858.

According to the report for 1858, just issued by the Russian Government, the entire number of persons received into these in 1858 amounted to 293,153, of which number 246,747 recovered, 24,583 died, and 21,823 remained under treatment; so that the mortality was about 83·85 per 1000. Inflammatory, rheumatic, gastric, and especially catarrhal fever occupied the first rank. No part of the Empire escaped the influenza, but nowhere did it exhibit marked malignity. The same observation may be made concerning ague, which, however, assumed a bad form in the St. Petersburg district. In several places Fowler's solution was found to be of efficacy, while the preparations of bark were of little service. Of typhus and typhoid there were 20,062 cases, with 15,556 recoveries and 3415 deaths. Cholera prevailed epidemically in some places, not quite half those attacked dying. Of dysentery there were 138·90 deaths to 1000 recoveries; and of acute exanthemata there were 71·14 deaths to 1000 recoveries. Croup prevailed epidemically in various places, 533 deaths occurring from among 1809 cases. There were 9648 patients suffering from tuberculosis with 4430 deaths, from scorbutus 3437 with 252 deaths, 28,952 from syphilis with 237 deaths. Of 115 persons bitten by animals with rabies 23 became affected with hydrophobia, all dying. The bite of the wolf has been found to be more dangerous than that of the dog. There were 2 cases of acute glanders in man. There were 933 major operations performed during the year, the patients recovering in 838 and dying in 95. Of these 246 were amputations of the large limbs, with 205 recoveries and 43 deaths: 24 disarticulations, with 3 deaths: 14 resections, 78 lithotomy operations, 90 extirpations of cancer, 40 cataract operations, 28 for phymosis and paraphymosis, 3 tenotomy operations, 9 herniotomies, and 2 tracheotomies.—*Deutsche Klinik*, No. 40.

REGULATIONS FOR THE ADMISSION OF FOREIGN MEDICINAL SUBSTANCES INTO RUSSIA.

The *St. Petersburg Journal* contains a decree of the Medical Council of Russia upon this matter. Russia has for a number of years been the centre and privileged territory of inventors of all kinds, and from every country. As long as more or less new or useful inventions in industry, commerce, or the arts were concerned, the authorities have only interfered for the granting the patent, leaving the public as the sole judge of the merit of the invention. But when dangerous products are concerned, such as chemical or pharmaceutical substances, which by their very nature escape all appreciation by the public, competent authority, whose duty it is to watch over the health of all, ought to intervene in order to protect the purchasers against error and charlatanism. The number of new medicines prepared abroad and offered to the public through prospectuses and advertisements, becomes every day greater, and demands for permission to import new remedies flow in from all parts of Europe. If the Medical Council were to listen to all these inventors of secret medicines indiscriminately, and reply to the voluminous memoirs which accompany their samples, time would not suffice; it would, in the examination of pretended discoveries, the composition of which are usually based on neither science or common sense, but on interested calculations, lose precious time which should be devoted to serious questions. To avoid such loss and to prevent foreign inventors of secret remedies, undergoing needless trouble and expense, the Council publishes an extract from the Russian code of what relates to medicinal substances brought from abroad. Every inventor must transmit to the Medical Council a specimen of his invention, accompanied by a note indicating its ingredients. The Council causes an analysis to be made, and if it recognises the substance as likely to be useful, it regulates its employment, and fixes the price. If the proposed remedy is of really a serious character, so that it is proved to be better than similar ones in use, or while of equal efficacy with them it can be more easily employed and sold cheaper, the Council may accord to the inventor the privilege of an exclusive sale for a certain number of years at the price determined on,—the secret of the composition being revealed at the end of such period. Moreover, the Medical Council will not proceed to the examination of any of these substances, unless they have been already approved of by the Medical bodies of the country to which the inventor belongs, if their employment is dangerous, if their preparation implies costly apparatus or special qualification, and if they will not keep well after they have been prepared.—*Union Méd.* No. 135.

EXCERPTA MINORA.

Rupture of the Rectus Abdominis.—Professor Virchow exhibited to the Berlin Medical Society a specimen of healed rupture of the *rectus abdominis*. He observed that this accident is of such common occurrence that he sometimes meets with four or five examples in a semester at the Pathological Institute. He had not had, however, the opportunity of observing the issue of the occurrence, unless, indeed, many of the examples of abscess met with in this part had originated in such rupture. Small ruptures of the rectus may arise from violent cough, and are indicated by sudden and severe pain being produced, especially below the navel. The extravasation from large ruptures may sometimes give rise to considerable tumours, one or two hands in breadth. It is at present doubtful whether a diseased state of the muscle be a necessary condition of its rupture, although in most of the cases considerable changes, similar to those seen in rheumatic carditis, are met with at these spots. In the present case the rectus was ruptured extensively on both sides, but while on the one side an apoplectic cyst constituted the remains of the rupture, in the other there was cicatrisation and pigment formation, with much connective tissue at the circumference. —*Deutsche Klinik*, No. 38.

Removal of the Scapula.—Professor Schuh, of Vienna, relates a case of osteocarcinoma of the scapula occurring in a child eight years of age, in which he extirpated the scapula. The disease extended so far towards the neck of the bone that the acromial process had to be cut through and slices cut off of the cervix itself until the joint was laid open and the head of the humerus freely exposed. The child was discharged from the Hospital in about three weeks, passive movement of the humerus to the extent of 45° being practicable, attempts at active movement not being permitted until time for the reparation of the joint had been allowed.—*Wien Wochenschrift*, No. 36.

Twins Born at Different Periods.—Dr. Lumpe related an interesting case of twin-birth to the Vienna Medical Faculty. The first fœtus was discharged during the third month of pregnancy, while the second was retained until its normal termination. The first birth was attended with a great metrorrhagia; and about ten weeks after the abortion had taken place, the movements of a second child were plainly perceived, and the pregnancy continued its course. Dr. Lumpe has, like others, met with cases in which, together with a full-timed child, a dead fœtus has been found. These cases are often found in connexion with knotting of the funis, and may easily be overlooked.—*Ibid.* No. 42.

Iodine as an Emmenagogue.—M. Rizet, after confirming M. Trousseau's observations, that iodine taken internally favours the flow of the menses in fresh-coloured women whose menstruation is spare, on the strength of some cases of his own states that a preferable plan in suspension of the menstrual flux is to introduce the iodine by abdominal friction. —*Moniteur des Sciences*, No. 130.

Reduction of Dislocations with the Aid of the Local Application of Chloroform.—M. Orliac, in continuation of others already published, gives two new cases in which dislocations which resisted forcible traction yielded readily after compresses moistened with chloroform had been laid over the muscles concerned in resisting the reduction. One of the

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cases was a dislocation of the femur upwards and outwards in a boy eleven years of age; and the other was a dislocation of the femur upwards and forwards in a child eleven and a-half months old. The reduction was easily performed under chloroform, although the dislocation was twenty-three days old.—*Ibid.* No. 180.

Union of Fractures in Syphilitic Patients employing Mercurial Inunction.—Professor Sigmund, of Vienna, observes that long experience has shown that wounds of the soft parts, produced by operations and otherwise, undergo no delay in the process of reparation in consequence of the presence of syphilis or the employment of means proper for its cure; and in this paper he refers to six instances which have come under his notice, which show that cases of fracture produced by traumatic causes, while patients are undergoing mercurial inunction (his almost exclusive remedy) for the cure of syphilis, do not have the healing process retarded, nor do they require the remedy to be suspended.—*Zeit. der Aerzte zu Wien*, No. 28.

GENERAL CORRESPONDENCE.

DEODORANTS IN OBSTETRIC PRACTICE.

LETTER FROM MR. HASLEWOOD.

[To the Editor of the Medical Times and Gazette.]

SIR,—Your columns have recently given us the advantage of a discussion of the virtues of several deodorants in reference to the lochial discharge, all having reference to applications to be used with the aid of the "napkin."

It occurs to me to enquire whether it be not better to apply the remedy at the source of the evil,—to alter the character of the discharge. My own experience is that the injection of a suitable deodorant is a remedy safe and effectual, promptly destroying the effluvium, and after a few repetitions preventing its recurrence. I have used solution of chloride of soda (hypochloride of soda), and recently have preferred Condy's solution of the permanganate of potass, in each case diluted with warm water.

On reference to Copland's admirable Dictionary which, to its other merits, adds a copious index, I see that he recommends creosote, as well as the chloride of soda.

Apologising for offering my experience on a matter so simple and obvious, but which seemed to deserve notice in the discussion I refer to, I am, &c.

Darlington. W. HASLEWOOD.

THE INDIAN MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The subject of the Indian Medical Service has, I think, been fully canvassed in your columns in all its branches; but I think if you were to insert the following case, it would be useful to many of your readers who may have thoughts of entering that Service, as an example of one of the numerous instances in which that Service has deteriorated.

I am an Assistant-Surgeon of about thirteen years' standing, with a prospect of promotion after about eighteen years' service. I am now in England for the second time from ill health. The first time I came home—some years ago—I received as pay, etc., an annual sum of about £130, after deducting income-tax, etc. I now, after the lapse of some six or seven years, receive an annual sum of about £113, after deducting income tax, etc. The reason is this,—that formerly the Military Fund, on account of our miserable stipend, added a small sum annually, which of late years has been withdrawn, together with many other little advantages we enjoyed from the same source, such as equipment allowance on coming home on sick certificate, and an annual allowance for wives and children, during the period of our furlough in England. That this is imperfectly known, I am aware, from a conversation I had a few days ago with an Assistant-Surgeon in the Royal Army, eight years my junior, who would hardly credit my statement, but who at last comforted me by saying, "Ah, well, never mind; you get well paid in India, you know." What has been so often stated about the pay in India I need not repeat; but if we do get good pay in India, we also get ruined constitutions, as I can amply testify.

I am, &c.

AN ASSISTANT-SURGEON IN THE INDIAN ARMY.

November 26.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 27, 1860.

Mr. SEDDON, President, in the Chair.

A paper, by Dr. HANDFIELD JONES, was read on a case of

PROPTOSIS WITH BRONCHOCELE.

The patient, C. B., a female, aged 40, had been on two occasions under Dr. H. Jones's care suffering with excessive prostration induced by over-work. She had also proptosis, vomiting, cough, palpitation, and enlargement of the thyroid. The symptoms were usually aggravated at night. On the first occasion the throbbing, and distension of the gland was so distressing that the question of ligaturing the arteries was entertained. Iodine, internally and externally, had no effect in diminishing the goître, and leeches gave very temporary relief. The debility was so great during both illnesses, that she was in considerable danger. Sedatives, succeeded by tonics, restored her on the first occasion, and the application of ice to the neck induced considerable diminution of the goître. In the second attack, which occurred about a year after the first, the very free administration of opium, and afterwards of strychnine, restored her, and that rather rapidly. Country air was always most markedly beneficial. The proptosis disappeared or greatly lessened as her general state improved. The view taken by Dr. Jones was that the fundamental malady was debility, especially of the nervous system, which, by affecting various vaso-motor nerves, gave rise to the several symptoms. Thus, effusion behind the globe of the eye, would cause proptosis; hyperæmia, and increased cell-action of the thyroid vesicles would produce goître; paresis of the vagi would give rise to palpitation and vomiting. The benefit derived from tonic remedies strongly corroborated this view.

Dr. C. J. B. WILLIAMS said that the case brought forward by the author was one of a curious and interesting nature. He had seen a considerable number of such, and had felt especial interest in the investigation of their peculiar symptoms. The enlargement of the thyroid gland, although usually present, was not always so. The symptom which he had noticed as being constantly present was an enlargement and throbbing of the arterial system of the head and neck. It had been noticed by a writer in one of the Dublin journals about fifteen years ago, that the arteries in these cases not only appeared larger, but were in reality very greatly dilated. This observation he (Dr. Williams) could fully confirm. He believed that the tumefaction of the thyroid body was due to dilated blood-vessels, chiefly arterial, and that it did not depend, as in other forms of bronchocele, upon the increase of solid structures. The proptosis, he thought, might also be explained by the distended conditions of the arteries behind the globe; and he believed that those of the brain itself would be found in a similar state. To this distension of the cerebral vessels was no doubt due the feelings of distension, throbbing, etc. in the head, which constitute so marked a feature. At first sight, it might be thought that with such an excess of arterial action, a depleting system was the one indicated; but as we now well knew, dilatation of the arteries does not really indicate excess of action, but simply diminished tonicity of their coats. He could most fully confirm the opinions expressed by the writer of the paper, as to the advantages to be gained by tonics. He had found iron by far the best of these remedies, and was accustomed to give it in its more astringent form, and in combination with free

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acids. He mentioned several cases, in some detail, in which at first he had felt hesitation in prescribing tonics, but all of which had derived the greatest benefit from their use. He adverted to the fact, that as far as his observations went, this peculiar combination of symptoms occurred only in females. He had never had the opportunity of making an examination after death, and expressed a hope that any who might in future have such, would not neglect to carefully ascertain the actual condition of the arterial system.

Mr. Solly mentioned a case which he believed was unusual, in which the disease affected only one eye. In reply to a question from Dr. Quain, Mr. Solly stated that there was no bronchocele.

Dr. Merryon gave the details of a remarkable case in which the symptoms had been well marked and severe, and the subject of which was a man. In this instance the patient, a gentleman, aged 40, had suffered so extremely from prostration with head symptoms that he had often not been expected to live. He had been seen in consultation by Sir Benjamin Brodie, Dr. Chambers, and several others. It had been noticed in his case that when the thyroid diminished the proptosis became more marked, and the use of iodides, and of the iodide of iron, had appeared to be injurious rather than beneficial. He had ultimately been cured by a change of air, and was now in good health, his bronchocele being still of considerable size.

Mr. Holthouse adverted particularly to the explanation of the cause of the proptosis. He could not agree in thinking that it had anything to do with relaxation of the muscles of the eye, a theory which had been proposed. In cases in which the third nerve was paralysed, and the muscles therefore relaxed, proptosis, he said, did not occur. He thought that there must in many cases be more or less of serous effusion behind the globes. In one or two cases on record, organic disease of the heart had been found after death.

Dr. Dickson confirmed Dr. Williams' observations as to the usefulness of iron in these affections. He adverted to the recurrence of proptosis in cases of extreme anæmia in connexion with mania, and stated that he had observed many cases in which it was a prominent symptom, and had preceded the development of more serious ones. He referred to Dr. Gooch's observation on the false hydrocephalus of children, and related an interesting instance, which had occurred under his own care, in which the change of treatment from a somewhat lowering one to one of an opposite character, had rapidly removed head-symptoms which had at first been alarming. The patient was a young lady, who had been much over-worked at her studies.

The Author of the paper, in his reply, related the particulars of a case, in which a girl, who had proptosis and goître, was liable to palpitation occurring in paroxysms, in one of which she died. At the autopsy her lungs were found in a state of red hepatisation, which condition he considered to have arisen from paresis of the pulmonary plexuses.

A paper, by Dr. A. Wynn Williams, was read on

THE TREATMENT OF SCROFULOUS DISEASES OF BONE AND OTHER TISSUES,

of which the following is an abstract. The author, after a few preliminary remarks, stated that scrofula is very prevalent in the county of Carnarvon and the whole of North Wales, caused in a great measure by the intermarriages of relatives in thinly populated villages, and by the bleak and mountainous districts in which the inhabitants reside, and to the want of proper nourishment, especially animal food; that scrofula of the external parts of the body is more common in the light-haired inhabitants than in the dark, probably due to their skin perspiring more readily, and being more easily affected by sudden atmospheric changes; but that this remark did not apply to scrofulous disease of the internal organs, considering phthisis to be scrofula of the lung, he was inclined to think that the dark were more liable to disease of these organs than the light. The author stated that he had of late years applied a weak solution of iodine in all scrofulous diseases, not only of the external parts, as the skin, etc., but also of the internal, as bone, etc. The solution varied in strength, from a drachm to four of tincture of iodine, in eight ounces of water. When applied stronger it is apt to inflame and even blister the skin. A piece of lint well saturated with the solution is laid on the diseased part and covered over with oiled silk, etc., to prevent outward evaporation of the iodine. The lint of a dark purple colour when placed over an ulcer, presently becomes white, owing to the evaporation and absorption of the iodine, the part in contact with the wound first losing its colour. The same thing occurs when there is no wound, but takes place more gradually and equally from all parts. That iodine when applied in this manner is absorbed, there can be no doubt, for if a stronger solution is applied, it irritates and inflames the skin, stopping up its pores so that the iodine can no longer be absorbed, as is evidenced by the lint when removed, not being altered in colour. He also stated that when there was much pain or tenderness, he used strong iodine paint as a counter-irritant. When the existence of pus had been ascertained, whether in a joint or elsewhere, he made a free incision, so as to give ready exit to it. After the evacuation of the pus, the iodine lotion was applied immediately to the diseased part, as independent of its therapeutic action, its antiseptic properties were of great advantage. He had found the following lotion when applied to unhealthy gelatinous-looking granulations, very efficacious in setting up healthy action. ℞ Potassii Bromidi, Potassæ Chloratis, ā ʒij; aquæ ʒviij. The author dwelt particularly on the necessity of keeping the parts at rest, remarking that in phthisis the work of the lungs should be diminished as much as practicable, and that any agent which increased their action must be injurious. That we should endeavour by suitable remedies to excite to increased action, those organs which act vicariously to the lungs. He considered that presenting more oxygen to the lungs than is contained in the ordinary state of the atmosphere was likely to be injurious rather than beneficial; but he considered it might be advantageously presented to the blood through the skin and mucous membrane of the alimentary canal. That the beneficial effect of rest was well marked in strumous affections of the cervical glands, as these affections get well much more rapidly when kept as motionless as possible, by means of air or other light cushions. For the purpose of rendering motionless a diseased joint, he recommended leather or gutta percha splints, preferring the former. As regarded internal remedies, the author prescribed a nutritious diet, consisting, amongst other things, of at least one meal per diem of well-fed animal food and porter or wine, with cod-liver oil, or a little rum beat up with an egg and milk or with cream; the administration of either citrate of iron and quinine or syrup of iodide of iron with calumba, stating that when practising in Wales he was in the habit of ordering a grain or two of iodide of potassium to be taken in a tumblerful or more of the water of King Arthur's Well,—a powerful chalybeate, containing carbonate of iron held in solution by excess of carbonic acid. When there was any tendency to diarrhœa, aromatic confection, with tincture of opium and decoction of bark; if excessive, the compound kino powder.

The paper then proceeded to narrate the particulars of seven cases in which the good effects of the plan of treatment recommended had been well marked. These cases comprised instances of scrofulous affections of various kinds,—some in which the bones of the spine or those of the larger joints had been affected.

The author remarked that iodine had been considered by many a disinfectant. The Academy of Medicine of Paris have, however, lately decided that it is not a disinfectant: but that the smell is made to cease by the iodine setting up healthy action in the diseased parts, so that the discharge itself ceases to be offensive. They do not, however, state how this healthy action is produced. The author's own impression is, that iodine, bromine, and perhaps chlorine, and their salts, act directly,—probably chemically,—on certain abnormal deposits, and it is thus iodine acts on strumous deposits, rendering them more soluble, and so enabling them, when there is no external wound, to be removed by the absorbents. When there is an external opening, enabling them to be discharged with the pus like any other foreign body. The obnoxious matter being thus got rid of, Nature is allowed to carry on and complete the process of repair. The author stated that he believed that if the above modes of treatment were fully and fairly carried out, particularly in the commencement of scrofulous diseases, we should hear less of excisions of joints than we do at the present time. He did not mean to say that they would entirely supersede the use of the knife; but he trusted he had shown by the

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results of the cases detailed that he had not without reason come to the conclusion that the number of cases in which it would be necessary to have recourse to it would be very much diminished.

Dr. Webster stated that he had been interested in learning that Dr. Wynn Williams had observed that scrofula was more frequent in the fair-complexioned, since he, Dr. Webster, had arrived at the same conclusion. He believed, however, that the liability to scrofula had a very close connexion with the dietetic habits of the community. Scrofula was not rare in persons of dark complexion, if they were confined to vegetable aliment. In a recent visit to Spain he had been much struck with the fact that although the dark temperament very largely predominated, yet the various forms of scrofula were very common. He attributed it to the fact that the Spaniards, as a race, lived almost exclusively on vegetable food. He believed that the principal point in the treatment of scrofula was attention to diet; and he wished to ask the author of the paper whether, in the cases in which he believed that the iodine lotion had exhibited such remarkable efficacy, he had not also employed dietetic and tonic methods of treatment at the same time.

Dr. Wynn Williams replied that in most of the cases the patients had been put on good diet and had taken cod-liver oil.

Mr. Henry Thompson adverted to the vagueness of the term Scrofula, as generally applied. He believed that it was applied very often to designate diseases which were simply those of cachexia and debility. He had for many years been in the habit of applying the iodine solution in exactly the same manner as recommended by the author of the paper, whose statements as to its efficacy he could fully confirm. He considered that spongio piline was the best material on which to apply the solution. He considered the solution to be decidedly preferable to ointments.

A paper, by Mr. Buck, of Crewe, was next read, being the narration of a

CASE OF MALFORMATION OF THE BLADDER AND GENITAL ORGANS.

The subject of the case had died at the age of 73, from acute bronchitis, and as rumours had been afloat as to malformation of his genital organs, Mr. Buck seized the opportunity for making an examination. The post-mortem was, however, conducted very hurriedly, and under great disadvantages. The individual during life, had at home dressed as a woman, but when away from home had assumed male attire, and even acquired some celebrity as a prize-fighter. The corpse much more closely resembled that of a man than a woman, the hair being short and strong, and there being several days' growth of beard. The mammæ was quite undeveloped, and there was a considerable growth of hair on the chest. On the pubic region was an opening which communicated with what existed of bladder; the ureters opening on the exposed surface. There was no penis, but three folds of skin occupied its place, lying one over another. In what resembled the labia on each side were lodged the testes, in a partially developed state, with vasa deferentia passing up to the cellular tissue in the pubic region.

The author apologised to the Society for the imperfection of the dissection.

THE PATHOLOGICAL SOCIETY.

Tuesday, November 20, 1860.

Mr. Fergusson, President, in the Chair.

Mr. W. Adams read a report by Dr. John W. Ogle, Mr. T. Holmes, and himself, on the specimen exhibited to the Society by Mr. T. Holmes of

CONGENITAL TUMOUR FROM THE NECK OF AN INFANT.

Mr. Adams showed drawings of the microscopic appearance. The tumour was of a compressed or flattened form with a circular outline, measuring about ¾ of an inch in thickness, and 2½ inches in its transverse diameter. A portion of skin of corresponding size had been removed, together with the tumour, from the surface of which it could not be separated. The direct and intimate connexion between the structure of the tumour and the skin was further displayed by a section; and from the appearances it seemed probable that the tumour had originated in the deeper layers of the skin, and spread circumferentially, extending inwards towards the fascia, to which, however, it was quite superficial, and with which it had no connexion. The deep and marginal surfaces of the tumour were smooth and clearly defined, with very slight disposition to lobulation. No infiltration had taken place of the adjacent tissues, which were quite healthy. On section the tumour presented an uniformly smooth surface, and was of a pale whitish colour; its tissue was rather soft and elastic to the touch—more or less of an uddery consistence and appearance. Reticulated bands of delicate fibrous tissue traversed its structure, and were most distinct near to the cutaneous surface. No juices exuded from the surface by pressure. On a microscopical examination its structural elements were seen to be of the simplest kind, consisting of small, round, and oval nuclei embedded in a granular basis-material, and included in the meshes formed by nucleated fibrous tissue. It did not present any of the microscopical appearances generally met with in cancerous or malignant growths. Bands of delicate and wavy filamentous tissue, in which elongated nuclei could be seen, traversed the tumour in curved lines, forming meshes which contained the nucleated and granular elements. Acetic acid rendered this tissue translucent, and brought the spindle-shaped nuclei more clearly into view. From the evidence of the microscopical examination, and the general characters, we consider this specimen may be regarded as an example of fibro-plastic; or, from the great preponderance of the nucleated and granular material, it might, perhaps, be called a fibro-nucleated tumour.

Dr. John W. Ogle then read Dr. Wilks's

REPORT ON MR. WOOD'S SPECIMEN OF TUMOUR OF THE BREAST.

The specimen of tumour of the breast, which Mr. Wood requested me to examine, I have no hesitation in denominating Cancer; and I believe it to be so both from the appearances presented to the naked eye as well as the microscopic. The section displays a pinkish vascular structure which on scraping yields a milky juice, which fact alone I consider to be more characteristic of the disease than any other condition. Again, on submitting portions to the microscope, abundance of nuclei are seen as cells containing large oval nuclei, and some even two or three.

Although I do not think that there is anything in the size or form of the cells from a cancerous growth which is characteristic, or could warrant a positive decision as to their nature, yet when it is known that they are the constituent elements of a new or morbid growth which has sprung up in some part of the body, a conclusion as to their malignant character may be fairly inferred; for I consider that every tumour containing nucleated or embryonic cells is malignant; and if these be of a simple kind that it deserves the name "cancer" as the term is usually understood. The fact of the presence of such cells or nuclei existing without any higher development is shown by the exudation of milky juice when the tumour is squeezed. For these reasons I should unhesitatingly style the present specimen Cancer.

Dr. Broadbent exhibited a specimen of

TUMOURS OF THE SKIN, LIVER, etc.

The specimens were taken from the body of a man, aged 57, who died in St. Mary's Hospital, with no history except that the disease was of long standing. In the skin all over the body were small tumours of various sizes. After death deposits of a peculiar nature were found in the liver and in other parts of the body.

Dr. Bristowe and Dr. Broadbent were requested to report further on the specimen.

Mr. T. Holmes then showed a specimen of

FRACTURE OF THE SKULL.

The patient from whom it was taken was thrown off his horse and alighted on his head. He was taken to St. George's Hospital, and could then just manage to stagger into the building. An hour later he became unconscious. There was no paralysis, but he continued profoundly unconscious, and there was some jactitation. There was no pulse on the left side, but the artery was felt beating on the right. He died an hour after

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the supervention of the coma. After death there was found a fracture of the occipital bone, which extended into the foramen magnum. The torcular Herophili was found to have been injured by a splinter of bone. The brain-substance was lacerated, and there was much blood effused on the surface of the brain. The axillary artery on the left side, near the commencement of the brachial, was swollen, but its external coat was entire. On laying it open the internal coats were found to be lacerated and turned down.

Dr. MURCHISON next exhibited a specimen of

PARTS INVOLVED IN A FÆCAL FISTULA.

The external opening of the fistula was situated at the umbilicus and was connected with an abscess in the abdominal cavity as large as an orange. The walls of the abdomen were glued to the viscera. The abscess was found to communicate with the transverse colon and the duodenum, just beyond the pyloric orifice of the stomach, and also with the gall-bladder. The cystic duct was obliterated. The opening into the gall-bladder was very small; but there was a cicatrix, as if the opening had at one time been larger. Dr. Murchison believed that these conditions were produced by a gall-stone ulcerating through the walls of the gall-bladder into the transverse colon, which had become adherent to it, and that the fæcal fistula had been produced subsequently. The patient was a woman, aged 28. A year before her death she had an attack of vomiting, attended with abdominal tenderness and fever. This passed off; but again, on September 13, after unusual exertions, she had another attack of vomiting, pain, etc. A swelling was observed rather to the left of the umbilicus on the 25th, and in a few days offensive pus, but not containing fæcal matter, exuded from the umbilicus. Five days later fæcal matter was discharged. She died November 13. Previous to her death, the immediate cause of which was pyæmia, abscesses were formed in various parts of the body; and after death pus was found in the lungs. In the pericardium (which Dr. Murchison brought forward) there was about twelve ounces of what was at first sight called pus. It was, however, more gelatinous, and on microscopical examination there was found firm, fibrillate tissue and corpuscles containing no nuclei, and being more like lymph-corpuscles.

Dr. MURCHISON also exhibited a specimen of

CYST OF THE KIDNEY.

The cyst was nearly as large as the kidney itself. Dr. Murchison referred to a specimen which he exhibited at a recent meeting of the Society, and believed that the specimen bore out the conclusion he then mentioned as to the mode of origin of these cysts; viz., dilatation of the calices as a consequence of obstruction to the ureter. In this case there was an obstruction to the ureter by a cancerous mass in the pelvis. In reply to Dr. Bristowe, who doubted that this was the mode of origin of the cysts, Dr. Murchison stated that he would again bring the specimen before the Society when he had laid the kidney open, and ascertained the exact connexion of the cyst with it.

Mr. SEDGWICK exhibited a specimen of

IMPERFORATE ANUS.

It was taken from an infant three weeks old. There was an opening between the rectum and the vagina; the natural opening of the anus being closed. It had not been noticed until the child was twelve days old. There were no symptoms of obstruction; and it was supposed that the fæces did not escape involuntarily. The child never seemed to suffer any inconvenience, and died of causes quite unconnected with the malformation. Mr. Sedgwick did not think that in this case, there being no urgent symptoms, an operation attempting to remedy the malformation was justifiable.

Mr. T. HOLMES mentioned a case in which a similar malformation was remedied by operation. The result was, as long as the patient was under observation, quite satisfactory. He alluded to another case in which an operation was necessary later in life.

Dr. GIBB gave the particulars of a case in which an infant was operated on at the age of ten days. The results obtained were permanent.

Mr. LANGMORE showed parts from an infant in which there was

CONGENITAL ABSENCE OF THE RECTUM.

The preparation was sent to him by Mr. Francis, of Lucknow. An infant, aged three weeks, was brought to Mr. Francis, with distension of the abdomen and tumour above the pubes. There was no anus, and no communication could be found between the gut and the vagina. An incision was made in the perinæum, in the hope of making an artificial anus, but the rectum was not reached. The child died three days later. It was found, after death, that the colon terminated in a cul-de-sac in the left side, there being no rectum. The tumour above the pubes was formed by a distension of the uterus and Fallopian tubes.

Mr. T. HOLMES then exhibited a specimen showing

ANEURISM OF THE INTERNAL CAROTID ARTERY IN THE CAVERNOUS SINUS.

The patient was admitted into St. George's Hospital on August 21, for disease of the mitral valve, with hypertrophy. There was no history of rheumatism. He had pain in the left eye, and general headache. A few days after his admission he had great giddiness, which was attributed to digitalis, which he was taking. On the 25th he was worse, and the upper lid began to droop, and in fourteen days there was complete ptosis. The pupil was much dilated, and the sight nearly gone. The left side of the forehead was numb, and there was much lachrymation. He improved a little, and left the Hospital, but was soon after re-admitted. The sight had now returned, and there was very little ptosis, but he had great pain in his head. He died the day after his admission. The arteries of the body generally were healthy, and no plugs were found in any of the arteries of the base of the brain; but there was an aneurism of the left internal carotid artery in the cavernous sinus. The nerves to the orbit were traced over it. The third nerve was much spread out, as was also the ophthalmic division of the fifth. The aneurism was half filled with clot. Mr. Holmes believed that, as the arteries were healthy, the aneurism had arisen from the deposition of fibrin in the part.

Dr. JOHN W. OGLE alluded to experiments he had made on an ass, showing that aneurisms might be artificially produced by introducing fibrin into the circulation.

Mr. CANTON brought forward numerous specimens of

CHRONIC RHEUMATIC ARTHRITIS,

which exhibited this disease in the larger and smaller joints of the body, with the view of showing that, though a blood-malady, it might nevertheless, present, not unfrequently, a remarkable want of symmetry. This was demonstrated in the spine, hip, temporo-maxillary, and other articulations. Mr. Canton stated, that he believed that it had not been hitherto remarked, how extensively diseased the arteries of the trunk and limbs became in this malady, and he showed examples of great calcareous degeneration of these vessels under such circumstances, together with examples of the articular affection from the same subject. In concluding his remarks, Mr. Canton observed that, in the year 1855, he had stated it was very probable that cases would be met with, in which the power of hearing was diminished, or lost from implication of the joints of the *ossicula auditûs* in chronic rheumatic arthritis, and since, Mr. Toynbee had demonstrated this surmise to be well founded.

ZOOLOGICAL GARDENS.—A young male example of a very scarce and little-known animal of the swine family—the Babirussa—has just been received by the Zoological Society, and is now placed in their gardens in the Regent's-park. The adult babirussa is remarkable for the extraordinary development of his tusks, which turn upwards and backwards, and form a semicircle nearly meeting the jaws again. The whole contour of the animal is also very different from that of the true pig. The babirussa is a native of the island of Celebes, in the Indian Archipelago, and obtained its name from the extraordinary idea of the Malays that it originates in a cross between a pig (*babi*) and a deer (*rusa*). The present is believed to be the second individual that has been brought to Europe alive, a previous specimen, obtained by Sir Edward Belcher during one of his exploring voyages, having lived for a few weeks in the Society's gardens in 1841.

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MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma were admitted Members of the College at a meeting of the Court of Examiners on the 15th ult.:—

Altmann, Henry Joseph, Islington
Boothby, Charles Walls, Spilsby
Browne, Frank Harvey, Stowe Maries
Clarke, Alfred Frederick Stafford, Gordon-square
Ford, Branthwayte Beevor, Longton, Staffordshire
Goodall, Henry, Madras
Hicks, George Augustus, Torquay, Devon
Hicks, Edward Buller, Greenhithe
Ironside, William, Kennethmont, North Britain
Isherwood, Felix William, Clitheroe, Lancashire
Levis, John Sampson, Skibbereen
Lloyd, Samuel, Smethwick, near Birmingham
Manly, George Valantine Theodore, Free Town, Sierra Leone
March, John, Hounslow
Milson, Richard Henry, London
Orton, Theodore, Littlebourne
O'Toole, William Henry, Dublin
Pitt, William, Willenhall
Savage, Thomas, Wolverhampton
Sharood, Edward Julian, Brighton
Young, George Edmund, Mechlin
Young, Edward Parker, Delamere Crescent.

APOTHECARIES' HALL. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, the 22nd ult.:—

Hayle, William, Slaithwaite, Yorkshire
Iliffe, Robert, Coventry
Savage, James, Burlington Quay, Yorkshire
Steele, James, Lancaster
William, John, Dyffryn, Merionethshire.

And on the 1st November

Ricketts, Frederick William, Liverpool.

The following Gentlemen also on the same day passed their First Examination:—

May, Henry, Birmingham
Tanner, Richard Canning, Painswick, Gloucestershire.

DEATHS.

BREMNER.—November 28, at Huntley, N.B., James Bremner, M.D. Univ. King's Coll. Aberd., L.R.C.S. Edin., Assistant-Surgeon 47th Regt. of Bengal Native Infantry, aged 25.

CLUTTON.—November 16, Thomas Clutton, Fellow of New College, Oxford, M.D., aged 56.

COLES.—November 20, at Weston-super-Mare, Somersetshire, James Coles, Fell. and M.R.C.S. Eng., L.S.A. Lond., late Sen. Surg. Hosp. Dep., Great Portland-road, aged 57.

EAGER.—November 24, at Kilronan Glebe, County Roscommon, Matthew Wyatt Eager, M.R.C.S. Lond., late of Athenry, County Galway.

GRAHAM.—November 17, John George Graham, of Stockport, Cheshire, M.R.C.S. Eng., aged 29.

HALAHAN.—November 3, at Guernsey, Dr. Halahan, Inspector General of Hospitals, late Royal Artillery, aged 70.

MARTIN.—August 20, at Tangkoo, China, of dysentery, Charles Henry Martin, of H.M. Medical Staff, only son of C. N. Martin, of Harley House, King's-road, Chelsea.

THOMSON.—November 25, at Exeter, William Thomson, M.D. Glasgow, L.R.C.S. Edin., aged 61.

F. C. ALLBUTT, of Caius College, Cambridge, has received the Degree of M.D. of Cambridge University.

DR. TOMMASI, a Neapolitan, the most distinguished physiologist in Italy, has departed from Naples to resume his duties as Professor of the University of Pavia. The Doctor, it seems, is unable to practise successfully on the body political of Southern Italy.

TESTIMONIAL TO A PHYSICIAN.— On the 23rd ult., a very handsome and valuable time-piece was presented to Dr Philip H. Williams, of Worcester, with a purse containing 125 sovereigns, as an acknowledgment, by the subscribers to the Dispensary in that city, of his services rendered to the Institution during the period of twelve years.

YANKEE MEDICAL STUDENTS.—A meeting of the Southern Medical Students in New York was held on the evening of the 9th ult., "to take action as to whether they should go home or remain, since Mr. Lincoln had been elected."

La Espana Medica informs us that Dr. Alvarez, of Cadiz, has successfully treated a case of diabetes with large doses of sugar, alkalis, and gelatine. He completely cured his sick man in thirty-six days.

THE Humane Society's Medal has been given to Mr. Wm. F. Harton, Medical student, for saving Matilda Broadhead, who attempted suicide by jumping into the river Shannon, Banagher, King's County, on the 29th of August last.

FRENCH MEDICAL STUDENTS, SESSION 1860-61.—The inscriptions for 1860-61 amount to 1196—viz., 1132 for the Doctorate, and 64 for the lower grade of *Officier de Santé*. In 1859-60 the inscriptions amounted to 988.

M. LUKOMSKI, who in 1858 reported the results he had arrived at in the treatment of syphilis by means of the inoculation of vaccine virus, announces that numerous further experiments made of this treatment in the clinique of the Faculty of Medicine at Moscow have fully confirmed his own observations. MM. Serres and Andral are to report thereon to the Academy of Sciences of France.

PARIS FACULTY OF MEDICINE.—The Session of this body for 1860-61 was opened before a crowded auditory by an eloquent eulogium on Pierre Bérard, by M. Gosselin. The Faculty has presented its list of three candiates for the vacant chair of Internal Pathology, viz. MM. Monneret, Beau, and Barth. The first will doubtless be selected.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The following gentlemen will be balloted for, as Fellows of this Society, on Tuesday evening, December 11, 1860. The Ballot will be opened at half-past seven o'clock, and will close at half-past eight precisely:—Messrs. Richard Cross, Robert Cameron Galton, Herbert Chalmers Miles, and William Ogle.

MARCH OF INTELLIGENCE.—A handsome Homœopathic Dispensary, which has been erected in Harman-street, Liverpool, was opened on Saturday, when upwards of 130 persons applied for relief and were prescribed for.

OUR readers will be glad to see the following statement as to the next New Sydenham Society's "Year-book" which we extract from a notice just issued by the Council. "The 'Year-book' is intended to be issued annually, as easily in each year as possible. The volume now preparing will be much more complete than that for 1859, will be printed in smaller type, and will contain nearly double the amount of matter. A new department, under the title of Special Therapeutics, will be added, and in several other points of detail great improvements will be introduced."

DEATH FROM CHLOROFORM.—The *Gazette des Hôpitaux*, referring to the case of death from chloroform related in the *Cincinnati Observer*, in which, by means of artificial respiration, the contractions of the heart were kept up for an hour and a-quarter, and occasional spontaneous respiratory movements were obtained—adds that another case of death has also lately occurred at Paris, the patient being a young man, aged 24, who was submitted to chloroform by M. Farro, in order to undergo an operation for in-growing nail. No particulars of this case have as yet been made known, beyond the fact that for some time after the cessation of the pulsations of the heart, the patient made, at several intervals, spontaneous inspirations and expirations.

THE Examiners appointed by the electors under Dr. Radcliffe's will (Dr. Acland, Dr. Rolleston, and Professor Brodie) give notice, that they propose to begin an examination for a Travelling Fellowship on December 4, in the Medical Department of the University Museum. Those may be admitted as candidates who have taken a first-class in the Natural Science School of Oxford, and who intend to qualify themselves to practise Medicine as Medical Graduates of the University. The successful candidate will receive £200 a-year for three years, half that time being occupied in Medical study out of Great Britain.

A GRACE has passed the Senate of the University of Cambridge authorising the acceptance of a valuable collection of fossils just offered to the University, on certain conditions. The collection was made by the late Dr. James Young, a gentleman whose life was devoted to studies connected with natural history, and who took much interest in the Woodwardian Museum. It was offered to the University by his

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brothers, Sir Charles George Young, Garter King at Arms, and Mr. Henry Young, on condition that it be, as far as practicable, kept as one collection, and identified as "Presented by James Forbes Young, M.D."

THE LONGEVITY OF PAUPERS.—There are at present in the Ratcliff and Wapping Workhouses of the Stepney Union 69 inmates whose collective ages amount to 5538 years, giving an average of 80 years for each inmate, and 292 persons in the above-named Workhouses of the Stepney Union whose average ages are 70 years.

THE LONGEVITY OF QUAKERS.—The following ages of some deceased members of the Society of Friends during the present year are taken from the obituary of the *Friend*, a monthly journal, published by that body. They are as follows:—84, 84, 85, 85, 85, 86, 86, 87, 87, 88, 88, 89, 89, 89, 91, 91, 91, 91, 91, 91, 92, 92, 93, 93,—making a total of 2128 years, with an average for each life of rather more than 88½ years. Fifty lives in the same period give 4258 years, with an average of 85 per life. These facts entitle one class of men to a favourable comparison with the Peerage as regards longevity.

SINGULAR LONGEVITY OF THE BRITISH PEERAGE.—It is not a little remarkable that the members of the Peerage who have died since the year commenced, twenty-four in number, have exactly completed, on the average, the full measure of the allotted span of human life, the "three-score years and ten." They are as follows:—Viscount Arbuthnott, 82; Lord Londesborough, 54; Viscount Southwell, 83; Viscount Gormanston, 84; Lord Oranmore, 72; Bishop of Rochester, 84; Earl of Longford, 42; Baroness Stratheden, 63; Lord Fitzgerald, 60; Viscount Guillamore, 27; Baroness Wentworth, 67; Earl of Strafford, 82; Lord Heytesbury, 80; Archbishop of York, 71; Lord Sandys, 68; Lord Elphinstone, 53; Bishop of Worcester, 77; Earl of Lauderdale, 76; Earl of Cawdor, 70; Lord Ffrench, 74; Earl of Leven and Melville, 75; Duke of Richmond, 69; Earl Manvers, 82; Earl of Dundonald, 85. Total of united ages, 1680 years, which, being divided by 24, gives exactly 70 years to each.

AT the next meeting of the Obstetrical Society, to be held on Wednesday, December 5, the subject for debate will be "The Value of Anæsthetic Aid in Midwifery," especially its usefulness in tedious and difficult labours; in turning (now superseding instrumental delivery so much), as also in Puerperal Convulsions and Forceps Cases. We hear that an interesting communication has been received from Professor Simpson, since the paper was sent in to the Society. Other communications, also, from the best obstetricians of the Dublin School, of a like nature, have been received; so that the memoir will be a fair representation of the true value of anæsthetics in the hands of the most practical men who have used chloroform extensively. A new anæsthetic, or combination of ergot in chloroform, to be inhaled as ordinary chloroform in midwifery cases, is referred to, which may probably meet the chief or only difficulty in this branch of practice, that of inertia, or hæmorrhage.—*From a Correspondent.*

THE New Military Dispensary in course of erection at Woolwich, intended also to provide for the temporary reception of severe Hospital cases, pending their removal to the Infirmary about to be built on Kidbrooke-common, is now partially roofed in. The position is considered to be one of the most eligible in and about the garrison, both for its elevation and its near proximity to the barrack, review, and practising grounds, in which accidents may occur requiring surgical aid. In order to procure pure air and ventilation, an additional space of ground beyond the building is ordered to be cleared. The residence of Rear-Admiral Duntze is about to be demolished for that purpose.

A MICROSCOPICAL SOCIETY has been instituted at Bedford, in the place of the Wakefield Society. The object of it is the cultivation of those branches of science which require the aid of a microscope. The number of members is limited to twelve; and the meetings are held once a month at the residence of each member in rotation, business beginning at seven o'clock and ending at half-past nine. The business of the Society is managed by a Secretary, who sends due notice of the place of meeting, and of the subjects to be discussed. Each member is expected to bring his microscope to the meeting together with any illustrations he may possess relative to the subject of inquiry for the evening. The member at whose house the meeting is held is President for the evening, having chosen the subject for investigation, etc. The first meeting was held on the 23rd ult., at the residence of Dr. Barker, and the subject fixed upon was purposely an easy one—namely, "The Spiracles and Tracheæ of Insects." The subject was profusely illustrated, and the members spent a very pleasant and profitable evening. Such local Societies cannot fail to be useful in extending the knowledge of the microscope and microscopical researches.

MANCHESTER ROYAL SCHOOL OF MEDICINE.—On the 22nd ult., the distribution of prizes for 1859-60, to members of the Manchester Royal School of Medicine, took place in the Theatre of the Royal Institution, Mr. Thomas Turner in the chair. The Chairman addressed the meeting, and stated, with reference to the School, that the lecturers were never before so well satisfied with the conduct of their classes; and when the certificates of honour were read, the meeting would see that out of a goodly number of students the School had produced a goodly number of men. (Applause.) There had never before been so many entries in the classes as during the present year. The Institution was self-supporting—that was, it did not support the lecturers; but it was not in debt. (Applause.) The Chairman then distributed the prizes (which in nearly every case consisted of books or instruments of the money value of the prize gained) and certificates of honour to the following gentlemen:—Prizes for Third Year's Students.—Scholarship, value £20; Mr. John Cockcroft, Middleham, Yorkshire, First prize, value £5 5s.; Mr. Daniel John Leech, Stretford. Second prize, value £3 3s.; Mr. W. H. Barlow, Manchester. Prizes for Second Year's Students.—Scholarship, value £15; Mr. Herbert Grove Lee, Thame, Oxfordshire. First prize, value £5 5s.; Mr. James Yates, Oldham. Second prize, value £3 3s.; Mr. F. R. Fairbank, Moss side. Third prize, value £2 2s.; Mr. James Allen, Pott Shrigley. Fourth prize, value £1. 1s. Mr. E. H. Roe, Eccles. Certificate of merit, Mr. J. W. Morris, Rochdale. Prizes for First Year's Students.—Scholarship, value £10; Mr. J. W. Renshaw, Ashton-upon-Mersey. First prize, value £5 5s.; Mr. E. Dawson, Manchester. Second prize, value £3 3s.; Mr. S. Messenger Bradley, Manchester. Third prize, value £2. 2s. Mr. F. W. Booth, Ashmond, Lees. Fourth prize, value £1 1s.; Mr. Hugh Moss, Congleton. Certificate of Merit.—Mr. J. D. Mann, Kendal; M. John L. Rushton, Rainow, near Macclesfield; Mr. Robert Platt, Cheetham Hill; and Mr. Morris. Certificates of Honour.—Messrs. Alfred Heap, S. A. Patrick. F. J. Roberts, Joshua Handley, Thomas H. Dickenson, Robert Platt, F. W. Booth, E. Kershaw, J. Whittham, D. Elias, W. J. Renshaw, H. Moss, R. W. Coles, E. Dawson, T. Wilson, W. Clarke, E. H. Roe, H. Cartmel, D. Meany, H. G. Lee, W. H. Hughes, A. F. S. Clarke, J. Yates, J. Hollingworth, B. C. Smart, J. W. Morris, F. R. Fairbank, J. Anderson, J. Welsh, J. L. Rushton, E. T. Newbold, G. Hunstone, W. Bird, J. Watson, J. D. Mann, J. Allen, J. Bott, N. M'Guire, J. Gregory, J. Gwyther, P. Byrne, W. H. Flint, S. Bradley, and G. Newton. On the motion of Mr. William Smith, seconded by Mr. Robertson, a vote of thanks was awarded to the gentlemen whose liberality had enabled the lecturers to provide scholarships for the students of the school. Dr. Roberts proposed a vote of thanks to the Chairman for presiding. The motion was seconded by the Lord Bishop of Manchester, who explained that he declined taking the chair because he thought the duty rather belonged to some gentleman connected with Medical Science. He spoke in terms of admiration of the great usefulness of Mr. Grainger's life, and of his philanthropic efforts; and, remarking upon a letter of his which had been read, said that, had the Baconian inductive system been really followed by a proper spirit of emulation, we should never have had the vagaries of the author of the "Vestiges of Creation," or the ingenious and specious fallacies of Darwin's "Origin of Species." In conclusion, His Lordship exhorted the students to remember that, however successful they might be in their Profession, they were men and Christians. The proceedings terminated with a vote of thanks to the Chairman.

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VITAL STATISTICS OF LONDON.

Week ending Saturday, November 24, 1860.

BIRTHS.

Births of Boys, 926; Girls, 987; Total, 1813.
Average of 10 corresponding weeks, 1850–59, 1580·6.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	659	598	1257
Average of the ten years 1850–59	613·6	637·6	1251·2
Average corrected to increased population..	..	..	1376
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	48	19	67

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	7	10	2	5	2	3
North ..	490,396	5	10	9	4	8	3	4
Central ..	393,256	..	8	3	2	7	..	3
East	485,522	4	7	5	4	4	5	..
South ..	616,635	..	9	13	5	17	8	6
Total.. ..	2,362,236	10	41	40	17	41	18	16

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·659 in.
Mean temperature	39·7
Highest point of thermometer	49·8
Lowest point of thermometer	31·5
Mean dew-point temperature	02·0
General direction of wind	N.W. & S.W.
Whole amount of rain in the week	0·30 in.

TO CORRESPONDENTS.

Lectures and Papers are in Type from Professor Simpson, Dr. Hobson, Mr. Kirby, Mr. Laurence, Mr. Wilde, Dr. Scholefield, etc.

Mr. Wilde's reply to Dr. Edwin Lee on the Prussian Oculist, shall appear next week.

W. C.—The letter arrived too late for insertion this week.

Medicus should apply to the Registrar of the College of Physicians, who would furnish all the information required.

A Physician, a Practitioner, and others, have written letters in answer to *Inquirer's* note of last week, (on Chlorodyne) but we do not think they would be read with confidence by the Profession unless the real names of the writers were given.

Dr. Seaton Reid, Belfast, would feel obliged by anyone sending him some information respecting the success or failure of an attempt to heat an Hospital by hot-water or steam.

Dr. Farquharson.—The letter shall appear next week if possible.

Mr. Vincent Jackson's case shall appear.

Enquirer.—The word "Free" as applied to Dispensaries, generally indicates that the poor are admitted without letters of recommendation. In most Hospitals and Dispensaries, patients are only admitted by a Subscribor's letter; at least this is the rule: practically nearly all are "Free."

Vaccination at Duesbury.

We have received letters and newspapers respecting a dispute at Duesbury, as to payments by Guardians for vaccination. So far as we can judge from what we have read, a very improper practice has been adopted by one Surgeon in receiving payment for vaccination peformed by other Practitioners; and we trust that such a course, if not unprecedented, is altogether exceptional.

Do Men ever Live 100 Years?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Is it not strange that the question: whether man or woman ever reaches the age of 100 years, is still a disputed one? Is it not possible that some *authentic, legally authentic,* proofs of the fact can be given?

I am, &c. A QUERIST.

Chlorodyne.

Among several deaths from Chlorodyne, Dr. Kidd says, reported to him, he has been told of three cases where death all but occurred from the use of chlorodyne in moderate doses: the patients fell insensible, as if poisoned by prussic acid, and were with difficulty restored to consciousness. Dr. Kidd believes that the chief virtues ascribed to chlorodyne are, in reality, due to chloric ether, which is not a stimulant as usually believed, especially in Surgical practice; but the most perfect sedative and anodyne we at present possess.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In regard to the questions asked by your correspondent about Chlorodyne I can give him the following information:—

In the distressing cough of phthisis I have found it most useful, and not only does it relieve the cough, but when given in doses of ℥ss. at bed-time, it has a most beneficial effect in allaying hectic. I have given it in the last stages of this disease, and have never seen any bad effects from it.

It is, however, in diarrhœa that I have employed it with the greatest benefit, three or four doses of ℥ss. each seldom failing to relieve even very severe attacks.

The great advantage that I have found in chlorodyne over opium, morphia, etc., is that the administration of it is never followed by unpleasant effects, as headache, nausea, etc.

I have not been led to form this opinion in a hasty manner, but have tried this valuable medicine in numerous cases, and have seldom been disappointed by it.

I am, &c.

JOHN ST. S. WILDERS, House-Surgeon.

Queen's Hospital, Birmingham, November 29.

What is Gastric Fever?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Mr. Hunter has explained gastric fever to be typhus fever in which the gastric symptoms are prominent. Now, although this may be one view, there is another which I would thank you to give as an answer to the enquiry. I have always been in the habit of regarding gastric fever as a disease more particularly of childhood, in which one gets none of the disturbance of the mental functions] which almost invariably accompany typhus. The patient generally suffers from thirst, loss of appetite, pain in the back, with on occasional dry cough; and combined with these symptoms and pathognomonic of the disease, the patient has a whitish tongue, from which the fungoid papillæ project most prominently, and are of a scarlet colour.

During the time I had the advantage of Dr. Farre's practice at King's College, I had ample opportunities of tracing cases from their commencement, almost always to a successful issue, under the use of the nitro-muriatic acid. In cases which did not yield, diarrhœa set in and in one or two cases carried off the little patient.

I am, &c.

Acton, November 24. EDWIN E. DAY.

Medical Titles.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Allow me to remind you and your readers that the recent judgment of the Chief Baron of the Exchequer, is quite in accordance with my interpretation of the fortieth section of the Medical Act published in your excellent Journal at an early period of this Medical Title controversy, proving that the title of Physician and Doctor of Medicine are, legally speaking, convertible terms. Licentiates of the Royal Colleges of Physicians are therefore, in the opinion of those most competent to judge, viz. the learned judges of the land, *bond fide* "Doctors of Physic," that is, translated into the Latin languarge, *Medicinæ Doctores.*

I am, &c.

2, China-terrace, November 24. JOHN E. SMYTH, M.D. R.C.P.E.

University Doctors of Surgery.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—If there is one title wanting in the Profession more than another it is that of Doctor of Surgery; and nothing would tend to raise the status of the General Practitioner more than converting the College of Surgeons into a University. I would, therefore, suggest that the Fellows and Members of the College of Surgeons should unite at once and carry a Bill through Parliament converting the College into a University, and themselves into Doctors of Surgery.

Your Correspondent "Griffin" (Nov. 10) has endeavoured to show that all University Graduates of M.D. take precedence of Physicians. It is a question, however, whether Graduates, especially those of Universities other than England, take precedence or equality; but, whether they do or do not, it is evident that the whole Profession might become Doctors of a University, and thus settle for ever the question of titles, and the boasted precedence of M.D.'s over Physicians and Surgeons.

In the same Journal (Nov. 10) "A.B. Phys." "measures himself with his friends of the London College." Now, it is well known that Graduates were admitted during the Year of Grace without examination to the London College, in order to become Physicians, and the General Practitioners were admitted, during the Year of Grace, to the Edinburgh College under a modified examination, which did not exceed three hours, while the Licentiates and extra-Licentiates admitted to the London College without a degree had to undergo six examinations, three of which were in writing for six hours a day, and three *viva voce* examinations, extending altogether over a period of six days.

In conclusion, I must state that the repeated attacks which have been made by members of the Profession, against one another, is a disgrace to an honourable profession. The Graduates of Universities have charged Licentiates with "dishonesty" for using the title of Doctor, when it is well known that many of the former were practising prior to the new Act, every branch of the Profession without a diploma from either of the Colleges or Hall; yet they were permitted to dwell in peace, and enjoy all the privileges of one holding the double qualification. If, then, there is any dishonesty on the part of Licentiates of a College of Physicians for using the title of Doctor of Medicine, there is equal dishonesty on the part of Graduates for using the title of Physician, either in private or public practice; but I contend, that there is no dishonesty on either side, as the titles are used as synonymous terms. The title "Physician," however, should imply, as formerly, one who takes fees for Medical cases, instead of supplying patients with physic and sending in bills for attendance. Lastly, since Physicians have become General Practitioners, it is folly to expect members of the Profession will submit to a double Medical examination of an equal standing—such as that of a College of Physicians and University examination. It would be far more consistent to unite the College of Physicians with some University rather than amalgamate with the College of Surgeons. By such an arrangement the Apothecaries' Hall would do well to change its name to that of Medical

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College, while the union of the College of Physicians with a University would give the double qualification of Doctor of Medicine and Physician.

I am, &c. UNITY.

Medical Gentlemen and their Wives.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The letter of a "Poor Curate" in your last issue has undoubtedly caused much amusement to Country Practitioners as well as to their worthy wives: he of all persons seems (from his total ignorance of the class of persons he speaks of, or from foolish prejudice) most unfit to come forward to answer the question relating to their social position and the cause of the supposed reserve with which it is alleged they are admitted among "what are called the better classes of society." From his advocating *caste* to be the only means of settling the question, I am tempted to believe that he must be a disappointed son of some poor nobleman; and in his capacity of a poor and unpopular curate, jealous of the prosperity as well perhaps as the income of the "Doctor" of the district, who, it may be, is the son of a flourishing farmer or a respectable tradesman. As for the theory of *caste* being sufficient to account for it, I doubt it much; and do not think it would hold good for one moment either in the Medical or any other profession, especially the Clerical. However he may try it, if he pleases, for I doubt not but that he will find equally as many farmers and tradesmen's sons there, some of whom at least are prosperous and admitted into the best society; as, for instance, the present Archbishop of York; also many others whom I could enumerate as having attained high positions, although they never had much of that preparatory education or polish which seems so indispensable to make one presentable in the estimation of the "Poor Curate."

From my own knowledge of country clergymen and Medical Practitioners, I cannot for a moment think that the latter could ever be jealous of the position held by the former in society, or that he is at any time admitted with greater reserve; and one thing I am certain of,—that is, that the latter seldom seeks entrance, as a means of worldly gain, by obtaining favour and patronage from high places (as I fear is too often the case with poor curates). The time and attention demanded from a Medical man by his Profession, is, I think, quite sufficient to prevent him or his wife seeking frequently the society of the "better classes," while the clergyman too often has nought else to think of. A comparison of these both, as generally found in country places, might not be altogether out of place, and will, I think, give one a very good idea of their position, generally. 1st, The clergyman is mostly opposed to all matters of reform, sanitary or socially—a good medium of superstition for impostors to work upon, and therefore too often a bar to all progress of science,—attentive only to the wishes of the squire, leaving the welfare of his poor parishioners quite uncared for. 2nd, The Doctor is, as it were, the intercessor between Science and Ignorance,—the dire enemy of superstition and imposition; first in advocating sanitary and social reform, and often not only attending to the outward wants, but administering spiritual comfort to the poor when on a bed of sickness, and when, most probably, the curate is the guest of the neighbouring squire. With these remarks I will conclude, apologising for taking up so much of your valuable space, and beg only to add that, if I am too warm, you must excuse me, for I am

Guy's Hospital. THE SON OF A COUNTRY PRACTITIONER.

Physicians v. Doctors.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your correspondent, who is a "Physician and Doctor," endeavours to set aside "Blackstone" by "Dodd," and tells us that Doctors are, like Bachelors and Barristers, by "ancient usage," only Esquires. Surely Blackstone is a tower of strength, an ultimate appeal, and he declares (as I have already quoted from the "Table of Precedence of Men," in the 1st Vol. of his "Commentaries,") the order to be, ". . . Knights' Younger Sons, Colonels, Serjeants-at-Law, Doctors, Esquires, Gentlemen, ..." Is he right or wrong? However the real question at issue is, "Are Physicians Doctors?" for if so, they are entitled to the same rank, whatever it be, as Doctors. The Colleges of Physicians may have the right of making their Licentiates "Teachers of Medicine," but it is a mere description of a privilege bestowed, and not, like the University Doctor, a title and designation of the grade or rank by which the graduate is distinguished. The College makes a Physician, who is entitled to teach as well as practise Physic, the University creates a Doctor of Medicine, who may also teach and practise Medicine, and whose rank is as superior to that of the Physician, as the University is to the College. On the principles "taught" by a "Physician and Doctor," a teacher of youth may be called a Doctor, if we choose to Latinise the name of his vocation; and we would have no end of "Doctors" of Dancing, Piano-forte, Wax-flowers, and Horsemanship, male and female; and our "Professors" of Mesmerism, Legerdemain, Acrobatism, and Life-pills, will all become gentlemen of high "heraldic" rank, because a Professor is a "Teaching Graduate," and any one who lectures and teaches has a right to be called a Professor!

Another correspondent, "L.R.C.P.," begs to be called a Doctor, because he does not know what to call himself. Poor man, he is in a fix, and asks pathetically if he cannot call himself Doctor! "What is the use of the L.R.C.P diploma?" Ask the Northern College what is the use of it, Sir. He thinks the public would not understand it were they to see "Physician" on his door-plate, and that L.R.C.P. would be a strange puzzle, liable to be construed in an uncomplimentary sense. My impression is that everybody in England knows what a "Physician" means,—that he is a great man, who towers above the M.R.C.S. and L.S.A., and whose advice is well worth a golden guinea. Now, "Doctor," or "Dr.," as it is generally abbreviated, is a little perplexing, because it might mean a Doctor of Divinity, or of Laws, or what not, and might lead to confusion, and be the means (as it may be now, according to the Lord Chief Baron's law) of sheltering any impostor who may pretend to be a Physician. I have an opinion that if the word "Surgeon" or "Accoucheur" is intelligible to vulgar understandings that we may venture to familiarise them to "Physicians" written in full too, and if some of the unmitiated should think it strange, I think it will not be the word itself which startles them, but the connection of their old friend Mr. Forcep's name with so aristocratic a department of the healing art.

Could we not settle this *quæstio vexata*, by begging the Medical Council to tell every one to stick to his own title, according to the following sketch?—Dr. White is a Doctor of Medicine of a University; Physician Black is a Fellow or Licentiate of a College of Physicians; Surgeon Brown is a Fellow or Member of a College of Surgeons; Apothecary Green is a Licentiate of a Society of Apothecaries.

In Ireland we have Surgeon A. and Surgeon B. on the door-plates, and in the Army and Navy, the same nomenclature is adopted. Or it could be Mr. X, Surgeon, Mr. Y, Physician, and Mr. Z, Apothecary, if thought more euphonious. No reasonable man could object to the principle, and it only requires a beginning to be made to relieve it of all "strangeness."

The origin of the whole squabble appears to be in the vulgar error, sanctioned and abetted by the Medical, and now more than ever by the Legal, Professions, of calling every Æsculapian a "Doctor," and his duties "doctoring,"—about as sensible as calling an ordinary clergyman a "Doctor," because there happens to be a University rank held by clergymen, and called Doctor of Divinity. For my part, I regret, and I am a Medical Graduate, that all Medical Degrees are not, like those of other Faculties, purely honorary, conferring no licence to practise. The student may have taken B.A., M.A., or even B.D., but he cannot enter into "holy orders," till examined, licenced, or ordained by bishop or presbytery; so should it be with all entering "Medical orders;" and to this our Medical reform must tend. The Colleges of Physicians and Surgeons must combine to examine the student (who possesses an Arts degree or certificate of competent preliminary education), and they must give him a licence to enter General Medical practice. Having entered by this one door, he must elect whether he pursues the useful grade he has entered upon, or aims at a higher rank in Medicine or Surgery; if so, then the College of Physicians must demand that he shall first possess a degree in Medicine, before undergoing another examination for the state of "Physician;" and the College of Surgeons must demand the degree of Master in Surgery from all who aspire to be accounted "Surgeons," after a second examination.

Some such plan would very much tend to simplify and consolidate the existing arrangements in the Medical Profession, prevent all foolish squabbles about mere titles, produce an accomplished race of Practitioners, and raise the *status* of the General Profession in the estimation of all ranks of Society.

I am, &c.

November 29. GRIFFE.

COMMUNICATIONS have been received from—

Dr. CONOLLY; Mr. LE GROS CLARK; Dr. GOODFELLOW; Mr. SOUTHAM, Manchester; Mr. TEALE, Leeds; Mr. WILDE, Dublin; Dr. HOBSON; Mr. LAURENCE; Mr. RIGBY; Dr. GRAILY HEWITT; Dr. HANBURY; Dr. FAIRLESS; Mr. VINCENT JACKSON; Dr. JENNER; Mr. V. SOLOMON, Birmingham; Dr. FOOTE, Constantinople; Mr. AMYOT; Dr. PARSONS; Dr. SHORTHOUSE; Mr. HICKS; Mr. G. BARNES; Dr. S REID, Belfast; Mr. GROVE; Mr. WILDERS; Mr. HASLEWOOD; and Dr. WOLLASTON.

APPOINTMENTS FOR THE WEEK.

December 1. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

3. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Lettsomian Lectures: On Medicine. By Dr. Charles J. Hare—"Practical Observations on some of the Points of Difficulty in the Investigation and Diagnosis of Tumours and Intermescence of the Abdomen."

ODONTOLOGICAL SOCIETY, 8. p.m.

ROYAL INSTITUTION, 2 p.m. General Monthly Meeting.

EPIDEMIOLOGICAL SOCIETY, 8 p.m. Dr. Francisco Frederico Hopffer "On Cholera at St. Jago, Cape de Verds."

4. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m.

5. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 8 p.m.

OBSTETRICAL SOCIETY OF LONDON, 8 p.m. Dr. Kidd "On the Value of Anæsthetic Aid in Midwifery."

6. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

KING'S COLLEGE MEDICAL SOCIETY. Mr. Earle "On Apnœa Neonatorum."

HARVEIAN SOCIETY OF LONDON, 8 p.m. Mr. Harry Lobb "On Paralytic Aphonia."

7. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) at 2 o'clock:—

By Mr. Bowman—Removal of Fungous Growth from Breast. By Mr. Fergusson—Lithotrity. By Mr. Wood—Lithotomy.

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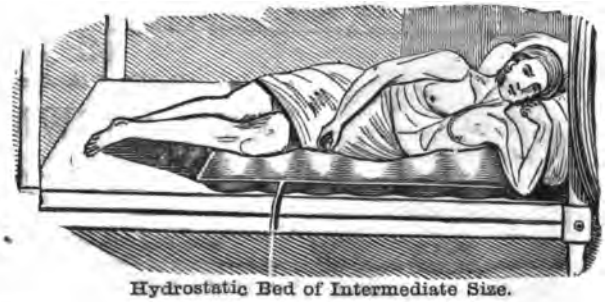

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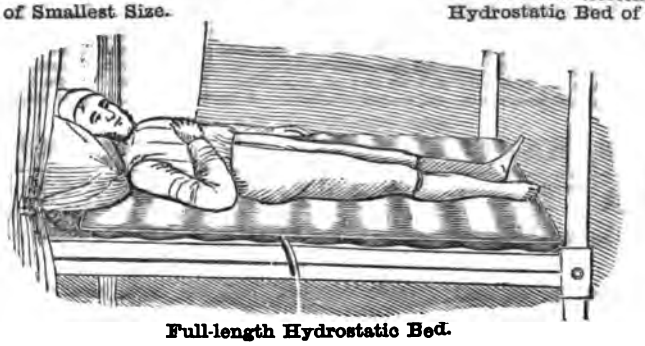

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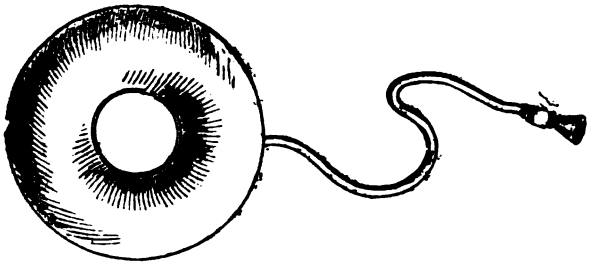

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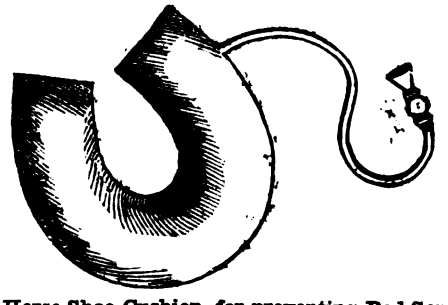

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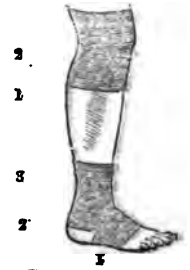
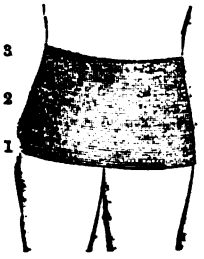
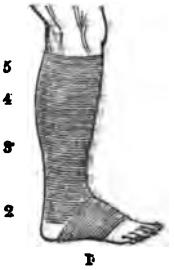


Knee-Cap and Ankle Sock.



Abdominal Supporter.



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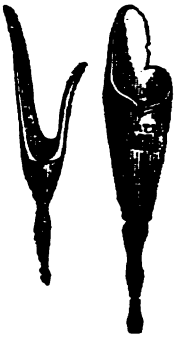

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Sherry (Pale or Gold) 26s. per doz., or in cask, £4 7s. 6d. per 7 gall. £8 13s. 3d. per 14 gall., and £17 3s. per cask of 28 gall.

The alteration of the Duty enables us to import a really good sound dinner Wine at the above prices.

WINES FROM PORTUGAL at the Reduced Duty.

Port, 8 years in the wood, 30s. per doz., or in cask, £5 1s. 6d. per 7 gall. and £10 1s. 3d. per 14 gall., £19 19s. per quarter cask of 28 gall.

Port, 11 years in the wood, 36s. per doz., or in cask £5 19s. per 7 gall., £11 11s. 6d. per 14 gall, £23 2s. per 28 gall. cask.

We cannot too strongly recommend to Port consumers these matured Wines from the wood—they are the old school of silky Oporto Wine, and certainly more palatable and wholesome than those extremely high-priced old-Bottled Wines, which have nothing left to recommend them but vegetable decay. The public are now beginning to realise what we long ago advocated, that a Wine matured in the wood is preferable to Wine old in Bottle.

WINES FROM THE CAPE OF GOOD HOPE.

Port, Sherry, Madeira, &c., all First Growth, 20s. per dozen, £3 6s. 6d. per 7-gallon cask, £6 11s. 3d. per 14-gallon cask, and £12 19s. per quarter cask of 28 gallons.

Also first growths with age 24s. per dozen, £4 0s. 6d. per 7-gallon cask, £7 19s. 3d. per 14-gallon cask, £15 15s. per 28-gallon.

They are delicate, wholesome, and in every way suitable for either dinner or dessert. In the present state of the Wine markets, there are no Wines we can import to offer to the public as better value for money.

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The Custom-House Returns for 1859 show that W. and A. G. paid duty on the unprecedented quantity of 73,464 gallons of these wines alone in that year.

WINES FROM MARSALA at the Reduced Duties.

Marsala, 20s. per dozen, £3 6s. 6d. per 7-gallon cask, and £6 11s. 3d. per 14-gallon cask, and £10 8s. 6d. per cask of 22 gallons.

This is old Bronte Wine, and considered by many superior to the finest Sherries.

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BRANDY, U.V. Brand very fine	.. ..	16s. 6d. per gallon.
Do. the finest Cognac	.. .. ..	22s. ,,
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Do. pure old Irish	.. ..	18s. ,,
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HOLLANDS, Geneva "Silver Stream"		14s. ,,
Do. do, in the original green Cases and square Bottles, as imported	.. ..	32s. per dozen.

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ESTABLISHMENT, 9, YORK PLACE, BAKER STREET, PORTMAN SQUARE, for the extraction of Mercury, and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

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unié aux FERRUGINEUX.—These three useful preparations have already been prescribed by many eminent Physicians throughout France, who have reported that the most satisfactory results have attended their administration in such cases and conditions as the following:—

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PILLS of PEPSINE united with IRON, in Female Complaints, Impoverishment of the Blood, and in most cases of convalescence, to strengthen the system generally.

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Also Potash Water, containing 20 grs. of the Bicarbonate; Soda Water, 15 grs.; Seltzer, Vichy, and Pullna, from correct analyses.

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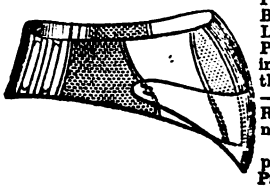

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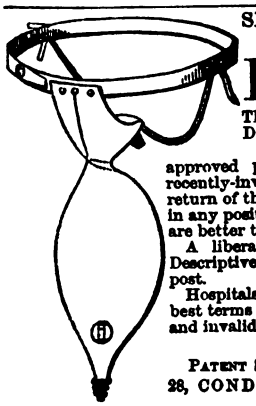

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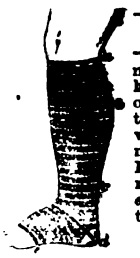

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(a) Bulletin de l'Académie de Med. 1850, page 1075; Gazette Médicale, Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine, &c. &c.

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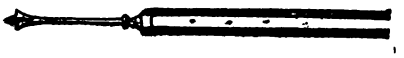

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GENTLEMEN,—We beg to call your attention to the following paragraph by "*T. Cheyne, M.D., Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"—

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol. i. p.* 319.

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F. NEWBERY & SONS.

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NOTICE.—The copy of the MEDICAL REGISTER to be printed and published in 1861, as directed by the 27th Sect. of the Act, will contain those names only which appear on the General Register as existing on the 1st day of January, 1861.

It is particularly requested that claims for the Registration of first, or additional Qualifications, and notices of Alteration of Residence, may be sent to this Office as soon as possible.

Royal College of Surgeons of England.—Notice is hereby given, That the next PRIMARY, or ANATOMICAL, EXAMINATION, for the MEMBERSHIP of this College, will be held on the 19th of JANUARY, 1861, and subsequent days, and the next PASS, or SURGICAL, EXAMINATION, on the 26th of JANUARY, 1861, and subsequent days.

Particulars relating to these Examinations can be obtained on application to the Secretary.

By Order,

November 28, 1860. EDMUND BELFOUR, Secretary.

Hospital for Sick Children, 49, GREAT ORMOND-STREET.—It having been resolved by the Committee of Management, that an additional ASSISTANT-PHYSICIAN shall be added to the Medical Staff of this Hospital, Candidates, (who must be Fellows or Licentiates of the Royal College of Physicians of London) are invited to send in their Applications and Testimonials on or before Five o'clock, p.m., on Wednesday, December 12.

By Order of the Committee,

November 27, 1860. H. A. BATHURST, Hon. Sec.

Radcliffe Infirmary, Oxford.

November 14, 1860.

The Office of HOUSE-SURGEON APOTHECARY to this House being VACANT, the Weekly Board, (seven Governors being present), do hereby convene a Special General Court, to be holden in the Committee-room of this House, on THURSDAY, December 6, at One o'clock p.m., for the Election of a proper person into the vacant place.

Candidates for the above Office, must be Members of the Church of England, and unmarried, and must produce the Diplomas of the Royal College of Surgeons of England, Scotland, or Ireland, and the Licence from the Worshipful Society of Apothecaries, together with Testimonials to their general character and conduct.

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Testimonials to be in the hands of the Secretary before the 29th inst.

S. TRASH, Secretary.

Ledbury Poor-Law Union.—The Office of MEDICAL OFFICER of the Ledbury and Yarkhill District, and the Workhouse in this Union, will be VACANT on the 26th day of DECEMBER next. The Board of Guardians invite the applications of Candidates who are duly qualified according to the General Order of the Poor-Law Board. The Medical Officer will be required to reside in the town of Ledbury, and to conform in every respect to the Regulations of the Poor-Law Board. He must devote his whole time and attention to the duties of his office, and will be restricted from all private Practice. The district comprises fourteen parishes, and the Workhouse area 29,198 acres, population 9,178. The appointment will be for one year. Salary £300 per annum. The salary will be inclusive of, and in consideration of all extra fees payable under the General Consolidated Order of the Poor-Law Board. The Guardians will provide Drugs, and Medical and Surgical Appliances, also a competent person to dispense the same. The Medical Officer will in addition be required to Vaccinate all children in his district, and will be allowed the usual fee for each successful case. The Election will take place at the Board Room, Ledbury, on Tuesday the 11th day of December next, at Eleven o'clock in the forenoon. Candidates are requested to send their Applications in writing, with Testimonials enclosed, accompanied with their Diplomas to me, on or before the 10th day of December next, and to be in attendance on the day of Election.

By Order of the Board of Guardians,

Ledbury, November 20. J. HUGHES, Clerk to the Guardians.

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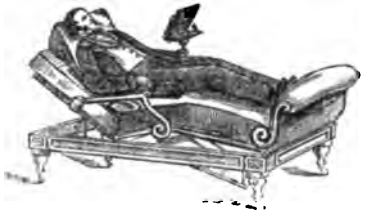

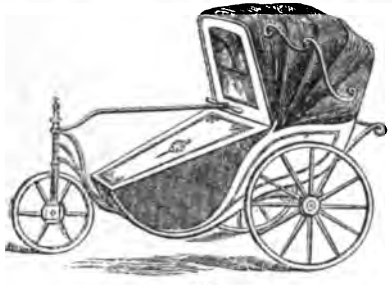

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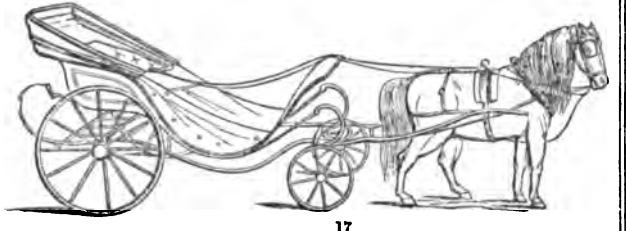

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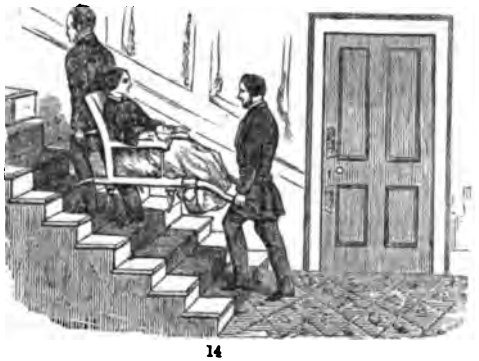

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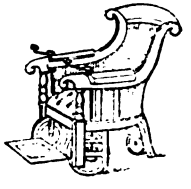

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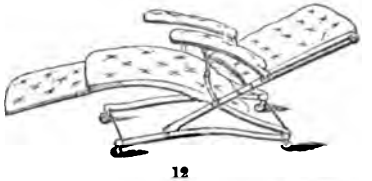

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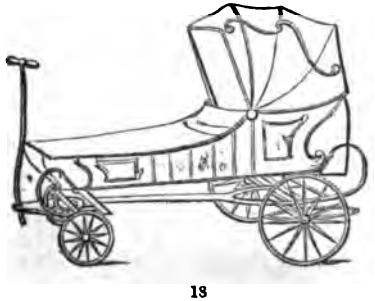

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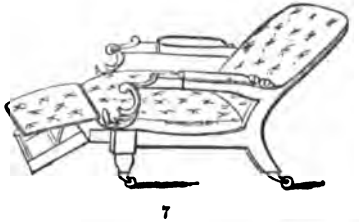

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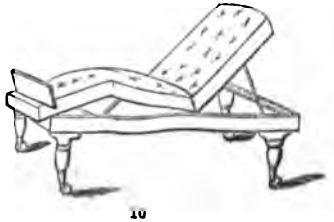

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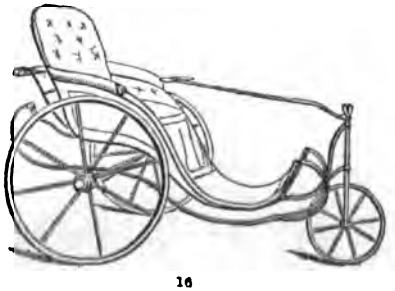

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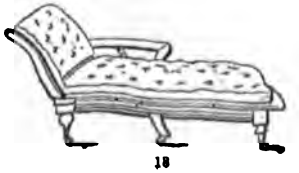

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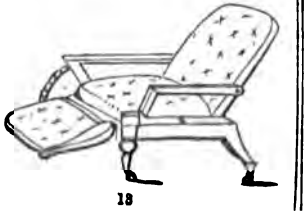

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By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXXIV.

ON PUERPERAL MANIA—ITS PROGNOSIS AND TREATMENT.—PUERPERAL HYPOCHONDRIASIS.

Prognosis.

Gentlemen,—There are two kinds of danger in puerperal mania; and the prognosis in regard to each individual case of the disease is founded on two classes of symptoms. These two dangers are, 1st, Danger to the patient's life; and 2nd, Danger to the patient's reason; or, in other words, the chance of her speedy or ultimate restoration to a state of sanity.

As far as regards impending danger to the patient's life, you have to found your prognosis on that point principally upon the amount of vascular excitement which accompanies the attack. In most acute diseases, and in the most dangerous stages of those that are not essentially acute, our prognosis is generally regulated by the same circumstance—the amount, namely, of vascular excitement that is present, as ascertained by the rapidity and state of the pulse. When, as students and young Practitioners of Medicine, you require to report upon any cace of puerperal or surgical fever, or any other type of acute disease to an old and experienced Physician, you will generally find that while he listens with complacency to your detail of all the symptoms that may be present, he is always specially anxious to know the rate of your patient's pulse, because on it he specially founds his ideas of the patient's state of relative safety or danger. An acute disease, with a pulse not above 90 or 100 is seldom attended with danger to life. The same disease in another case, though some of the concomitant symptoms may appear less severe, if connected with a pulse running up to 120, 130, or more, is never unattended with danger to life. The same pathological law holds particularly true with regard to the prognosis in puerperal insanity. In those cases of this malady where the pulse becomes very rapid, life as well as reason is in danger, and the probability of a fatal issue is great almost in proportion to the rapidity of the pulse. These are the cases of acute puerperal mania which sometimes end fatally in a few days. Dr. Gooch adverts to this matter of prognosis in such terms as will perhaps impress the fact more powerfully upon your memory than any words which I could employ. In his essay on Puerperal Insanity, after quoting a passage from the manuscript copies of Dr. William Hunter's Lectures, to the effect that when patients are affected with puerperal mania, "attended with fever like paraphrenitis, they will in all probability die," Dr. Gooch goes on to relate the following instructive history:—"One evening," says he, "several years ago, a Surgeon called on me wishing me to return with him many miles into the country to see his wife, who had become maniacal a few days after her delivery. I was at that time attending a lady in her first labour, whom I could not leave; but I offered to go with him if he would wait till the labour was over. It was going on wearily, there was no prospect of its being over before the morning; and as he was anxious to return home, he took another Physician whom I recommended. Before leaving me, however, he said he should like to talk with me about the case. I took down a volume of Dr. William Hunter's manuscript Lectures, and showed him the passage which I have quoted above. He said he was sorry to read it, for that his wife's pulse was very rapid. About a week afterwards I heard that she was dead."

Allow me to qualify these remarks with one observation. It is, I believe, quite true, that if your patient is affected with puerperal mania in any form, but without the pulse being high and excited, there is little or no danger whatever to her life, whatever danger there may be to her reason. But every case of puerperal mania complicated with a rapid pulse is not necessarily a disease so very fatal in its tendencies as Dr. Hunter's and Dr. Gooch's words might lead some of you to infer. In practice you will find that occasionally cases attended by a rapid and irritable pulse do get quite well; and when such patients recover, their convalescence to sanity and perfect health is sometimes, I think, more rapid than in cases in which there is no vascular excitement attendant upon the disease. In short, you have great reason to fear a fatal result in puerperal mania, if, along with the mania, the patient's pulse is extremely rapid; but you are not by any means to despair at once and entirely of the recovery of such cases. I have repeatedly seen perfect and speedy recovery follow under these circumstances.

When, however, the vascular excitement subsides, and the bodily health becomes restored, without, however, the sanity of the patient becoming restored also; and in cases, again, where, from the first, there is much mental, with little or no bodily disturbance,—in all such cases, I say, though there may be, and is, no danger to life, there is danger to the patient's reason, and the state of insanity is likely to continue for some period. Your patient may be raving wildly in the most alarming paroxysms of violent excitement, or hopelessly sunk in the most apathetic melancholy; the disease may have lasted only a week or a month, or may be of much longer duration; but so long as the pulse does not rise above 100, there is no immediate danger to her life. How long insanity, however, will continue, it will be impossible for you to foretell. You cannot pre-determine its duration. Puerperal insanity assuredly often terminates in a few days, or within a week or two; and even when it passes this period, and the patient requires, in consequence, removal from her friends, you can always give them the comforting assurance that more frequently here than in almost any other form of insanity, delusions are dispelled, and the mental powers ultimately recovered. My own impression is, that about two out of every three patients recover perfectly before six months have elapsed. Others only recover after a more prolonged illness. A considerable number remain ever afterwards in a state of chronic, or permanent, insanity.

Treatment of Puerperal Mania.

The question of the greatest importance and interest in relation to this, as to most other forms of disease, is that which concerns its treatment; and here you will find the treatment of the disease to vary according as you see the patient: 1st, When the symptoms first begin to show themselves, and the patient is labouring under an acute attack; or, 2ndly, After the earlier and more acute symptoms have subsided, and the disease has assumed a more chronic form.

I have sometimes wondered what the Practitioners of the olden times did with their patients when they were the victims of chronic or sub-acute insanity. Of asylums, certainly, there were few or none. In Dugdale's "Monasticon Anglicanum" there is a long list of hundreds of Hospitals in England in the mediæval times. Some of these Hospitals were for the reception of patients afflicted with leprosy, and other forms of disease; some for the old and debilitated; others were for the entertainment of the benighted traveller, and for security against wild beasts—so, at least, the charters state. Several years ago, when searching through this long list, I found only one Hospital—and that an extremely small one—in all England, for the reception of lunatics. It would be a curious subject for some writer to inquire into the fate of lunatics in these ancient times; and various data exist that would aid him in such a purpose. We know, perhaps, a little more of what was done in these olden days with acute cases of insanity; for the modes which they used then for the management of these cases continued to be used in Wales and the Highlands of Scotland up to a comparatively late period; the Medical science and Medical lore of one period having become, after a succession of ages, the so-called folk-lore, and superstitious usages of times nearer our own. Up to the end of the last century patients attacked with insanity, of a puerperal or other kinds, were occasionally dipped in lakes and wells, and left bound in the neighbouring church for a night. Loch Maree, in Rosshire, and St. Fillan's Pool, in Perthshire, were places in which such unfortunate patients were frequently dipped. Herad, in his "Journey through Scotland," in the last century, states that it was affirmed that two

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hundred invalids were carried annually to St. Fillan's, for the cure of various diseases, but principally of insanity. The proceedings at this famous pool were in such cases an imitation of the old Greek and Roman worship of Æsculapius. Patients consulting the Æsculapian priest were purified first of all, by bathing in some sacred well; and then having been allowed to enter into and sleep in his temple, the god, or rather some priest of the god, came in the darkness of the night and told them what treatment they were to adopt. The poor lunatics brought to St. Fillan's were, in the same way, first purified by being bathed in his pool, and then laid bound in the neighbouring church during the subsequent night. If they were found loose in the morning, a full recovery was confidently looked for, but the cure remained doubtful when they were found at morning dawn still bound. I was lately informed by the Rev. Mr. Stewart, of Killin, that in one of the last cases so treated—and that only a few years ago,—the patient was found sane in the morning and unbound; a dead relative, according to the patient's own account, having entered the church during the night and loosened her both from the ropes that bound her body and the delusions that warped her mind. It was a system of treatment by mystery and terrorism that might have made some sane persons insane; and hence, perhaps, conversely, some insane persons sane. Mr. Pennant, tells us that at Llandegla, in Wales, where similar rites were performed for the cure of insanity, viz., purification in the sacred well and forced detention of the patient for a night in the church, under the communion-table, the lunatics or their friends were obliged to leave a cock in the church if he were a male, and a hen if she were a female—an additional circumstance in proof of the Æsculapian type of the superstition. But perhaps, after all, the whole is a Medical or mythological belief, older than Greece or Rome, and which was common to the whole Aryan or Indo-European race in Asia before they sent off westward over Europe those successive waves of population that formed the nations of the Celt and Teuton, of the Goth, and Greek, and Latin. The cock is still occasionally sacrificed in the Highlands for the cure of epilepsy and convulsions. A patient of mine found one, a few years ago, deposited in a hole in the kitchen floor; the animal having been killed and laid down at the spot where a child had, two or three days previously, fallen down in a fit of convulsions. Other methods were followed in the cure of mania of a less violent character than the orgies of St. Fillan's, or the dragging of the poor patient at a boat's tail around the Island of Loch Maree. In the oldest piece of Scottish history that is extant,—viz. The Life of St. Columba, by Adamnan—a well that was used as a curative means by the Druids, and various Medical superstitions, are mentioned. Among others the blessing of a charmed stone by St. Columba is related. The water in which this stone was immersed, when drunk by a patient, cured all kinds of diseases, except death from old age. It was more potent than all the remedies in all our Pharmacopœias. At least, one might believe so, if the rapidity with which it restored to health the Druid of King Brude could be credited. Several such potent charmed stones and amulets have had a great reputation in Scotland: as the Lee-penny—the "talisman" of Sir Walter Scott—for which the family of Lockhart were offered 6000*l.* in the seventeenth century, by the magistrates of Newcastle, in consequence of its supposed efficacy in the cure of the plague; the curing-stone of the Campbells of Glenlyon, and the standard-stone *(Clach-nd-Bratich)* of the Chief of Struan, entailed as strictly as his lands, and which the Chief himself must dip in water, or otherwise the curative power of the crystal is not evolved. In the Antiquarian Museum here is a slice of ivory which formerly belonged to the old house of Barbreck, in Argyle-shire. Drinking the water in which "Barbreck's Bone" was dipped, was long believed in the Western Highlands to be an infallible remedy for insanity. We have a very old report of a case of puerperal insanity, which happened some six centuries ago, at Musselburgh, in the neighbourhood of Edinburgh; you will find it recorded in Reginald of Durham's account of the Life and Miracles of Goderic, the celebrated hermit-saint of Finchale, in the county of Durham. This patient had borne twins, and in a fit of puerperal insanity, had destroyed one of the children, and nearly killed the other. The disease was attended, apparently, with daily paroxysms or exacerbations. Reginald tells us that she was led to various sacred spots in Scotland celebrated for the cure of this malady, but she was never completely cured till she visited the hermitage and grave of St. Goderic. You will find that he is alleged to have cured other patients, upon whom a pilgrimage to St. Andrews and elsewhere had produced no salutary effect. All this occurred, as I have said, many centuries ago,—for the Saint during his life got a present of two bovates of land in the Lothians from King Malcolm the Fourth, a prince who began to reign about the middle of the twelfth century. St. Goderic interfered in the cure of other obstetric maladies besides puerperal insanity. A visit to his hermitage is said to have immediately brought on labour in a person where pregnancy had been protracted for some twelve months or more. The wife of Henry of Pennaichland, in East Lothian, had lost three children by abortion or premature labour: the husband visited the saint at Finchale, who prescribed the wearing of a charmed girdle around his wife's waist during pregnancy. This girdle had the alleged power, like the similar girdles of St. Waltheof and St. Augustine, of utterly preventing all mishaps during utero-gestation; and subsequently, of course, the Scottish matron bore her lord a large family. But it is time, and far more than time, that we should hurry on to the consideration of our more modern notions of the treatment of puerperal insanity.

A. Treatment at the Onset of the Disease.

1. *Bleeding.*—At one time the almost universal rule in this, as in so many other forms of disease, was to begin the treatment by a more or less copious venesection. All our ideas in regard to this measure are undergoing, as you well know, a perfect revolution. But even before the ideas of Medical men regarding the value of venesection in other maladies had begun to change, Esquirol and other authorities on the subject of insanity had pointed out that in the treatment of puerperal mania it was useless, or even injurious. Further experience has only served to show that bleeding is actually injurious in this kind of disease; and that patients who have been bled do not recover so readily as those who have not. You can easily understand how this should be so, when I anticipate an observation I shall afterwards have to treat of and tell you that in the chronic stages of the malady it becomes almost always necessary to feed up the patient, and endeavour by all means to restore the vigour of her constitution; and this indication is always more difficult of fulfilment in those cases where the patient's vital powers have been to some extent reduced by a copious venesection. I would have you, then, strictly avoid bleeding any woman who happens to become the subject of puerperal mania, merely because she is insane. If there be any condition under which this rule may ever be infringed, and a partial bleeding permitted, it will be in the case of those patients in whom the symptoms lead you to fear that some inflammatory condition of the brain or its membranes coincides with the mental derangement; but such complications are assuredly extremely rare.

2. *Vascular Sedatives.*—Bleeding is too severe a measure to be employed in any case of simple puerperal mania; but where there is great excitement, and the pulse perhaps is high, it comes to be an empirical indication of no small importance to fulfil, to reduce the excitement and quiet the exaggerated action of the heart and vascular system. Various medicinal agents may be employed with this view, such as antimony or ipecacuanha, in depressing doses; or one or two drops of tincture of aconite—or of the tincture of veratrum viride—may be administered. While thus bringing powerful depressants or sedatives to act on the central organs of circulation, external derivatives may be applied to the more distant set of blood-vessels by the application of heat to the extremities; or by tying a bandage round one of the limbs, so as to keep a large quantity of blood for a time out of circulation, thus producing all the effect of a series of large cupping-glasses. Cold applied, in the form of a douche, to the head, or to the whole body, has a powerfully depressing action, and may sometimes be employed. But not only are the general excitement, and the irritability of the vascular system to be subdued, we must also endeavour to counteract, as far as possible, the superpolarity that exists in the nervous system by the administration of the various

3. *Nervous Sedatives.*—Of these camphor was the remedy most frequently employed by Dr. Gooch in the treatment of puerperal mania; and you will do well to have it in recollection as a remedy that may sometimes prove serviceable. Opium is beneficial in some cases. In others it proves of no

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avail. You may remember that, in my last Lecture, I called your attention particularly to the great degree of wakefulness that sometimes precedes the attack; and, bearing that in mind, you will see that in some cases it may prove of great service to administer to the patient an anodyne which shall counteract her restlessness, and send her off to sleep. But it is often as difficult to get a patient to sleep who is threatened with an attack of puerperal mania as it is to put to sleep a patient with commencing *delirium tremens*—sometimes even more so. A patient threatened with *delirium tremens*, as you know, usually feels sleep stealing over him in sixty or seventy hours after the commencement of the attack, whether he has got opium or not; but a patient with commencing puerperal mania may remain restless and wakeful for several days and nights before the excitability begins to subside. When once the patient does fall into a good sound sleep, however, her case becomes more hopeful, and the probability is that she will waken up tolerably well. This kind of sleep it must be your endeavour to promote or procure. If the patient is not so violent as to forbid the use of a warm bath, and such a bath be at hand, it sometimes acts as an excellent anodyne in this disease. Medicines are oftener used for the fulfilment of this indication; and I have seen some cases where an attack of mania has been cut short by a good full opiate administered with this view. The great difficulty is to get the patient to take the medicine. Sometimes she is too mad to swallow it, and too outrageous to be controlled. Whatever may be the way in which you give the drug, remember always, as the grand rule to guide you in its administration to such patients, that it must be given in very large doses. If you expect to have any good effect from it, you must give in general not less than two or three grains of solid opium, or an equivalent dose of some of the cognate preparations. You may give it by the mouth, or in the form of an enema; or when the patient cannot or will not swallow, and will not admit of an injection, you may succeed in introducing the drug in the form of a suppository into the rectum. A suppository containing half-a-grain, or a grain, of morphia is one of the most convenient and efficacious means of administering an opiate, especially for the relief of pelvic or abdominal pains in cases where the stomach is too irritable to tolerate any other preparation of the medicine. But to produce any effect on a patient threatened with puerperal mania, you will require to use a suppository containing perhaps one or two grains of the morphia. Some years ago I was sent for to see a lady about forty miles from Edinburgh, the second wife of a gentleman whose first wife had died of puerperal mania. The lady whom I had come to see was still in the stage of restlessness, had been chattering continually for some days, and refused to take any kind of medicine, or to admit of the administration of opium in any form. She recognised me when I entered her room, and rebelled at once, declaring she would have none of my remedies. With some little management, however, I succeeded in passing into the rectum a suppository with two grains of morphia, with this result, that in an hour or so she fell asleep, and after sleeping about sixteen hours she woke up well, and had no recurrence of her maniacal symptoms. In some cases you may get the patient to sleep by bringing her under the influence of ether or chloroform. I have sometimes found that a patient, after being anæsthetised by means of chloroform, has continued to sleep on, and has afterwards wakened up quite well. More frequently, however, she awakes in the same state as when she went to sleep—no better, but also with no aggravation of the symptoms. In all cases, therefore, where such remedies are not contra-indicated, you ought to give the patient the chance of recovery offered by the use of opium or chloroform. In using the chloroform, you must see to have the patient fairly anæsthetised and fully asleep; and you must either remain with the patient, or have some competent person beside her, to keep up the anæsthetic condition, by making her inhale a fresh quantity of the drug whenever she gives signs of awaking, as she is likely to do every half-hour or so. In some cases, as I have shown you, you may expect by this kind of treatment to cut short an attack of the disease. I have known the remedy successful in several instances, producing at once a cure. But this happy result, alas! does not follow in many. In nine cases out of ten, after the patient recovers from the influence of the narcotic or the anæsthetic, the symptoms recur, and the malady continues its progress unchecked. In these—the large majority of cases—therefore, you must seek to combat the disease by other means.

4. *Specifics.*—It is a fair subject of inquiry whether some kind of specific may not be discovered for the cure of puerperal mania. It may be long before chemists find out for us the nature of the morbific agent on which so many of the symptoms seem to depend; but if such could be found, its antidote or some kind of remedy which would counteract it or expel it from the system might also be discovered. Or a specific may yet be found out which may cure puerperal mania as certainly, though as inexplicably, as quinine cures ague. As yet, however, we possess no such specific. And in the meantime, not knowing even what we have to fight, we must content ourselves at first with administering nervous sedatives in the way I have explained, and afterwards attempting to clear the system of any noxious agencies by means of

5. *Depurants.*—If the stomach be overloaded, or have in it some indigestible matters, it may be well at the outset to administer an *Emetic*. The administration of an emetic has been said, indeed, sometimes to effect a cure; but although I have seen it frequently tried, I certainly never saw a cure result from making the patient vomit. *Purgatives* may be employed, perhaps, with a more hopeful prospect. The bowels are sometimes apt to be loaded, and their evacuation affords the patient much relief, and tends to allay her irritability. Moreover, the accumulation of offensive matters in the intestinal canal seems occasionally, though very rarely, to keep up the maniacal condition after the disease would otherwise subside. Dr. Gooch has recorded the history of a very interesting case of some standing, in which the administration of an active aperient "procured a very large evacuation, nearly black, and horribly offensive," which was followed by a second stool "of prodigious size;" and immediately the patient became calm and sensible, and soon recovered completely. Such a rapid recovery, of course, you must not expect to see oftener than once in some hundreds of cases. But you must bear it in mind, and when in any case the foul, furred tongue, the heavy breath, and the constipation of the bowels, give token of an accumulation of fæcal matter in the intestinal canal, you must not hesitate to give an active purge, so as to produce a full and free evacuation. It may alleviate in some degree the patient's symptoms, and excessive irritability, although it will not cure her disease. By means, then, of the narcotics, sedatives, purgatives, and other remedial agents to which I have been alluding, you will succeed usually in moderating the violence of the attack, and sometimes in arresting the disease altogether at its commencement. But when these fail, or only partially succeed, you must be prepared to put in practice some kind of

B. Treatment after the Disease has become Established.

1. *Nutrition.*—When the first outbreak of the disease is over, and the patient has subsided into a more quiescent condition, she is usually very much depressed, the pulse is weak, and the whole system low, and evidently requiring to be stimulated and supported. Almost every patient, indeed, who has been for some days, or weeks, or months the subject of puerperal mania requires to be well fed, to be allowed a good, full, nourishing diet, and even sometimes to be put upon wine or other stimulants. In some cases it becomes a matter of no small difficulty to get the patient persuaded to swallow even the smallest modicum of food; but it is always to be regarded as a hopeful symptom when she can be got to take it willingly. The late Dr. Malcom, Physician to the large Asylum at Perth,—and there were few men in the Profession better qualified to give an opinion on this subject than he was,—told me that in all his long experience he never lost a patient from puerperal mania who had once been persuaded to swallow some food. And I have frequently had an opportunity of observing how well such patients recover when once they begin to take an adequate amount of food, and are properly nourished, and when the system gets out of the chlorotic or anæmic condition in which in such cases it frequently is sunk. At an early period, therefore, you must direct your earnest efforts towards having the patient nourished by a due supply of good food, and where the patient refuses to take it willingly, means must be taken to introduce it into the system either in the form of a clyster, or far better still, regularly, through a stomach-tube. My friend Dr. Scott, of

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Musselburgh, lately fed with the stomach-tube, for six weeks, a patient who was the subject of puerperal mania, and who refused all nourishment. She subsequently recovered perfectly.

2. *Attendance.*—A patient who is the subject of puerperal mania requires to be constantly watched and tended; and it sometimes happens that among her own relatives one may be found capable of undertaking her management. But in the usual run of cases you will not feel yourself secure in trusting such patients to the care of their friends, and you will do well to place over her some trained or experienced nurse who is duly qualified to take charge of her and to follow out all your directions. So far as intercourse with the patient's friends, indeed, is concerned, it is usually best, at least in the first instance, to have her entirely separated from them, and to allow of no direct communication whatever. At a later stage of the disease, when delusions begin to lose their predominance, and the mental processes to return to their natural course, it sometimes expedites her recovery to allow the patient to have an interview with her husband, her family, or her other relatives; but, while the disease is still acute and the delusions strong, the sight even of those with whom she is in daily communion sometimes has the effect of producing an aggravation of her paroxysms. Hence, as I have said, it is best, when the patient is much excited, to have her secluded from all her friends.

3. *Confinement.*—After the patient has been ill for a week or two, it becomes a serious and anxious question how far she is to be subjected to restraint, and whether she should be kept at home or sent off to an asylum. In most cases it is of no use, and will do more harm than good, to put the patient under any personal restraint. If she remains at home, she must be well watched and tended, and kept sedulously free from all forms of excitement. It is generally, unless the fit is very severe, not advisable to send her off at once to an asylum: there is a strong feeling against it in the minds of the patient's relatives, and, however mad she may be, she has usually sense enough to be able to know and understand what you intend to do with her, and the mental emotion that results might act injuriously on the progress of her disease. Under such circumstances, I believe you will do your patient more good by sending her to some cottage at a distance from home, under the charge of a good nurse, who will watch and attend her, and keep her secluded from all society, and in the most perfect quiet. You will find Esquirol, and other writers of experience in this subject, stating that patients affected with puerperal mania frequently recover more rapidly when they are sent to live or travel at a distance from home, than under any kind of treatment carried out among scenes and circumstances to which they are habituated. But there are cases where the maniacal symptoms from the first are so marked and violent, and others where, after every means has been tried without much effect, and the patient has settled into a kind of chronic mania, you will act the kindest part to the patient and the patient's friends, by recommending her to be placed in an asylum; and in such cases this recommendation will sometimes be followed with the happiest results. I was once in charge here of a patient from the West of Scotland, in whom the disease had taken this form, that she thought every nurse who was placed in charge of her put poison into everything she had to take, and who was in some danger of starvation from her steady refusal to take food, which she always thought to be poisoned. This lady, after living in a cottage for some months with nurses and attendants, was at last sent into our Asylum at Morningside; and in ten days afterwards she was completely recovered. She was allowed to converse at will with the other inmates, and in her case it happened, as it has happened with others, that intercourse with the insane happily served to dissipate her own insane ideas.

4. *Restoration of the Menstrual Function.*—An indication of great importance, which you will require sometimes to attend to in the treatment of patients affected with this disease, is to bring back the catamenial discharge. Some patients continue to be more or less deranged until the menses return; and I have once or twice seen them remain in this condition until, by the application of nitrate of silver to the interior of the uterus, the discharge was fairly re-established.

PUERPERAL HYPOCHONDRIASIS.—TINCTURE OF ACTEA.

Before closing these observations, allow me to direct your attention for a minute or two to a morbidly depressed state of mind which you will sometimes meet with in practice, weeks or months after the patient has been confined. When a patient has been much pulled down by hæmorrhage, or becomes exhausted by nursing, a state of anæmia or chlorosis, attended by more or less mental depression, went of energy, and loss of memory, particularly of proper names, will supervene, requiring the administration of an improved diet, wine and tonics, such as iron and quinine. But occasionally an analogous degree of mental misery and depression comes on without any preceding hæmorrhage, and when the mother has not acted as a nurse at all. These cases are generally cured by the tonic means I have just alluded to; by change of air and scene, when that is practicable; and in some obstinate instances, where these measures fail, you will find Dr. Seymour's plan of steadily giving an adequate opiate every night, to be a mode of treatment followed by the best results. Of this type of disease I lately saw a very marked case that had utterly defied all the proposed modes of treatment, and that yielded at last with a rapidity which astonished both the patent and myself, under the use of the tincture of the black snakeroot or actea. This plant, the *Actea* or *Cimicifuga racemosa*, has been long spoken of as a remedy for rheumatism, and particularly in the more acute forms of the disease. In the edition of Gray's Supplement to the Pharmacopœias, published in 1821, you will find the use of it in rheumatism stated. Latterly it has been employed by some American Physicians as their most valuable remedy in acute rheumatic fever. My very intelligent and excellent friend Dr. Voris, of Rochelle, New York, told me, two years ago, that since employing the tincture of actea in rheumatic fever—and it is a very common disease in his district—he had seen the disease almost always cut short before the eighth or tenth day; the drug acting apparently as a simple antidote to the rheumatic poison, and curing without diuresis, diaphoresis, or any other discharge. The American Physicians give a strong tincture of the root in acute rheumatism in doses of thirty to sixty drops every two, three, or four hours. It may be given, if you choose, along with alkaline salts, or other anti-rheumatic drugs. I have found it, in my own case, repeatedly cure an attack of lumbago with wonderful rapidity. Some of the American Practitioners who have written upon actea. have spoken of its use in terms that are, no doubt, exaggerated. Thus, Dr. Davis, of Chicago, says that, after much experience, he has no more doubt of the efficacy of actea in the early stage of acute rheumatism, than he has of the power of vaccination as a preventive of small-pox. But our American brethren have used actea also extensively in chorea and other anomalous forms of nervous disease. However unlike rheumatism and chorea may look to the superficial observer, yet the able investigations of Dr. Begbie and other pathologists have shown, as you are aware, an analogy, if not an identity, between the blood-poison which produces rheumatism and that which produces chorea. Dr. Physick, of New York, and Dr. Jesse Young, of Pennsylvania, about thirty or more years ago, recommended actea strongly in chorea. Latterly, Drs. Lindsey, Kirkbride, Otto, and others have published their experience in favour of the same drug in this disease. In a case of anomalous and severe chorea of long standing, which was under my care some months ago, the actea was given with excellent effect. The patient had been previously treated, both in France and in this country, with zinc, iron, arsenic, and all the usual remedies employed in this malady. But I have made all this long episode regarding the actea, not so much to speak of its use in the preceding diseases, as of its use in puerperal hypochondriasis and depression. A lady, the mother of several children, was twice the subject of the most painful mental despondency a month or two after delivery. On one of these occasions she was confined in London, and had the advice of several eminent Physicians; but the disease took a very long and tiresome course, seemed to defy entirely all remedies, and gradually and very slowly terminated. On the last occasion on which the attack occurred, this patient was confined under my care here, and went home to England some weeks subsequently, perfectly well. She returned, however, in about a month to Edinburgh in the lowest possible state of depression, a perfect picture of mental misery and unhappiness. I tried many plans to raise her out of this dark and gloomy state. All failed. At last, fancying from some of her symptoms and complaints,

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that there might be a rheumatic element in the affection, I ordered her fifty drops of tincture of actea thrice a-day. After taking one dose she refused to continue it, as the drug had a taste so similar to laudanum, and as all opiates had always made her worse. On being re-assured that there was no opiate in the medicine, she re-commenced it, without any faith, however, in the results, as she had in a great measure lost faith in all remedial means. When I saw her next, some eight or ten days afterwards, she was altered and changed in a marvellous degree, but all for the better. On the third or fourth day, as she informed me, the cloud of misery which had been darkening her existence suddenly began to dissolve and dispel; and in a day or two more she felt perfectly herself again in gaiety, spirits, and energy. But nothing would induce her to give up the actea for six or eight weeks longer; and the last time she passed through Edinburgh she told me that she had prescribed her own remedy to more than one melancholic subject with nearly as great success as she had used it in her own case. Will it be of use in many such instances? I know not. But *nous verrons*.

ORIGINAL COMMUNICATIONS.

CASES ILLUSTRATING THE

SYMPTOMS AND PATHOLOGICAL APPEARANCES OF ALBUMINOID INFILTRATION OF THE SPLEEN, LYMPHATIC GLANDS, ETC., IN CHILDREN.

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In the Lectures on Rickets delivered by me during the past winter at the Hospital for Sick Children, and recently published in the *Medical Times and Gazette*, I dwelt on the relation which exists between Rickets and Albuminoid Infiltration of various organs, and described generally the anatomical characters of the latter.

The object of the present series of papers is to endeavour to fix the attention of the Profession on albuminoid disease, and especially albuminoid disease of the spleen, as observed in children, by detailing cases of that rather common, though in this country rarely diagnosed, affection.

The uniformity of the symptoms, and of the lesions of structure found after death, in all the fatal cases which have come under my observation, is remarkable; and when the symptoms in the not-fatal cases are compared with those present in the fatal cases, no reasonable doubt can be entertained that the same lesions of structure were present in both.

Case 1.—William F. B., aged 1 year and 1 month, a fair-skinned child, with light hair and eyes. Parents in decent circumstances, formerly well off; reside in an open situation, viz. the Caledonian-road.

Mother and her Family.—Mother aged 35, delicate, has never suffered from hæmoptysis or other sign of phthisis; has been married twelve years, and during that time has had seven children; had syphilis when pregnant with her first child; the catamenia have always appeared, at regular intervals, during the whole time of suckling. Her own family, in all its branches, very healthy.

Father and his Family.—Father aged 33, healthy. He is said to have lost a brother and a sister, from consumption.

Other Children.—The fourth child died at the age of five months, from inflammation of the lungs and diarrhœa. Six children living, of which William is the youngest; the ages of the five are respectively—11 years, 9 years, 7 years, 4 years, and 3 years. Of these, the three eldest never showed signs of rickets—the two youngest are rickety. None of the children have suffered from "bad eyes" or from eruptions on the skin. William had for some months no other food than his mother's milk; then bread and cow-milk were added. When he came under observation he was still at the breast.

The following were the first notes, made September, 1859. Extreme emaciation; never walked; cannot sit up on the floor; cries when moved; is evidently very tender. Has now been undressed and shrieked much, the mother says, "It is that, *i.e.* the tenderness, which makes him cry so." Perspires freely about the head and face, especially at night, the mother says "the perspiration is dreadful," cries much at night, and kicks off the bed-clothes. Four incisor teeth.

Head hot. Two months since it was, according to the mother, "dreadfully hot." Forehead projects; antero-posterior diameter of the head very great. Anterior fontanelle widely open, neither depressed nor elevated. Exceedingly irritable in temper.

Abdomen large, globular, tympanitic generally.

Bowels now relaxed; stools very offensive, watery; at times the stools are formed, and then are not offensive.

Spleen very large, moveable, reaches nearly to the crest of the ilium, but not so far inward as the umbilicus. Anterior border, oblique, hard, and sharp; posterior border, perceptible to touch.

Liver reaches nearly to the umbilicus; inferior border too easily perceptible by touch.

Lymphatic Glands in groins, axillæ, and neck, vary in size from small shots to small peas; very hard, round, moveable.

Chest, the deformity of the thorax characteristic of rickets, very great; the lateral groove, very deep; the antero-posterior diameter during inspiration, 5¾ inches; the lateral diameter at the point of greatest depression, 3½ inches during inspiration; 4½ inches during expiration.

The softening of all the long bones is very decided, the enlargement of the ends of the bones is comparatively trifling. The bones of the forearm, upper arms and thighs, are bent, those of the legs are straight.

This boy died February 16, 1860, at that time he was 1 year and 6 months old. I saw him repeatedly after the date of the foregoing notes. He was one of the cases brought down to the Hospital for the purpose of illustrating rickets and albuminoid infiltration of the spleen, etc., at the time I was lecturing on those subjects.

He continued to emaciate and lose colour; the spleen and glands increased somewhat in size; the chest deformity attained a most extraordinary degree; the tenderness became so great that he could not bear his mother to wash, dress, or even touch him; the weight of the bed-clothes seemed to cause pain.

He continued as long as he lived to sweat profusely over the head. During the latter part of his life the stools were solid, but offensive.

The immediate cause of his death was the mechanical impediment to inspiration offered by the softened ribs. His breathing grew "worse and worse," "everything he drank took away his breath." His mother did not consider him worse than usual for more than a quarter-of-an-hour before his death; then she noticed his breathing was more difficult, still she had no idea he was dying till five minutes before he expired, he then seemed quite unable to "get his breath," and died with a slight convulsive struggle.

The blood was examined microscopically during life, there was no excess of white globules.

The examination of the body was made at the house of the parents.

The head could not be opened.

Emaciation was carried to its utmost limits; the muscles were very pale, flabby, and small.

The chest deformity was extreme.

The anterior margins of the lungs were emphysematous. There was some collapse of the left lung, and extensive collapse of the right lung, quite enough to account for death.

The heart was healthy.

There was no fluid in either pleura.

The peritoneum was healthy, it did not contain any fluid.

The spleen was very large, about four inches in length, and three in breadth. It was free from adhesions. It was firm and tough, its cut surface was smooth, rather pale, mottled red and almost colourless; thin sections could be made with facility, the edges remaining quite sharp, it was remarkably transparent—the more colourless the part the more transparent—no blood oozed from the surface, and only a little red watery fluid was expressible. There was no increase in the size of the spleenic corpuscles, and no sago-like masses.

The liver was slightly enlarged, very tough and dark from

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congestion; when a piece was soaked in water the blood soon escaped, and then a little transparent substance was seen to separate the lobules.

The spleen, liver, and lymphatic glands were tested with iodine and sulphuric acid, none of the reactions characteristic of "amyloid degeneration" could be obtained.

The lymphatic glands were pale and hard, their cut surface pale, smooth, and homogeneous.

The mesenteric glands had the same characters. These latter varied in size from a small shot to a small split-bean.

In the case of William F. B. the extreme tenderness of the trunk and extremities, the profuse perspiration of the head, the desire to lie cool at night, and the deranged state of the intestinal secretions and functions, were all well marked. These symptoms are proper to rickets, and nowise connected with the albuminoid disease. Death resulted, as it so often does in rickets, from extreme softening of the ribs. At last the softness was such that dilatation of the thorax became impossible. Five months before William F. B. died, it will be noted, that at each contraction of his diaphragm the softened ribs were pressed so far inwards by the weight of the atmosphere, that the lateral diameter of the thorax was diminished to 3¼ inches; when the lungs were compressed, preparatory to the expiratory act, the diameter at the same part increased to 4¼ inches, thus affording a good illustration of the power of the expiratory efforts by forcing air from one part of the lung to another to distend the soft parts of the thorax. After death the extent of the pulmonary collapse indicated clearly the mechanical defection that had existed during life in the apparatus for increasing the capacity of the thorax. The least obstruction to the entrance of air afforded by the presence of a little mucus in the bronchial tubes, sufficed to cause collapse of lung-tissue. No air could be drawn beyond, from defect of inspiratory power, and the mucus consequently could not be coughed out.

Case 2.—Joseph L. B., aged 15 months,—dark eyes, light hair,—lives at Camden Town.

Mother and her Family.—The mother, aged 28; very delicate in appearance; anæmic; vomited blood on one occasion; has been married six and a-half years, and during that time has had two miscarriages and three living children. Her mother died, aged 51, of dropsy; her father is still living and healthy, aged 57. She is the only surviving child of five: two of her brothers died when young, and two of her sisters died of consumption.

Father and his Family.—Father, aged 27, did not run alone till he was 3 years of age; some time since spat up blood daily for a week or two; is now reported to be healthy. His mother and father are living, and are said to be healthy.

Other Children.—Of the three children born alive, one died, aged 4 months, of convulsions; one, aged 4¼ years, is now the subject of rickets; Joseph is the third.

Joseph was, at the time of birth, a fine healthy child; but, when six weeks old, he had hooping-cough, and since that has never been well. He was weaned when eight months old because of the delicacy of the mother. He was fed from a very early period on bread and milk, and "a little of anything we had." Some months before the subjoined notes were taken, he was a patient of my colleague, Dr. Harris, and was then rickety and suffering from the perspirations of the head, general tenderness, and other symptoms characteristic of progressive rickets.

Present State.—Extreme emaciation and palor; at places on the skin are many large, hæmorrhagic spots—the mother says that they are flea-bites, but adds, "the marks are so long going away." There is a bruise on his right cheek, the result of a blow given at least three weeks since; there is also a bruise (how produced is not known) on the right leg. Considerable rickety deformity of the thorax from softening of the ribs; clavicles bent; spine curved backwards; very little enlargement of the wrists or ends of other long bones. Tibiæ and fibulæ straight. Tolerably intelligent; anterior fontanelle very widely open—the mother thinks it is larger than it was. No teeth; appetite very good; no thirst; abdomen large. Has lately passed from his bowels, on "several occasions, a little blood and corruption." For a long time the bowels have been now confined and then relaxed, the stools having a very "nasty smell," "deathy."

Spleen.—Anterior and posterior margins readily felt. The anterior margin passes from under the cartilage of the eighth rib on the left side obliquely downwards and inwards, crossing the middle line about ¾ inch above the umbilicus; it extends 1½ inch to the right of the umbilicus; from that point the inferior margin passes in a curved direction downward to the pubis, and then upward to the anterior superior spinous process of the ilium. The convex surface of the spleen is smooth, its anterior border hard and sharp, the notch in its edge being perceptible just above the umbilicus. The whole organ is very moveable.

Extreme length of the spleen from above downward, 6½ inches. Extreme breadth of the spleen from before backward, 5 inches.

The liver is harder, but scarcely, if at all, larger than natural.

The lymphatic glands in the neck, axillæ, and groin, are about the size of large shots, hard, and very moveable.

The child evidently has no idea of walking.

Blood.—A drop from the tip of the finger examined. No excess of white corpuscles.

This boy was admitted into the Children's Hospital the day after the foregoing notes were made, and died the following day from the same cause as William F. B., *i. e.*, from the softened state of the ribs diminishing the inspiratory power and so necessitating extensive pulmonary collapse when a little mucus in the bronchial tubes offered a trifling impediment to the free entrance of the air into the lung-substance. In this case, as in the last, death was sudden and not expected at the precise moment it occurred.

The body was examined twenty-five hours after death. Emaciation was extreme. The upper and lower extremities were slightly œdematous. Scattered over the trunk and extremities were numerous small purple spots, at first these were supposed to be flea-bites, but they were probably true purpuric spots, seeing that similar spots were subsequently found in the mucous coats of the stomach, the pleuræ, peritoneum, etc. On the right side of the face was a large purple patch. The muscles were extremely pale. The rickety deformities of the chest-walls, etc., were as noted during life.

Head.—On detaching the scalp there were found at the frontal eminences and at a point on either side just anterior to the parietal protuberances, red patches of about an inch and a-half in length. At first sight the colour seemed the result of extravasation of blood, but on cutting into the bone they were clearly seen to be due to increased vascularity of the bone itself at those parts. On removing the calvaria several small extravasations of blood into the substance of the dura mater were noted. The brain itself was singularly pale, and everywhere of good consistence. About one drachm of fluid was found in the ventricles, and rather more fluid than usual at the base of the brain. At the junction of the frontal and parietal bones the thickness of the calvaria was three-eighths of an inch; at the parietal eminence one-twelfth of an inch only; at the frontal eminence one-eighth of an inch.

Chest.—The pericardium contained a normal quantity of fluid. The heart was healthy. There was only a trace of fluid in the pleura, numerous spots of extravasated blood were seen beneath the serous membrane near to the spine. There was a furrow of collapsed lung-tissue corresponding to the projections inwards of the enlarged extremities of the ribs; anterior to this furrow the lungs were emphysematous. The middle lobe of the right lung, as well as the anterior inferior angle of the upper lobe, and the inferior border of the lower lobe of the left lung were also collapsed. There was only a little mucus in the bronchial tubes. The bronchial glands were large and red. In the peritoneal cavity was about half-an-ounce of yellowish serosity. The subperitoneal cellular tissue in the iliac fossæ and in the mesentery was infiltrated with blood. The mesenteric glands varied in size, some being not larger than a pin's head, others an inch in length. They were smooth and red. The liver weighed 10½ ounces; its capsule was transparent; its cut surface was smooth and pale; its substance tough. Viewed with a lens the lobules were generally tolerably distinct, though here and there more fused together than is natural.

The *spleen* was much enlarged; ist length was, over the convex surface 7¼ inches, its breadth 3¾ inches (a). Its weight

(a) The oblique position of the spleen during life accounts for the difference in measurements before and after death. The measurements after death were taken when the organ lay on the table.

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was 9½ ounces. Its capsule was transparent and easily separable from the substance. The substance of the organ was very firm and tough, and its cut surface much more like that of the liver than the spleen. All its parts seemed matted one to another. Some foreign substance had evidently infiltrated its whole textures, and bound them compactly together. The section being examined by a lens, this substance was noted to be colourless, transparent, and spread generally and pretty equally through the whole organ. The blood which escaped from the spleen was pale and thin—watery-looking.

The *left kidney* weighed 1 ounce 6 drachms. The capsule separated readily, leaving the surface even. The substance of the organ was pale and firm, its cut surface smooth. The pyramids were remarkably anæmic. The cellular tissue about the pelvis of the kidney was infiltrated with blood.

The *right kidney* resembled the left in all particulars.

The *stomach* was distended with flatus and food. Its mucous membrane generally softer than natural, and at the cardiac half studded with purpuric spots.

The mucous membrane of the whole extent of the *intestines* was very soft; the solitary glands of the small intestines and Peyer's patches were unduly prominent, the mucous membrane over the latter being redder than natural and extremely soft.

Examined microscopically, the cells of the liver were found to contain scarcely a trace of olein,—a few protein granules were seen in their interior and also in the cells of the kidney. The substance which infiltrated the spleen so extensively was homogeneous. Iodine and sulphuric acid gave with it none of the reactions characteristic of amyloid degeneration.

In addition to the points previously mentioned, these cases illustrate the influence of delicacy of health in the mother on the development of rickets in the child; the fact that when a woman has borne one rickety child, all her subsequent children may be expected to suffer from the same cachexia; the want of relation observed in many cases of rickets between the enlargement of the ends of the bones and softening of the bones; the late period at which rickety children cut their teeth.

In Case 2, from an early age the child had eaten, or rather, as it had no teeth, had swallowed daily, meat, including pork and bacon, cheese, potatoes, and what ever beside the parents had for their food. It will be observed that no trace of tubercle existed in the body of either child.

The emaciation of the children and the extreme pallor of the skin and mucous membranes, were due to the albuminoid disease, and no doubt this complication tended greatly to favour the progress of the rickets. The œdema was due to the state of the blood, and to the impediment to the circulation offered by the state of the thorax. Although loss of power in the muscles is a symptom of rickets, still it is probable that the size and power of the muscles were farther reduced by the albuminoid disease. The large size the spleen attains when the seat of albuminoid infiltration (9½ ounces, the liver being 10½ ounces in Case 2), the condition of the lymphatic glands when so diseased, and the appearances which both ordinarily present after death, are all well illustrated by these cases. The liver in both cases was found to be the seat of albuminoid disease, but the exudation was noted in the first case to be almost limited to the periphery of the lobules. During life, the hardness of the edge of the liver had led me to the conclusion that it was, like the spleen and lymphatic glands, the seat of albuminoid disease. As is so constantly the case in this disease, there was neither jaundice nor ascites. The kidneys were very slightly affected with the disease in both cases. The tendency to hæmorrhage into various tissues in the second case is worthy of note.

(To be continued.)

NOTES OF THREE CASES OF LITHOTOMY.

By JAMES RIGBY, M.R.C.S.
Medical Officer of the Doncaster Union.

I forward you a short account of three cases of lithotomy, with the results, as an addition to statistics on this subject.

William C, a labourer, aged 58, first came under my notice in November, 1856. He had the usual symptoms of calculus; and on introducing a sound, the stone was felt moveable in the bladder.

December 31.—Chloroform being administered, lithotomy was performed; and after some time—nearly an hour—an oval stone removed, about 1¼ inches long by ¾ broad, and weighing ʒj. and ʒss. Nothing unusual occurred. His urine first passed by the urethra on the fourteenth day after the introduction of a catheter. The wound was entirely closed at the end of the tenth week.

In this operation I think the deep incision should have extended a little farther, for the stone was not large, and much time was lost in dilating the wound sufficiently for the passage of the stone. I have seen him to-day. He has never had a bad symptom since the operation, and can follow his usual employment.

John C., shoemaker, aged 53, a native of this town, first came under my care in April last with the usual symptoms of calculus. He has been a sufferer for many years. On sounding the presence of stone was detected in the bladder.

Lithotomy was advised, but it was not until July last that he consented to it. Two days before the operation I made a more careful examination with the sound in the bladder and the finger introduced into the rectum. The calculus could be felt extending across and behind the prostate, and much larger than I had been led to expect from sounding alone. The prostate gland was at first difficult to define; it was thinned by absorption from mechanical pressure. As the stone was so large, I decided to perform the bilateral section before attempting extraction. Very little urine remained in the bladder at one time, so that there was some difficulty in moving the sound about to arrive at any accurate idea of the size of the calculus.

July 9, 1860.—The bowels having been emptied the day before,—the patient (with a grooved staff previously introduced) was placed in position, and thoroughly put under the influence of chloroform. The operation of lithotomy was now performed, and both sides of the prostate divided. The calculus was very readily felt by the finger, and, on further examination, two calculi were found, one resting on the other; and the long diameter of the larger and upper one lay across the opening made for extraction. The chief difficulty now arose. The upper stone could easily be seized by the forceps, but for a long time all efforts to turn it seemed unsuccessful; however, by patient perseverance with a metallic scoop, and forcible traction by means of the forceps, one end was finally got round, and, with a little more manipulation, the first calculus was removed.

Little difficulty was experienced in withdrawing the second. The bladder was then washed out, a female catheter introduced by the wound and fastened to the hips by means of tapes, and the patient put to bed with his knees raised. The operation occupied about an hour, and was not attended by hæmorrhage of any consequence. He was under the influence of chloroform the whole time, and quite unconscious of what had been done.

After such severe efforts at extraction, it was to be feared that serious consequences were inevitable. However, he went on very well; and on the seventeenth day after the operation, urine first began to pass by the urethra. Two months after the operation a considerable quantity still passed by the wound. He was advised to urinate on his hands and knees, since which time the quantity by the wound has gradually diminished. It is about half-an-ounce in twenty-four hours.

The Calculi.—The first removed was oval in form, weighed 6¼ oz., measured 3¾ inches in its long diameter, and 2¾ inches in the short diameter, and was a little more than 9 inches in circumference. It was flat, but rough on its upper surface, over which the urine passed; convex and smooth on the lower side. The chief part of the convexity had a bony appearance where it had lain in apposition on the concavity of the second stone. The latter was oval and crescentic in form, weighed 4 oz. 7 dr., measured 3 inches by 2¼ inches, and was 8¼ inches in circumference, concave on its upper surface, convex below; the concavity covered with a thin layer of calcareous matter, smooth and similar to that on the convexity of the larger stone.

James D., aged 6, has been suffering from stone for two years. Three weeks ago a quantity of blood passed by the urethra. As there seemed no reason why the stone should not be removed, the operation was performed on Sept. 27, and a calculus removed about the size of a marble and weighing ʒj. gr. vij. After the operation the bladder was filled with a

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clot of blood that had escaped from some vessel in its coats. A female catheter was left in the wound for forty-eight hours. He recovered favourably, and was quite well in a fortnight, not having had a single bad symptom. This calculus was very rough, the surface being covered with a large quantity of angular crystals.

I may remark that these three cases were operated upon at their own dwellings, without any special nursing beyond the assistance of a wife in the first, a sister in the second, and a mother in the third. The two former occurred in my Union practice; and as evidence of occasional liberality existing in a Board of Guardians, I was allowed, on application for special services, £3 for the first; for the second, £5, unsolicited.

Doncaster.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,
Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

A CLINICAL REPORT ON EPITHELIAL CANCER.

(Continued from page 532.)

ST. BARTHOLOMEW'S HOSPITAL.
CANCER OF THE LIP—RAPID PROGRESS—DEATH.

(Under the care of Mr. STANLEY.)

Wm. D., aged 53, a ruddy-looking man, who had lived an irregular life, exposed to weather of all kinds. The whole of his lower lip, or, rather, of its remains,—for it was half destroyed by ulceration,—the left angle of the mouth and the cheek, nearly as far as the masseter, and the upper half of the lower lip, and the greater part of the chin, were thickened and quite hard with cancerous disease. The disease affected the whole thickness of all these parts, and had extended to the gum of the lower jaw, and probably to the front of the jaw itself, for the remains of the lower lip were firmly fixed to it. The margins of the affected parts of the lip had a warty, hard, ulcerated surface, and the lower lip was in one part so far destroyed, that the saliva continually flowed over it. The amount of ulceration was, however, small in comparison with the extent of the cancerous induration, beneath the apparently healthy skin, or between it and the mucous membrane; for this induration existed in the whole thickness of the lips, cheek, and chin, and for half-an-inch to an inch all round the ulceration. The induration was almost extreme, incompressible, scarcely flexible, and the skin and mucous membrane, though their surfaces were apparently healthy, adhered firmly to the subjacent, hardened tissue. No enlarged glands were felt, nor any other adjacent disease. He suffered occasionally severe pain in the lip, and about the face and head, and of late had become thin and weak, and felt generally unwell, but he made no other complaint than of the cancer.

The disease had begun a year previously, as a little wart, on the lower lip, at the part at which he used always and for a long time, every day, to carry his short pipe, and where he had been often struck with things flung at him.

In December, 1852, he was in Lambeth Workhouse. The ulceration had destroyed both lips and parts of his cheeks. He had a great cluster of lymphatic glands, which were also ulcerated. Yet his health appeared comparatively little affected. He died in March, 1853.

SOOT CANCER, WITH HISTORY OF SOOT WARTS REPEATEDLY REMOVED DURING MANY YEARS.

(Under the care of Mr. STANLEY.)

The fact that soot cancer begins in a wart, which latter often remains in a quiet state for a long time, is a fact well known both in the profession and by the men themselves. It is a fact also of very considerable importance in reference to the local origin of these cancers. Sweeps are well aware what warts on the scrotum mean, and to what, if neglected, they will lead. I have been repeatedly assured by them that the custom of cutting away these warts for each other is very common; were it not so, we should probably see soot cancer more frequently than we do.

James P., aged 42, a chimney-sweep from boyhood, was admitted under Mr. Stanley's care in January, 1849. On the left side of his scrotum was an ulcerated soot cancer, about the size of a shilling. He was in fair health. He stated that for fifteen years past he had been liable to the growth of warts on the scrotum, about the position which the disease now occupied. These he had been in the habit of pulling or snipping out, but they generally grew again. The sore had began to assume its present character about two years ago. Mr. Stanley excised the ulcer, the borders of which, on being examined by the microscope showed the usual characters. The wound was nearly healed in a fortnight.

SOOT CANCER OF THE SCROTUM ADHERENT TO THE TUNICA VAGINALIS—OPERATION.

(Under the care of Mr. LAWRENCE.)

James S., aged 32, a chimney-sweep, of intemperate habits, was admitted on November, 1848. Fifteen months befere he had first noticed a little black wart on the left side of the scrotum which he pulled out, but which soon afterwards formed again and ulcerated. There had been no pain, only a little itching. The sore was now the size of a crown-piece, and had hard, ragged, warty edges. Its base adhered to the coverings of the testis.

On November 11, Mr. Lawrence excised the ulcer and with it part of the tunica vaginalis. The wound healed quickly. The inguinal glands in the left groin were a little tumid, but were not interfered with.

SOOT CANCER IN A YOUNG MAN—RAPID EXTENSION—OPERATION.

(Under the care of Mr. STANLEY.)

James C., aged 25, a healthy-looking man, who had been a chimney-sweep from childhood, was admitted under Mr. Stanley's care in August, 1848. On the anterior and left part of his scrotum was a large, irregular, ragged ulcer, which displayed the usual features of soot cancer. The ulcer involved the tunics of the left testis, and it had also extended upwards to the pubes, and had almost surrounded the base of the prepuce. A gland in the left groin was considerably enlarged, and the prepuce was involved in an ulcerated cancerous sore quite unconnected with the scrotal one.

The man stated that he had first noticed a small wart on the lower part of his scrotum about a year before. Although the disease had advanced so rapidly, yet his general health had not materially suffered. He complained of much shooting pain.

Operation.—August 11, 1848.—Mr. Stanley removed the left half of the scrotum, together with the testis and cord, the latter organ being involved in the base of the ulcer. A large portion of skin was also dissected away from the pubes and root of the penis, and the isolated growth of cancer in the prepuce was excised. The removal of the enlarged gland from the groin completed the operation. The penis was left with a mere belt of integument covering its middle two-thirds.

On microscopic examination, the usual constituents of epithelial cancer were found, but the compound or brood-cells were comparatively few in number.

On October 11 the man left the Hospital, the wounds being just healed.

In this instance, the spreading of the disease was unusually rapid. Had no operation been performed, the man might have been expected to sink under it within eighteen months or two years of the time of its commencement.

SOOT CANCER IN THE NECK AND SUBSEQUENTLY ON THE SCROTUM ALSO.

(Under the care of Mr. STANLEY.)

George P., aged 44, a chimney-sweep, was under Mr. Stanley's care in 1850 on account of a soot cancer in the neck. The ulcer was situated in the neck just behind the ramus of the jaw. It involved the skin only, was of small

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size, and had existed for ten weeks. Mr. Stanley excised the diseased part, and the wound healed well.

Fifteen months after the removal of the ulcer in the neck, the man again came into the Hospital on account of a soot cancer on his scrotum. The scar of the first operation remained sound. The disease on the scrotum had commenced seven weeks before the second admission. Mr. Stanley excised the scrotal ulcer, and the wound quickly healed.

GUY'S HOSPITAL.

SOOT CANCER—EXCISION—RECOVERY.

(Under the care of the late Mr. BRANSBY COOPER.)

T. S., aged 28, a fair-complexioned, thin, and very cachectic man, was under Mr. B. Cooper's care in 1850 for soot cancer of the scrotum. He was the son of a chimney-sweep, and had himself followed that occupation from very early boyhood. He had five brothers in the trade, but all of them were younger than himself, and none had ever suffered from cancer.

The disease in himself had begun three years before as a wart; it had been ulcerating and spreading for two years. He had latterly suffered much pain, and lost his health. In both groins were some tumid glands.

The excision was performed on November 16. The ulcer was more than an inch across, its edges being dry, ragged, and warty. The wound healed well.

EPITHELIAL CANCER OF THE PREPUCE—CIRCUMCISION.

(Under the care of Mr. COCK.)

John B., aged 55, was admitted under the care of Mr. Cock for epithelial cancer of the prepuce. He was deaf and dumb, by trade a shoemaker, married, but had no family. He never had phymosis. The disease began one year before, and the part had been painful for seven months. The lining membrane of the prepuce only was implicated. The glands in both groins were slightly enlarged. Mr. Cock removed the whole of the prepuce. In a week the wound was nearly healed.

CANCER OF THE PENIS—AMPUTATION—IMMUNITY FOR MORE THAN FOUR YEARS—RECURRENCE IN THE GLANDS—DEATH.

(Under the care of Mr. HILTON.)

John R., a man aged 60, had his penis amputated by Mr. Hilton, in Guy's Hospital, on October 23, 1848. He was a married man, and had never suffered from phymosis. The disease had advanced so far that it was necessary to amputate through the root of the organ. Mr. Hilton adopted his usual plan of operating, leaving the urethra long and projecting. The wound healed well, and the man left the Hospital with a sound stump in three weeks.

In November, 1853, this man again came under my notice. He was then an inmate of the Middlesex Hospital, and under Mr. De Morgan's care. In his left groin was a large open cancer, from which he was rapidly sinking. He stated that from the date of the operation till the beginning of 1853 he had remained quite well, although the inguinal glands had always been a little tumid. They had ulcerated in June, and had rapidly spread since then. He had never had any difficulty in passing his water. The man died on November 26, rather more than five years after the operation. There was no known history of hereditary tendency to cancer in his family.

ST. MARY'S HOSPITAL.

EPITHELIAL CANCER OF THE PENIS—AMPUTATION.

(Under the care of Mr. COULSON.)

Richard P., aged 45, a sailor. He was the subject of congenital phymosis. Two years ago he had a wart on the glans, and for the last two months it had been very painful. He was a florid man, but had lost health. Mr. Coulson amputated the penis, and the man afterwards made a good recovery.

KING'S COLLEGE HOSPITAL.

EPITHELIAL CANCER OF THE PREPUCE—CIRCUMCISION—RETURN OF THE DISEASE—AMPUTATION.

(Under the care of Mr. PARTRIDGE.)

Michael B., aged 63, was circumcised October 25, 1857, for epithelial cancer of the prepuce. There had been no phymosis, and there was no hereditary history of cancer. He remained well for from six to seven months. He was then admitted again with recurrence of the disease, and the penis was amputated. There were no enlarged glands. The pain he had in the part had never kept him awake. After amputation of the organ the man recovered well.

THE LONDON HOSPITAL.

CANCER OF THE PENIS—AMPUTATION.

(Under the care of Mr. ADAMS.)

John P., aged 33, a net-maker, was admitted for cancer of the penis. His prepuce was slightly phymosed. The disease began two years before, on the glans, but was much worse for the last few months, and the disease had projected through the foreskin. There was slight tumefaction in the glands. His appearance was worn and cachectic. His family were strumous and phthisical, but not, so far as he knew, cancerous. The penis was amputated, and the man recovered well.

CANCER OF THE PENIS—AMPUTATION.

(Under the care of Mr. CURLING.)

Charles S., aged 45, a farm labourer, admitted for cancer of the penis. He had congenital phymosis, and the prepuce was frequently cracked and fissured from the urine. Four and a-half years before, he observed a pimple on the prepuce which bled. It had grown much more rapidly for the last six months. He had not lost his usual health. There was a discharge of a good deal of thin watery fluid, which was not fetid. The penis was amputated, and the man recovered well.

ST. THOMAS'S HOSPITAL.

CANCER OF THE PENIS AND THE GLANDS—AMPUTATION AND EXCISION OF THE GLANDS—DEATH TEN MONTHS AFTERWARDS—AUTOPSY.

(Under the care of Mr. SIMON.)

George G., aged 33, admitted January 29, 1853, for cancer of the penis. He had congenital phymosis. Eleven months before he had perceived a discharge from under the prepuce. There was no history obtained of cancer in his family. He was a gardener, and had used soot very much as a manure. The glands in the left groin were enlarged, the mass being the size of a pigeon's egg, very firm, circumscribed, and adherent to the skin, but not to the deep parts. They were softened in the centre. In the right groin were two or three circumscribed and very firm glands quite moveable. There was a large ulcer in the prepuce, ragged, and oozing a thin, fetid ichor. The glans itself was ulcerated. Mr. Simon removed the glands from both groins, and amputated the penis within an inch of the pubes. The man recovered well as regards the operation.

Death took place in December, 1854. At the autopsy the lymphatic glands of the pelvis were found cancerous and very greatly enlarged, but the viscera were all healthy and free from deposit.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF CANCER OF THE LIP RECURRENT AFTER EXCISION.

Epithelial Cancer of the Lower Lip on the Right Side—Removal—Recurrence in the Submaxillary Glands—Excision of the Glands—Recurrence in the Lip on the Left Side—Excision—Recurrence in the Lymphatics on this Side.

(Under the care of Mr. ERICHSEN.)

In our number for March 17 of this year we recorded a case in which Mr. Erichsen removed a cancerous gland recurring after excision of epithelial cancer of the lower lip on the right side. The man was discharged quite well, with the wounds soundly healed. In July last he was re-admitted for return of the disease in the left side of the lip. The scars of the two previous operations were quite healthy, but on the opposite side there was a cancerous ulcer in the mucous membrane the size of a florin. Mr. Erichsen removed this by the V-shaped incision. There was also a small enlarged gland, but it was situate too deeply for removal. The wound healed well, and the man was again discharged. He has, however, within the last few days (October 20) returned with recurred growth in the angle of the scar. The glands under the jaw are now enlarged to a mass the size of a small pigeon's egg. The scars on the other side are still perfectly sound. Mr. Erichsen stated

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that this case was decidedly expectional. His experience led him to hope the best results from the removal of cancer of the lip, and very few of those on whom he had operated for the removal of this form of cancer ever came again with recurrent disease.

ST. BARTHOLOMEW'S HOSPITAL.

SCALP WOUND—SUPERVENTION OF HEAD SYMPTOMS—TREPHINING—DEATH FROM ABSCESS IN THE BRAIN.

(Under the care of Mr. PAGET.)

[Reported by Mr. Rogers, House-Surgeon.]

John P., a healthy-looking man, of sober habits, aged 49, was admitted August 27, 1860, for an extensive lacerated wound of the scalp, over the left ear. The bone was exposed and the temporal muscle torn into shreds and mixed up with mud. The parts were cleaned and the loose crushed tissues cleared away, and the edges of the wound brought together with some difficulty and united by silver sutures. The wound was covered only by oiled lint and a good layer of cotton wool, which were secured by a bandage round the head. He was kept quiet in bed. After a few days suppuration set in, when a bread and linseed meal poultice was substituted for the ordinary dressing. The suppuration increased much in quantity, but the parts did not look unhealthy. After the whole of the dirt was got away granulations commenced, and could be traced by the rosy tints which the bone in the neighbourhood assumed. On September 1, Mr. Rogers noted:—"A remarkable circumstance in this case was the rapid emaciation which followed the injury, so that we could notice in the space of a few days how much thinner the patient had become. There was also always heat of skin. I do not remember ever having felt his skin cold. He has been from the very first kept up with stimulants. Porter, brandy, and wine were freely administered. His appetite is now very good." A few days before his death (on September 26) a large abscess formed on the vertex, which was opened and a small quantity of pus evacuated. Up to the 24th, although the granulations were not extending, and although in one or two places the bone exposed in the gaping wound was dead, yet his general aspect, appetite, etc., made him appear to be going on well. On this day he was allowed to get up in the afternoon, and did not then appear any worse for it, but in the night he had rigors, and by morning was quite unconscious. At ten next day (the 25th) he could, however, be roused, and when roused would answer questions rationally, but otherwise he seemed to be quite unconscious of anything that took place around him. His pupils did not act; he kept constantly moaning; and his hands were always either placed on his head or pulling at the bedclothes; the thumbs were drawn in to the palm. About two o'clock, Mr. Paget, having consulted with his colleagues, trephined. He removed a piece of bone the size of a shilling from about two inches above the left ear. A small artery required ligature. After dividing the dura mater, Mr. Paget slit up a little of the pia mater, when some pus escaped. No improvement followed the operation. Mr. Paget remarked that he had never seen the operation, under such circumstances, succeeded by good results. The man continued unconscious until his death, at two o'clock on the next day (the 26th).

Autopsy.—On examining the skull the bone was found dead in several parts in the position of the wound. An abscess, about the size of a hen's egg, was found in the left hemisphere, just above the position of the temporal bone. In the interior of the abscess was a quantity of broken-down, coagulated blood. Purulent collections were also found on the posterior part of the brain, on the medulla oblongata and pons varolii, and in the ventricles, which contained a bloody, purulent fluid. The brain-substance was rather soft, but contained no other purulent deposits. The cerebellum was healthy. The jugular vein was examined, but nothing was found in it. The lungs were exceedingly congested, large, and filled with a frothy liquid, but no trace of pus was found. The heart was normal, though much blood-stained, and its tissues easily broke down by pressure. The liver was soft and waxy, and very friable, but contained no purulent deposits. The kidneys were much congested, but otherwise normal.

GANGLION BENEATH THE ANNULAR LIGAMENT—FREE INCISION—RECOVERY.

(Under the care of Mr. PAGET.)

[Reported by Mr. Rogers, House-Surgeon.]

Harriet C. was admitted into Sitwell ward, under the care of Mr. Paget. She was a healthy looking woman, and was admitted for a ganglion on the palmar surface of the right wrist, and neighbouring part of the palm. The tumour projected from under the annular ligament, both above and below. On examination, the peculiar crepitus of such cysts, and also small bodies could be felt. She said that it was of five years' duration, and that it was, when she first noticed it, of the size of a marble, and situated on the palm. It had gradually extended upwards. It was never very painful, and she said it never prevented her doing her work.

In a case of this kind there were, Mr. Paget remarked, two modes of effecting a cure. He might puncture the cyst, and let out its contents, and then inject a solution of iodine; or if this were not feasible, he might lay open the tumour freely from end to end. There was, however, in this last method, some danger of inducing suppuration of the sheaths of the tendons, and the suppuration spreading up the arm might even cause the death of the patient. On the Continent, Mr. Paget said, it was a common method to make an incision at each end, and then pass a thread through the apertures, but this was highly dangerous.

On September 8, the patient being placed under the influence of chloroform, Mr. Paget punctured the cyst, and injected it with iodine; but on account of the large size of the small bodies alluded to, he was unable to carry out the method. He therefore laid open the tumour freely, emptying the cysts of their contents; in doing so a small artery was wounded, and bled freely. The wound was dressed with oiled lint, and the hand was bound to a flexible tin splint, thickly padded. The arm was kept quiet, midway betwixt pronation and supination. No bad symptoms followed the operation; there was little suppuration; granulation quickly followed, and the zinc lotion was substituted for the oiled lint. An ordinary wooden splint was then substituted for the tin one. She recovered quickly, and was discharged on September 29.

TUMOUR IN THE ABDOMEN—PARACENTESIS—DOUBTFUL DIAGNOSIS.

(Under the care of Mr. LLOYD.)

Phœbe S., aged 37, a sallow, but generally healthy woman, was admitted, under the care of Mr. Lloyd. Six weeks before, she had been crushed between a wheel and the kerb-stone. She suffered much pain at the time, and was unable to stand. She was taken to a Hospital, where fomentations were ordered, and she was sent home. A fortnight later she "began to swell." The swelling commenced in the right lumbar region, and was at first very hard, but afterwards became softer. It was then tender on pressure. From this time she felt very ill, but she appeared to have had no marked fever. She had had several attacks of shivering, and the pain had been confined to the same part. While in the Hospital she had an attack of shivering. On examining the abdomen, a tumour evidently containing fluid was found occupying the front and right half of the abdomen, extending on this side to the spine. As it continued to increase, and as by its tension it caused the patient much uneasiness, Mr. Lloyd decided to draw off the fluid. On April 22 a medium-sized trocar was plunged into the most prominent part—namely, about four inches to the right of the umbilicus, and upwards of three pints of a serous-looking fluid, tinged with blood, was drawn off. This was examined by Mr. Attfield, but neither the constituents of the bile nor any urea were found in it. After all the fluid was evacuated, the abdomen regained its natural size, but it soon began to swell again, and on the 24th was nearly as large as before. It was again tapped on May 12, and seven pints of fluid similar to the last were drawn off. The fluid re-accumulated, but the size of the swelling varied, being larger one day and smaller another, but, on the whole, there was at length a tendency to decrease. On July 3 the woman was discharged at her own request. She was much improved in health, and had suffered very little pain since the first tapping.

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GUY'S HOSPITAL.

RETENTION OF URINE, WITH IMPASSABLE STRICTURE—OPERATION—RECOVERY.

(Under the care of Mr. BRYANT.)

Thomas H., aged 27, was admitted September 9, for retention of urine. He said that he had had difficulty in passing his water as long as he could remember, and his father said that he had had it ever since childhood. No history of injury could be obtained. On admission he had had retention five days, and there was extravasation of urine into the cellular tissue of the perinæum, scrotum, and penis. Mr. Bryant was unable to pass any instrument through the stricture, which was situated about the bulbous portion. He, therefore, made an incision into the perineum, down to the prostate gland. Directing his knife, (with the back downward towards the anus,) by a finger passed into the rectum, he then freely cut upwards, laying open the whole perineum. He then passed a grooved staff down the penis, and divided the indurated tissue forming the stricture, and having found the vesical portion of the urethra by a grooved probe, he introduced a long catheter into the bladder and fastened it in. Everything went on well, and the man has made a good recovery, leaving the Hospital with a sound urethra.

ST. THOMAS'S HOSPITAL.

DISLOCATION OF THE HUMERUS INTO THE SUBSCAPULAR FOSSA.

[From Notes by Mr. HARLING SISSONS, House-Surgeon.]

J. L., a stout, muscular man, aged 50, applied at St. Thomas's Hospital, about eleven a.m. on September 28, 1860. About eight o'clock the previous evening he had slipped down in the street, pitching with considerable force upon the right elbow. A passer-by, suspecting displacement, pulled at the arm, and apparently succeeded in reducing a dislocation. In the course of the night, however, the humerus again became displaced. On examination the head of the humerus was found situated in the subscapular fossa, between the subscapularis muscle and the ribs. The appearances presented were as follows:—

There was the usual flattening of the deltoid, and prominence of the acromion process. The arm, which projected from the side, could not be completely adducted. In all other respects there was more than ordinary mobility of the arm. The head of the humerus could not be felt in the axilla, but only the expansion of its surgical neck. The scapula was unusually prominent posteriorly, being evidently pushed out by the humerus. An attempt to reduce the dislocation was unsuccessful. Chloroform was therefore administered by Mr. Sissons, and extension made with the arm at a right angle to the body. The head readily slipped into the cavity, and the restoration of symmetry was complete.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

CASES OF APOPLEXY OF THE RETINA WITH CEREBRAL SYMPTOMS.

In the last volume of this Journal we recorded in the Hospital Reports five cases of retinal apoplexy. In the first case, a patient of Mr. Wordsworth's (page 523), the attendant phenomena were hemiplegia and albuminuria, and he has since died of apoplexy. In the second (page 598), a patient of Mr. Dixon's, there was a clear history of cerebral disease. In the third, a young man (page 623), also a patient of Mr. Dixon's, the patient's health was apparently good and has remained so since. In the fourth (page 623), vision has improved, but he has since had numbness of the right arm and of the right side of the face. In the fifth (page 628), there was frontal headache, and hæmorrhage from the nose, but no other symptoms more definitely cerebral.

Retinal apoplexy is of as much interest as being a local sign of a state of disease of the general cerebral circulation (of which the retinal artery is one of the terminal parts) as on account of the local injury to the visual apparatus. Patients who attend a Special Hospital for an apoplexy in the eye, are of course not likely to return when the disease, although from the very same cause, attacks another organ. In one of our cases we have been able to trace the disease to the termination which we anticipated. This case, the first, the patient of Mr. Wordsworth, was the only one of the five in which albumen was found in the urine, and the one in which, by an attack of hemiplegia, a prognosis of a fatal termination from cerebral disease was unmistakeably warranted. In all the cases except one there were cerebral symptoms of a less marked kind; thus, one had convulsions, another severe pain in the head, with epistaxis.

A patient of Mr. Poland's, a woman, aged 48, whose case is reported at page 481 (November 17), is now attending for apoplexy at the yellow spot in one eye. The blindness followed an attack of what her Medical attendant told her was "congestion of the brain," *i. e.* she was in bed a week, with considerable stupor, and unable to raise her head from the pillow. Before the ophthalmoscope was introduced, this case would have been probably diagnosed as amaurosis of cerebral origin, which to a certain extent would have been correct. Now we are enabled to make the diagnosis of actual disease of the ultimate branches of the cerebral circulation as seen in the eye, while we admit the condition of the rest of the intracranial circulation to be probably the same, and prognosticate that some future rupture may take place in parts important to life, as it has done in the apparatus of vision. We shall, at some future time, give the results of Mr. Poland's case as far as we are able to trace it.

By referring to p. 523, it will be seen that Mr. Wordsworth's patient left the Hospital with his vision very much restored. His urine was at that time loaded with albumen, but he believed himself to be well; and except that generally it would have been said that he looked rather bloated, and had a muddy complexion, there was no apparent disease. The fact of his having had probably two effusions of blood, the hemiplegia and the attack of retinal apoplexy, rendered it all but certain that he would again suffer from the same. He was therefore, on October 8, written to, and asked to attend again. His wife came to see Mr. Wordsworth, and stated that her husband had died of apoplexy on August 6. It was ascertained from her that ten years before he had an attack of convulsions, not followed by any paralysis, and, with this omission, our previous statements as to his history were correct. She said that his sight had continued good, and she had never noticed any special ailment until the day before his death, except that "occasionally his manner was odd." On that day, for the first time, she noticed that one of his hands was swollen. His feet had never been at any time œdematous. On the evening of August 5, having been apparently quite well all day, he had suddenly pain in the head, said that he was losing the use of his limbs, and that he was dying. Soon after he became quite insensible, and remained so until his death the next day. There was no post-mortem examination.

STEARATE OF IRON.—This remedy has been found very useful by Ricord in the treatment of the sores with which his name is particularly associated. Some persons may wish to give it a trial in this country, so we extract the formula for its preparation:—Take of sulphate of iron, one part; hard soap, two parts. Dissolve them separately in about three times the weight of water, and mix the solution. A greenish precipitate is the result, which is separated and dried, and then melted by a gentle heat. When melted, it is spread on cloth, like an ordinary plaster.—*Columbus Review.*

SMALL-POX IN THE NAVY.—The *Times'* correspondent says:—I am sorry to report the illness of Admiral Mundy from small-pox. There are in the Lazaretto of Nisida ill of the same disease seventy-four men from the *Hannibal*, sixteen from the *Renown*, and one from the *Queen*. Will the Admiralty consider the subject worthy their consideration, or condescend to adopt a practice already in use in the French, Danish, and Neapolitan services, of revaccinating the men on entering? I do not wish to alarm the friends of the sick, for the type of the malady is light.

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Medical Times and Gazette.

SATURDAY, DECEMBER 8.

TWO SCOTTISH MEDICAL GRIEVANCES.

When Lord Brougham was at Glasgow, presiding over the Social Science Association, a numerous body of Scottish Medical Practitioners besought his aid in their struggles to deliver themselves from an oppressive Act of Parliament. This he promised, and we trust he will have the support of every influential Physician and Surgeon in the United Kingdom, for their case is a simple one, and just. It appears that each member of the Profession in Scotland is required to transmit, within a given time, to the Registrar of the district certain information as to the age, cause of death, etc. of every person who dies under his care, failing which he is proceeded against criminally. So that it is no wholly unheard-of circumstance for a busy and eminent Physician or Surgeon to receive an intimation by post that, if he do not forthwith comply with the requirements of the Act, he will be prosecuted according to law. This threatening notice is supplied, ready printed, to the Deputy-Registrars, who are persons of the usual calibre and social position; so that a decent "bodie," perhaps licensed to sell whisky because of his good character, or a parish officer, has the pleasure of chuckling greatly over the "Doctor" when he catches him in default, and warns him to deliver up the "certificate."

Now, the grievance to the Practitioner is not merely in writing the certificate gratuitously—although he feels that, in justice, he ought to be paid for his work. The required information would in almost all cases be cheerfully given if civilly asked for, as it is in England; but in Scotland it is insisted upon, and that in a manner unnecessarily offensive. Here is the grievance. Any man resents the extraction of even a bawbee from his pocket, if it is demanded with a "Stand and deliver!" and so the Scotch Practitioners naturally resent the interference of the Red-Tapists, with their "Your certificate, or a penalty!"

Now, in England these same kind of documents have always been filled up most satisfactorily on the voluntary system. The friends of the deceased ask from the Medical attendant the necessary certificate, and transmit it to the Registrar. The voluntary system had, in fact, been proved among us in England for several years before the registration of births, marriages, and deaths was enacted in Scotland, and a legal blunderbuss levelled at the Scotch Medical Practitioner's head. It may be affirmed that the whole of the laborious vital statistics by which successive Governments were induced to work out sanitary reform in England were due to the unpaid, unenforced labour of the English Medical Practitioners. No more triumphant monument of philanthropy and patriotism is extant than the various Sanitary Reports sent in to the Government Commissions of Inquiry, by numerous members of the Profession.

What can have induced the framers of the Act to make so marked a difference between the Profession of the two countries? is a question which naturally arises; for with the experience of England staring them in the face, the penal clauses cannot have been a mere chance, and there must have been some definite reasons why they thought a legal screw necessary for extracting Professional information from the Medical Profession of Scotland, free of expense. We may surmise that the penal clause was introduced either from the conviction that the knowledge required would not be given spontaneously, or from a wish to cultivate "Justice's justice" among the Scotch Practitioners; or, may be, from some obscure feeling of contempt and dislike to Medicine in the legal mind.

Now, it is simply absurd to affirm that the Medical Profession in Scotland, with her four Universities so pre-eminently Medical, is behind that of England in love of Medical science. We will allow that these Universities are a "*leetle*" behind the English in certain refinements as to domestic arrangements. Oxford and Cambridge have their Colleges and Halls for students, instead of lodgings in flats, kept by toddy-loving landladies. The "forty-twa" (which existed in our student-time, and which all curious tourists went to see in full operation) was, perhaps, a somewhat peculiar "institution of 'Auld Reekie;'" and we will acknowledge that the cloacinal arrangement in a certain left-hand corner of "a court down some steps just facing you," at Marischal College, Aberdeen, which was an object of curious inquiry to several learned members of the British Association in 1859, constitutes but a minor "forty-twa." Such things are, however, mere evidences of a different state of *social* feeling generally, under the pressure of physiological necessities which even lawyers experience, and cannot, we think, be fairly connected with the love of statistical science, or the writing of Medical certificates. If these cloacinal defects be the cause of the penal enactment in question, then we can only say the high legal mind of Scotland is more acute than logical.

It is notorious that, occasionally, in England, a judge of naturally coarse nature, or a low-bred barrister, openly shows in full Court his dislike and jealousy of the Medical Profession. The varied knowledge of the latter is not uncommonly a cause of envy in weak, ignorant minds; and this it is which probably influences certain small folk of the legal profession in their discourteous treatment of "Doctors." There are symptoms of this kind of feeling in the Act under consideration; and as a high legal authority is responsible for its phraseology, an "interpellation" in that quarter might be useful in clearing up the suspicion. During the last Session of Parliament a bill was introduced for amending the Registration Act for Scotland, and an attempt was made by the Medical Profession to have the Medical penal clause repealed. The only result of their efforts was a modification as to the time within which the certificate must be given, while the section enacting the modification contemptuously designated the Physicians and Surgeons of Scotland "Medical Persons." We subjoin the clause:—

"The Medical Certificate referred to in the forty-first Section of the Act 17 and 18 Vict., cap. lxxx., shall be transmitted by the *Medical Person* to the Registrar within *seven days* after the death of the *person* to whom it relates, instead of within fourteen days thereafter, provided that, in case such certificate shall not be so transmitted, the Registrar shall transmit to such *Medical Person* a form of the certificate prescribed by the said Act, and by a written or printed requisition under his hand, shall *require* such *Medical Person* forthwith to return to the Registrar such certificate duly filled up in terms of the said Act, and such certificate so filled up shall be so returned within *three days* after the receipt thereof by such *Medical Person*."

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The legal "person" who framed this clause must have had a solid object in view, such as either the detection of crime or the advancement of Medical Science, or both, by means of a learned profession. If so, in either case, that legal "person" ought to have been aware that common courtesy required the use of the legal designation of the members of the Profession, and that decent civility goes far to sweeten unrequited services, even with Physicians and Surgeons, to whom they are habitual.

As a scheme of legislation, the Act will, however, utterly fail of its object. The doctrines of causation in Medicine are not things to be advanced by penal enactments. And, however the special pleader may advance the tyrant's plea of necessity, it is clearly the business of those responsible for the burial of a deceased person to transmit information as to the cause of death to the Registrar. This should be required before interment takes place, as in England, and not a week or two after. There is no more right inherent in the Government to demand for any purpose, from the Medical Practitioner, under penalty, an account of the cause of death of the person he attends when dying, than of the state of health of the women he delivers, or the children he brings into the world, or of the happy couples who are married after he has got them through the pathological perils of childhood. Once admit the despotic principle of enforced, unpaid, Professional services for public ends, no matter what, and there can be no limit to the meddlesome interference of Government officials with the civic rights of the Medical Profession.

Looking, however, to the advancement of Medical Science alone, and setting aside all questions of right and dignity, it is certain that, as no Medical statistics can be trustworthy, the data of which are obtained under a threat of criminal prosecution, the Medical Profession in Scotland will do excellent service to the cause of scientific progress itself, by a resolute, and we hope successful, resistance to the Act in question. In the meanwhile, as probably the majority will only comply with the strictly legal requirements of the Act, the vital statistics of Scotland, in so far as they refer to the causes of disease, must be considered worse than useless.

There is yet another Scottish grievance more flagrant and mischievous than the preceding, although not so general. During the last two or three years small-pox has been fatally epidemic in Scotland; indeed, in some localities whole families have been destroyed by it. The fact itself, thus barely stated, is disgraceful to the intelligence of that country, because nothing is more certain than that a due regard for human life would dictate the universal practice of vaccination. The Profession in Scotland, true to its public duties, pressed the enforcement of suitable measures of prevention upon the authorities; and steps have accordingly been taken, but after a highly characteristic fashion. It has been made imperative upon the Gideon Grays of Scotland, the hard-worked, ill-paid parochial Surgeons, to attend at particular places, and at stated periods, to vaccinate gratuitously, all children brought to them, whether of the poor or of the rich. There is no allowance for wear and tear of horse-flesh, not a sixpence for necessary refreshment, not a penny for even the cost of procuring the lymph, without which there can be no vaccination! A more complete illustration of Egyptian bondage it will not be easy to find. The country is to be protected from an enemy which is killing, blinding, and enfeebling the population, and it orders it to be done gratuitously by a body of poor men struggling for a bare existence!

These grievances indicate a low tone of feeling in Scotland. They are simply and purely acts of oppressive dishonesty. They are not to be wondered at, however, if it be true—as was asserted at Glasgow, and more recently in the public papers—that the agricultural population of Scotland is in a state of extraordinary moral and physical degradation, and that in some of the best-farmed districts the labourers are so housed by their employers, that "the land is turned into a perfect Sodom." We hope for the honour of the country that these statements are grossly exaggerated; but we must at the same time observe, the Profession of Scotland owes it to itself and to its country to see to it, at all costs, that public services be duly remunerated and the public health vigorously cared for. But the cost would not be much. They need only be true to themselves to create a sound and satisfactory public opinion, and five shillings a-year from each member would maintain a Medical "Committee of Privileges."

THE WEEK.

In our last week's number were contained some curious statistics relative to the ages of certain classes of our countrymen. A lively contemporary comments on these facts as follows. It is not a bad specimen of the fluent captivating logic with which its readers are often treated; and is indeed well worthy of a journal which appears to have of late taken Homœoquacks and their trickery under its especial wing:—

"From a statement of the duration of life among the aristocracy, it was found that, in the case of a batch of peers who had lately died, the full average of threescore years and ten had been reached. Such a prevalence of ripe old age can be speciously accounted for by the ease and comfort in which the wealthy and powerful nobility of England pass their lives. 'They toil not, neither do they spin.' They are 'clothed in purple and fine linen.' They live on the fat of the land. They are in general strangers to the harassing anxiety due to want of money or reverses in business. The most skilful Physicians watch over their health. Their children are nurtured with the most sedulous care, and if they are afflicted with the most trifling ailment they can chose a more comfortable residence or a milder climate. But in an exact converse to the proposition that wealth and luxury are conducive to long life, comes the statement, that there are at present in the Workhouses of the Ratcliff and Wapping districts of the Stepney Union sixty-nine paupers whose united ages amount to 5538 years, giving an average of 80 years to each inmate; and, in addition, 292 paupers in the same Union whose average ages are 70 years. These poor old people never rode in carriages, or lived on rich viands or sparkling wines, or had obsequious servants to attend upon them. How were they to get 'change of air' when they wanted it? and to what extent would the parish Doctor 'study their constitutions?' Their lives have been passed in grovelling toil, in hunger, in penury, and in hardship; they were probably never so comfortable as when they came to end their days in the octogenarian ward of a workhouse; yet see how long these old paupers manage to live! From them we turn to the Quakers. The batch of twenty-four peers show an average for 70 years for each noble lord; but among twenty-four members of the Society of Friends it was established that the united amount of ages was 2128 years, giving an average of rather more than 88½ years to each Quaker. The 'Friends' will doubtless be much elated at this record of the prodigious longevity of their sect, but it must not be forgotten that the Quakers are apt to take things very easily, that they seldom interfere in the active concerns of life, that they live in a cosy, unpretending state of luxury; that they choose tranquil, substantial businesses, such as bankers, stationers, hosiers, and chemists and druggists; and that they don't fight. It will be seen how anomalous is the character of these different statistics. One can readily account for the long life of the nobleman or the Quaker; but how about the pauper? How is it that his toil-worn days are prolonged? Again, literary men are proverbially short-lived; whereas actors and statesmen generally attain old age. Policemen don't live long; soldiers and sailors (unless slain or drowned) are long livers. Clergymen live to a great age; so do judges; but so do not solicitors."

Because the aristocracy live to an average age of 70, and because certain paupers in Stepney Workhouse also reach a long life, therefore, Paupers and Aristocrats are on equal terms in the respect of length of years! This is the

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reasoning for the million! We will not insult our readers by pointing out its glaring fallacy.

In the Insolvent Debtor's Court, on November 29, appeared as insolvent John Osterfield Wray, who described himself as a vendor of patent medicines, at Dorset-street, Portman-square, and using the style of "Dr. Henry, LL.D., M.A., M.R.C.S." He applied under the Protection Act. Mr. Murphy opposed for a young man named Marriott. In March, 1859, Marriott, a gentleman's servant, consulted the insolvent for a certain complaint as "Dr. Henry," and paid him a guinea as his fee, and afterwards five guineas more, for which, he said, the insolvent, who told him he was qualified and a Member of the College of Surgeons, offered to cure him. Marriott took a good deal of physic, and the insolvent said he must have a further fee, as stronger medicine was required. Marriott discovered that the insolvent was not qualified, and he put himself into communication with the Medical Registration Society. The insolvent was sued in the Marylebone County Court, and a verdict given for the six guineas he had received. Marriott had not been cured by "Dr. Henry," but he had a recipe made up from a Medical work and was cured. The insolvent denied that he had represented himself as a Surgeon. He had succeeded to the business of a Mr. Henry, and issued the works written by that person, and as such had used the designation of "Dr. Henry." He had cured Marriott of the disease. Mr. Commissioner Nichols was clearly of opinion that the debt with Marriott had been fraudulently contracted. The insolvent was not qualified, and had been consulted as "Dr. Henry." The case was adjourned. These are just the cases the Registration Societies should take up.

A correspondent has sent us for publication a strong remonstrance against the proceedings of the Radcliffe Hospital, at Oxford, in so far as the Governors have required that Candidates for the office of House-Surgeon to it shall be members of the Church of England. This well-written, but rather fervent document, has already appeared in the pages of a contemporary. We need hardly say, perhaps, that we fully agree with the writer in the general principles which, as he says, are, or ought to be, our guides in this matter of union of sects and science; and the very fact of any difficulty arising in this respect shows that we have, happily, not much to complain of on the score of religious intolerance. We think, upon the whole, that questions of this kind may be wisely left in the hands of the particular local community which is interested with them. The majority in every one of our little republican divisions of society in towns and country, is, we believe, sufficiently enlightened to see justice done sooner or later. We must, therefore, leave Oxford to settle its own affairs in this matter, being sure that in these days, when the liberal arts and sciences are daily gaining stronger and firmer footing in that once merely theological academy, unfair play in Medicine will not be dealt out at its Hospital. It is only fair to remind our correspondent, however, that, when Charitable Institutions are supported by voluntary contributions, the contributors have a perfect right to spend their money in the way which seemeth best to themselves. Our correspondent has overlooked the distinction between private charities and national endowments.

We are a nation of shopkeepers. We have an unbounded respect for commerce and commercial undertakings. We patronise trade, foster it with paternal care, and will suffer any amount of misery rather than infringe upon its prerogative of freedom. To such an extent do we carry the sentiment, that sooner than interfere with a citizen's free exercise of his commercial faculties,—we allow him to purge, bleed, and blister, cut, slay, and torture, without a licence; we allow quacks to kill at their ease; we allow "highly respectable" tradesmen to adulterate every article of consumption which is capable of the degradation; and we do this because we don't like to infringe upon the liberty of the subject. Adulteration thrives, then, because, in the first place, the adulterator knows how hard it is to fix his rascality on him; and, in the second place, because he also knows that, if he be caught out, he will be very leniently dealt with. But surely the day for joking on this subject should cease. The rich may, by high payments, procure tolerably pure articles, but the poor come in for the dregs and the drugging of comestibles; and it is, therefore, the especial duty of authority to aid them in their unequal condition. When a scamp is caught at his trade why is he not duly scarified? It is strange, but it is true, that a man who is proved to have knowingly sold rotten meat to torture the intestines of the working classes is as cautiously and considerately dealt with as if he had been a bone-setter who had tied up a dislocated limb for a broken one, and lamed his man for life. Here, before us, lies a police-tale of a man who sends meat to Newgate Market unfit for human food. The case is so strong that he pleads Guilty, after a little skirmish of Not Guilty, and is then admonished and discharged. And this is always the way! For the life of us we cannot understand why the Recorder, instead of sententiously laying down the solemn clap-trap "that a severe penalty was attached to those who were guilty of acts like these," did not apply the penal scourge to the pockets of this country farmer. The complaint ever is that we can't catch the thief; but here when we have him we turn him up loose again. We beg to say that, as far as we can see the matter, the authorities who let John Hodge go free on this occasion did a shameful injury to society, which is groaning under the burden of stinking meat and adulterated butter. Let us see and watch what another magistrate will do. At Wandsworth complaints of adulterated bread are as thick as blackberries, and search-warrants and seizures are flying about. It will be amusing to see how the bakers will wriggle out of their summonses and penalties; but, judging from the past, we may anticipate that every aid will be given to help them out of their mire.

At a meeting of the Council of the British Medical Association, Dr. Markham was elected Editor of the Journal of the Association. We hardly know whether to congratulate him upon his appointment, for the Editorial couch is not very likely to prove a bed of roses; but we may congratulate the Association on their rare good fortune in thus securing the services of one good Editor after another.

UNIVERSITY COLLEGE, LONDON.—The Council, at their session on Saturday last, received notice that a fund of about 150*l.* had been raised by pupils, former and present, of the Junior School, for instituting a perpetual annual Book Prize, to be awarded to the best mathematician in the school, and to be called the Cook prize, in commemoration of the respect and gratitude entertained by the subscribers for the late Rev. William Cook, deceased, who for 21 years had been the Head Mathematical Master in the school. The Council directed that the offer of Mr. Martin Tucker Smith, M.P., to confer a nomination to an appointment in the Madras Army on a student of the College to be recommended by the Council should be communicated to all the students of the College and their parents and guardians. On the recommendation of the examiners—Professor Jenner, M.D., Professor Sharpey, M.D., and Professor Walshe, M.D.—the Filliter Exhibition of 30*l.*, for proficiency in pathological anatomy, was awarded to Mr. Henry Charlton Bastian, of Falmouth.

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THE MEDICAL PROFESSION AND ITALIAN INDEPENDENCE.

[We feel certain that our readers will feel interested in the information contained in the following translation of an article which has appeared in the last number of the *Gazette Hebdomadaire.*]

"Foremost among these is Charles Louis Farini, ex-Minister of Public Instruction and of the Interior, and now Lieutenant-General of the Neapolitan Provinces. A pupil of Professor Buffalini, of whose doctrines he is an eloquent defender, his own works have chiefly related to Legal Medicine and Hygiene. Compromised in the Bolognese insurrection of 1831, then 21 years of age, he sought refuge in Paris, whence he went at a later period to Florence. There, his relations with Buffalini did not engage all his time or thoughts, for, in 1844, we find him preparing a document insisting, in gentle terms, but firmly, upon reforms at the hands of the Pope, and intended, in case of failure, to serve as a manifesto for a new rising in the Romagna. The Roman Republic of 1849 found him espousing the cause of the moderate party; and belonging to the public administration as Director of the Roman Council of Public Health, he resigned his post rather than swear fealty to a Republican Constitution. In a pamphlet which he published, while he commented severely upon the Republic, he did not flatter the restored Government, and he went into exile after the reintegration of the Pope by the French arms. This proved for him a most fortunate banishment, for he rapidly acquired in Piedmont a most important position, having two Ministerial Portfolios successively confided to him. In the Cabinet he was one of the warmest and most useful supporters of Cavour's foreign policy; and his services after the peace of Villafranca, in securing the incorporation of Parma, Modena, and Bologna with Piedmont, are well known. Whether as Minister of the Interior at Turin or Lieutenant-General at Naples, he has always constantly defended, together with the cause of a united Italy, local traditions, and administrative decentralisation. Farini is anything but what is called an agitator. He is a man very devoted to certain principles, and very resolute in inducing their prevalence, displaying to this end much activity and intelligence; but he is exempt from all revolutionary passion, as indeed is now seen, even at Naples, by his energetic repression of extreme parties.

"A short time since, when the important occurrences of the day called together the Turin Parliament, and the Cabinet of Cavour was menaced with opposition, one of the members was the object of particular attention. It was asked what course would be taken by Bertani, the friend and confidant of Garibaldi,—hot-headed, but faithful and resolute. He is the chief editor of the *Gazetta Medica di Lombardia* and *Gazetta Medica di Sardinia;* and has been a chief agent in bringing about the kind of federalism which prevails among the Medical Journals of the Peninsula. In the above-named Journals he has published some important articles on Orthopædy, and an attractive Medical History of the Campaign of Rome, where he acted an heroic part. A native of Milan, he acted admirably during the five days of 1848, now as a tribune, now as a soldier, at one time flourishing his sword at the barricades, and at another his bistoury at the ambulances. After the battle his compatriots placed him at the head of a Military Hospital, which he organised with wonderful rapidity, admitting more than a thousand wounded in less than a fortnight. He exhibited the same ardour and devotion during the siege of Rome, treating French and Italian wounded with the same care as they lay side by side. Exiled from Milan, he established himself at Genoa, where he soon acquired a large practice and commenced as Medical journalist. During the Italian war, Bertani has had the direction of the Medical Service of the Garibaldian Legion, which he joined at the frontier of Lombardy. There again, thanks to his wonderful activity, and to the authority he knew how to maintain, he organised, while on the march, an ambulance service which any regular force might be proud of. One day his Hospital corps passing, with its baggage, before a corps of the French army, excited, by the singularity of its accoutrements, the risibility of the soldiers; but when the vast number of litters borne by magnificent mules, defiled past, exclamations of surprise and admiration burst forth on every side. Remarkable is it, too, that after so many bloody conflicts, and after the marches and countermarches, which have conferred on Garibaldi's legion the epithet of 'foot cavalry,' all the *matériel* has been returned intact to the public magazine, and even increased by some captured Austrian ambulances. As a reward Bertani has received the Cross of Savoy, one of the most coveted of military distinctions. Returned home, he has published in the *Politechnico* a 'Medical History of the Italian Campaign,' said to be remarkable for its learning and vigour. When Garibaldi undertook his Sicilian expedition, he could not do without his beloved Bertani. This time, however, in place of putting the wounded under his charge, he confided to him the still more important and delicate mission of centralising the popular subscription, amounting to more than twenty million francs, and of recruiting, clothing, and expediting the reserves. His house at Genoa now became transformed into a ministerial office, where seven secretaries and ten committees were constantly at work, and whence were sent out 2400 volunteers in less than four months. After the Dictator and the Minister, Bertani has certainly done more than any other man for the Italian revolution. His intimate connexion, and perfect understanding with the General, have necessarily mixed him up with the political altercations which have taken place between Turin and Naples; and he has been accused of having inspired or signed certain decrees. But no one has ever cast any doubt upon the entire sincerity of his opinions, and the superior intelligence which he has exhibited.

"The Expeditionary Corps of Garibaldi contained several Medical notabilities, some being attached to the ambulances, while others exchanged the instrument-case for the musket or the sabre—all having become inured to arms during preceding campaigns. At the head of the Medical Department was placed Ripari, of Cremona, who having already at Rome filled the office of Chief Medical Officer of the Garibaldian Legion resumed it in the Neapolitan States. He passed seven or eight years in the prisons of Pagliano as a political *détenu*, and he states that he at last owed his deliverance to a French lady, foster-sister of 'a most high and all-powerful personage' to whom many other Italian exiles have become attached by ties of gratitude. After Ripari all we can mention from personal knowledge are Marozzi, of Pavia, a veteran of the Venetian army under Manin, and familiarised by long acquaintance with bombs, cholera, and famine—Brambilla and Gemelli, distinguished Surgeons of the great Milan Hospital, who both accompanied Garibaldi to Sicily as they had already followed him in Lombardy, and both received the medal for military valour—and Cristoforis, brother of the captain of that name, and author of a remarkable memoir, based on experimental researches on *Sub-periosteal Section of the Pubis*, which recently appeared in Omodei's *Annali*. Among the Physicians who served as officers or as simple soldiers were Andrea Bianchi, a Deputy of the Turin Parliament, who marched out knapsack on his back and fought bravely on the banks of the Volturno — Boldrini, a man of great courage — Sacchi, mildness itself at home but a very devil in battle, whom the caresses of wife and children could not retain—and Tommasi, a pupil of Buffalini, a first prizeholder and afterwards Prosector of the Medical School at Florence.

"We are only here speaking of those of our *confrères* who followed Garibaldi into Southern Italy. The list would be too long were we to name all those who have distinguished themselves either in the regular army arriving in aid of the insurrection, or in the war of 1859. Two, however, we will advert to,—Professor Cortesi, of Padua, and Maestri. Cortesi, who belongs to the Piedmontese army, is the author of some good memoirs on Military Surgery; and Maestri, who as Regimental Surgeon made the campaign of Italy in Garibaldi's Legion, was formerly a Director of a *maison de santé* at Milan. He was wounded near Brescia, and received the medal for military valour. During the great insurrection of 1849 he was taken prisoner with arms in his hands, and was well nigh being shot. Excluded from the Austrian amnesty, he emigrated; and it is only through recent events that he has been enabled to return to his country. He belongs to the Medical Press of Italy.

"A special mention is also due to those Civil Practitioners whom circumstances have called to manifest their devotion to

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the national cause. The battles of 1859 overcrowded all the Hospitals of Northern Italy with the wounded. A sanitary commission was organised, and large Hospitals were opened for the wounded and sick of the three belligerent nations. After the battles of Magenta and Melagnano, a few hours sufficed to open twenty-four Hospitals in the city of Milan, where nearly *twenty-six thousand* soldiers were provided for by 280 Civil Practitioners. After Solferino, Brescia, with a population of 30,000 souls, opened thirty-two Hospitals, and received patients therein equal in number to one-half of its inhabitants. In the various localities the Practitioners of the towns and villages rushed to the succour of the wounded, even to the field of battle and under the fire of the enemy. This heroic conduct has been fully appreciated by the military Medical officers of both the National and the French armies; and between the military and civil Practitioners, between the heads of the French Medical Service, and the Physicians of the improvised Hospitals, there has taken place an interchange of correspondence, in which gratitude and sympathy have dictated sentiments and expressions naturally called forth by events of such importance. During all the vast rush of emotions under which all Lombardy has been in ecstasies, filling the Corso or la Scala of Milan with tumult and *vivas*, and crowding the ladies with their handkerchiefs to the balconies, there has been established in the Medical atmosphere a more restrained, deeper, and more durable current, in harmony with the grandeur of their great united work of courage and charity. Fourteen crosses of the Legion of Honour have been distributed among the Italian Practitioners: of this number the Medical Press has received four, in the persons of Strambio, editor of the *Gazetta Medica di Lombardia*; Borelli, editor of the *Gazetta Medica dei Stati Sardi*; Griffini, editor of the *Annali Omodei*; and Massore, editor of the *Liguria Medica*. The distinction was intended to recompense the intelligent zeal which they had shown in the establishment of Provisional Hospitals. M. Marzolo, a Practitioner of Padua, had manifested so much humanity towards the wounded of the enemy, that the Austrian government felt itself compelled to decree him a medal. But Hippocrates still lives, and the present was refused.

"Finally, besides these *confrères* who have thus become directly mingled with the Italian movement, there are others who have served it, and still serve it, in the Chambers; and several of these, notwithstanding numerous occupations either professional or scientific, find time to take an active and brilliant part in the Parliamentary debates. Among these are Professor Bo, who has taken a part in the International Commission on Quarantine, Tommati, Professor of Anatomy, Grillenzoni, Professor of Obstetrics at Bologna, Maria, one of the founders of the Medical Association of Upper Italy, Lanza, who has been successively Minister of Public Instruction and of Finance; Borelli, formerly attached to the provisional Hospitals, also a very active Member of the Turin Parliament. Finally, there is the illustrious Senator Matteuci, the important part played by whom is well known. Although the Medical Profession has not the honour to number him in its ranks, his labours have a direct bearing upon Medicine, and no one can be ignorant of the beautiful applications which he has made of physical science to physiology."

REVIEWS.

Chemistry in its Relations to Physiology and Medicine. By Dr. Day, F.R.S. With Illustrations. 8vo. Pp. 526.

This volume contains a large mass of materials on the subject of Physiological Chemistry, brought together in a tangible form, ready and available for the hand of the Practitioner and the Student of Medicine. No man in this country is probably better—or so well—fitted as Dr. Day to introduce this truly German subject to the English reader. He has long been a close student of the advanced Chemical Physiology—the zoo-chemical doctrines—of the German School, and has, indeed, been the medium of introducing many of them to the English reader. In this present volume he has collected the various facts as they are at this moment accepted and taught by the modern leaders and teachers of this new department of science. His book is, in truth, a well-digested summary or collection of zoo-chemical facts, as they may be found in the different standard works of German literature.

Certainly our own countrymen do not shine among the list of worthies who have done service and toil in this field of modern discoveries. We cast one eye down Dr. Day's list of guides and authorities, and we regret to say that we see not the name of one single Englishman among them. We find Lehmann above them all, at the top of the list, and Robin and Verdeil, Heintz, Schlossberger, Scherer, Neubauer and Vogel (a), Frerichs, Vierordt, Bidder and Schmidt, Bischoff and Voit,—all these, but no trace of the name of an authority from among our own countrymen.

The First Book contains a description of the organic substrata—the proximate principles—entering into the composition of the solids and fluids of the body. The Second Book treats of the animal juices and tissues. And the Third Book gives the zoo-chemical processes—the metamorphoses of the tissues, digestion, respiration, and nutrition.

The subject, we need hardly say, is a most extensive one; and we think it fortunate that its exposition has fallen into the hands of Dr. Day. His name is a guarantee to us of the correctness of the details of the various topics which he has had to treat of; and his long and intimate acquaintance with the animal chemistry of the Germans, assures us that what he has here set down has been previously subjected to a knowing and judicious criticism. We consider that Dr. Day has bestowed a very useful book on the Profession, and are satisfied that both the Practitioner and the Student of Medicine will find this work of his well suited to their wants in this department of Medical knowledge.

Curiosities of Civilisation. Reprinted from the *Quarterly* and *Edinburgh Reviews*. By Andrew Wynter, M.D. Second Edition. 8vo. Pp. 535. London: 1860.

It is with no common pleasure that we congratulate a Professional brother, and a brother Editor, upon the great and deserved success of this work. The thirteen articles it contains are some of the most delightful and instructive essays which have appeared in the *Quarterly* and *Edinburgh Reviews* during the last five years, and the Profession may with pride and pleasure quote the fact that they have been contributed by one of our order. The articles which are more directly connected with the Professional studies of the author —Food and its Adulterations; Lunatic Asylums; Lodging, Food, and Dress of Soldiers; Life Assurance; Mortality in Trades and Professions,—are those to which our readers will probably attach the highest value. Those who cultivate Natural Science will turn with interest to the curious and amusing articles on the Zoological Gardens, Rats, the London Commissariat, and the Electric Telegraph. For the devotee of Social Science there are "Advertisements," "Woolwich Arsenal," "Shipwrecks," and "The Police and the Thieves." The whole collection forms a very entertaining volume, in which the results of most laborious research and scientific investigation are presented so ably and so clearly that knowledge is imparted under the guise of amusement; and the hour of recreation, passed as pleasantly as in company with a good novel, is found to have added largely to the previous knowledge of the reader, and to have supplied him with material both for thought and conversation. We need not add that our friends will do well to "beg, borrow, or buy" this work.

Ure's Dictionary of Arts, Manufactures, and Mines. Edited by R. Hunt, F.R.S. London: 1860. Parts 13, 14, and 15.

These three numbers form the concluding parts of Mr. Hunt's admirable edition of Ure's Standard Work. The regularity with which the parts have appeared, and the manner in which they have been "got up" and illustrated, reflect the greatest credit upon the publishers. The additions made to the work in the present edition bring it fully up to the state of knowledge of the day. As an instance, we may refer to the excellent article "Sanitary Economy," which well deserves perusal by our readers. The whole work will be found most useful (if not indispensable) to all those who are practically engaged in Arts, Manufactures, or Mines, and

(a) The "comprehensive volume," as Dr. Day calls it, of Neubauer and Vogel, On the Urine, is we find shortly to be published, in translation, under the auspices of the New Sydenham Society.

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almost equally necessary as a book of reference to everyone whose education or position lead him to acquire some knowledge of the sources of the wealth of nations.

The First Step in Chemistry: A New Method of Teaching the Elements of the Science. By R. Galloway, F.C.S. Third Edition. London: 1860. Small 8vo. Pp. 297.

The educational value of this edition of Mr. Galloway's work is increased by several alterations and additions, suggested by his "further experience as a teacher." As a "plan for teaching the language of the science," it may be commended as still being the only work written with this special object.

Popular Manual of Botany. By C. Dresser, Ph.D. Small 8vo. Pp. 225. Edinburgh: 1860.

The author, as "Professor of Botany in the Department of Science and Art of the Privy Council for Education, the London Hospital Medical College, St. Mary's Hospital Medical School, the Ladies' School of Art, the Royal Polytechnic Institution, *etc.*"! must certainly have some idea of what Students of Botany want to know. He has supplied them with this popular Manual, which, to use his own terms, is "a development of the rudiments of the Botanical Science without technical terms."

Elements of Agricultural Chemistry. By Thomas Anderson, M.D. 8vo. Pp. 298. Edinburgh: 1860.

The learned Professor of Chemistry in the University of Glasgow has done his part towards making science useful to mankind, by preparing this "strictly elementary" outline of the general principles of Agricultural Chemistry "for the farmer." The compositions and properties of soils, the nature of manures, and the principles by which their application ought to be governed, are treated with especial reference to the daily practice of agriculture, and in a manner which will, we trust, make the book as useful to the farmer as it is creditable to the author.

A Practical Treatise on Mechanical Dentistry. By Joseph Richardson, D.D.S., M.D., Professor of Mechanical Dentistry in the Ohio College of Dental Surgery. 8vo. Pp. 426. London: 1860.

This is a work which could only be criticised by an accomplished mechanical Dentist, and will probably be fully noticed in the *Dental Journal* and *Dental Review*. All that we need say is, that it is a very handsome volume, with 110 excellent illustrations, and that, so far as we can judge, the author has succeeded in his endeavours "to present, in as concise and methodical a form as possible, the material facts and principles which relate to the mechanical department of Dental Practice in its present advanced condition."

On Winds and Storms; with an Essay on Weather and its Varieties. By Thomas Hopkins, M.B.M.S. 8vo. Pp. 260. London: 1860.

In this work the author exhibits "the working of the changes in the atmosphere in various ways, in connexion with their great cause—the solar influence,—and with each other, modified as they are by the daily and annual revolutions of the earth, so as to present a general and connected view of changes of the weather in different parts of the world."

The Laboratory of Chemical Wonders. By G. W. Piesse. 8vo. Pp. 256. London: 1860.

We need only say that this book, as its title-page informs us, is "a scientific *mélange*, intended for the instruction and entertainment of young people."

New Magistrate for Cheshire.—Mr. Alfred Aspland, Surgeon, of Dukinfield, has been made a Magistrate for the county of Chester.

GENERAL CORRESPONDENCE.

SPECIAL HOSPITALS.

Letter from Mr. Flower.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am directed by the Special Hospital Protest Committee to request a gratuitous insertion of the enclosed important Professional document in your Journal.

I am, &c.

W. H. Flower, Hon. Sec.

32, Queen Anne-street, London, W.

"We, the undersigned, are of opinion that much detriment to the public and to the Medical Profession arises from the modern practice of opening small Institutions, under the name of Hospitals, for particular forms of disease, in the treatment of which no other management, appliance, or attention is required, than is already supplied in the existing General Hospitals.

"The practice is injurious, First, because in the maintenance of numerous small establishments the funds designed for the direct relief of the sick poor, are wasted in the useless multiplication of expensive buildings, salaries, and Hospital appliances, and in the custom of constantly advertising to attract public attention.

"Secondly, because the public is led to believe that particular classes of disease can be more successfully treated in the small special Institutions than in the General Hospitals, an assumption directly contrary to evidence; the fact being that the resources of the General Hospitals are in every respect superior to those of the special Institutions alluded to.

"Thirdly, because it is essential for the interests of the public, with a view to the efficient education of students preparing themselves for the practice of the Medical Profession, that all forms of disease should, as far as possible, be collected in the General Hospitals to which Medical Schools are attached.

"As an example that the evil referred to is increasing, we regret to observe that an attempt is being made to set on foot a Special Hospital for the Treatment of Stone and Diseases of the Urinary Organs. We desire to express our opinion that such an Institution is especially unnecessary; the existing General Hospitals provide ample accommodation for the treatment of all these maladies; *no case is ever refused admission into them:* there are no diseases which receive more care, attention, and skilful management; and there are no men in this or any other country who have greater experience in treating them than the Surgeons of our General Hospitals."

Here follow the signatures of the Presidents of the Royal Society, of the Medical Council, of the Colleges of Physicians and Surgeons, and of 177 Medical men in London, and 327 in the Provinces.

WORKHOUSE WARDS FOR INCURABLES.

Letter from Dr. Symonds.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have great pleasure in forwarding you the enclosed letter, which I shall feel obliged by your inserting in the *Medical Times*. It is the production of a lady, whose ardent desire to promote the well-being of the poorer classes is fully equalled by her intelligence, and by the good practical judgment with which she carries out her benevolent schemes. She is anxious to obtain the sanction and support of the Profession for the efforts which, in conjunction with friends, she is making towards the mitigation of the sufferings of a certain class of patients in Workhouses. When engaged in Hospital Practice I used to feel (and I doubt not that most Physicians and Surgeons have shared the feeling) that one of my most painful duties was the rejection of certain cases, because, being incurable, they could not be allowed to occupy beds which might be devoted to hopeful cases. The duty was painful because we knew that the unhappy sufferers were

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specially in need of those means of alleviation and comfort which are only to be obtained in Hospitals, and in the homes of those who can afford to purchase them.

It does not seem much to ask of Boards of Guardians that they should allow wards to be devoted to the cases in question, in order that they might thus be enabled to receive the merciful help and bounty of the charitable, without any cost to the ratepayer.

I am, &c.

J. A. Symonds.

Clifton, December 3.

Sir,—Permit me to draw the attention of your readers to a plan for the relief of Destitute Incurables, which has been advocated in several letters in the *Times*, *Daily News*, and *Chronicle*, and was supported in your own leading columns of December 1. It must be one of the saddest duties of the Medical Profession when the Physician or Surgeon of an Hospital is compelled at the same moment to announce to the patient that his disease is incurable, and that he must relinquish with his hopes of recovery, all the Hospital comforts which might have mitigated his sufferings. The workhouses which are the actual asylums of many thousands of these patients, are, as we all know, wholly unfitted to administer such relief as it is yet possible to give to the agonies of dropsy, cancer, and similar diseases. It would surely be a great satisfaction to a compassionate Surgeon under such circumstances, if he could feel that the sufferer he is obliged to dismiss from his Hospital, were able to find elsewhere the comforts and care which his condition so piteously requires. Also, I am convinced that the Medical officers of workhouses, would sincerely rejoice if the incurables under their charge could be permitted to enjoy the usual benefits of an Hospital, in the way of beds, food, and attendance, which, if it be theoretically at their discretion to order, they are well aware few Boards of Guardians would permit them practically to carry out.

The plan in question is briefly this—That as there are upwards of 80,000 persons who die every year in England of dropsy, cancer, and consumption, of whom some 30,000 or 40,000 must be of the class to need a public asylum in case of incurable disease; and as it is manifestly hopeless to multiply Hospitals for them (like the excellent one at Putney), adequate to the demand, it remains for us only to make their abode in the Workhouses as much like that in a well-ordered Hospital for Incurables as possible. For this purpose it is proposed, "That all persons in workhouses, suffering from acute and distressing diseases, such as dropsy, consumption, or cancer, should be placed by themselves in wards apart. That to these wards private charity be admitted to introduce, under the sanction of the Surgeon, whatever may alleviate the sufferings of the inmates." On the acceptance of these rules by any Board of Guardians, it is confidently presumed that the lady visitors of the Workhouse Visiting Society would collect and expend the moderate subscriptions which would suffice to supply good beds, chairs and cushions, trained nurses, and such things as fruit and cooling drinks, so often grievously needed by these sufferers.

Earnestly commending this simple plan to the good offices of the compassionate Physicians and Surgeons who have influence in such matters, I will only remark, generally, in conclusion, how much the authority of the Medical Profession might effect in this and other particulars of Workhouse management. As to one item,—the perpetual mockery of supplying boiled beef to the aged, who can neither masticate nor digest it,—a few expressions of Medical opinion would effect a reform (already accomplished for the Army) for many thousands of wretched paupers, now doomed by pure negligence or ignorance of lay Guardians to this daily mortification. No one knows so well as a Medical Practitioner how little such matters and those above-named — good beds, nurses, etc.,—deserve to be treated as "trifles," or passed over in our efforts to diminish the sum of human misery.

December 3. I am, &c. F. M.

POOR-LAW MEDICAL REFORM.

Letters from Mr. Griffin and the Poor-law Board.

[To the Editor of the Medical Times and Gazette.]

Sir,—Permit me to trespass on the pages of your Journal to lay before the Poor-law Medical Officers the following correspondence, which proves that the Poor-law Board are determined to continue in their present course, and oppose all redress of the grievances of the Medical Officers. Under these circumstances it must rest with the Profession whether I am to continue the course I have hitherto pursued, and endeavour to carry our Bill through Parliament, or let things remain as they are. I am willing to go on; but unless I am supplied with the sinews of war, my personal efforts will be of little avail. Since the issue of the last pamphlet, I have received only £14 15s. 6d., whereas the cost for the stamps alone expended on that occasion was upwards of £13, and the printing and other expenses amount to about £40 more. I have materials ready for another pamphlet, collated principally from the Reports of the Poor-law Board, which will prove the necessity of the proposed change; this I am desirous to send to each Member of Parliament, but the printing, etc., will cost at least £50. What is £100, or even £500, among 6000 Medical men, in comparison with the prospect before them of obtaining upwards of one hundred thousand pounds per annum?

The Poor-law Board in their letter say "That the Consolidated Order of 1847 has received the approval of a Select Committee of the House of Commons, expressly appointed to enquire into its operation and results." On referring to the Report I find the following:—"The Select Committee appointed to enquire into the mode in which Medical Relief is now administered in the different Unions in England and Wales, and to ascertain whether any additional facilities might be afforded the poor in obtaining Medical aid." In the above there is not one word about the Consolidated Order of 1847, let alone the Committee being expressly appointed, etc., etc.

In the first resolution of that Committee is the following:—"That no sufficient evidence has been adduced before your Committee to justify their recommendation of an entire change in the present system of Medical relief as administered under the Consolidated Order of 1847, by means of which the poor have derived greater facilities in obtaining Medical aid than they were enabled to do previous to its promulgation." The Poor-law Board have chosen to view the above as an approval of the Order, but I think your readers will look upon it as almost the reverse, and I have little doubt had the evidence we now possess been laid before the Committee that they would unhesitatingly have recommended a remodelling of the present system.

In the last session of Parliament Lord Palmerston promised the House that a Committee should be appointed to enquire into the administration of the Poor-law Board: I trust that Committee will be a searching one, and that Medical men will prepare themselves to lay evidence before it, and I feel sure if all other branches of the Board are conducted in the same manner as the Medical Department that a material change in the constitution of the Board will be recommended.

I am, &c. Richard Griffin.

12, Royal-terrace, Weymouth, December 3.

Copies of Letters to and from the Poor-law Board.

12, Royal-terrace, Weymouth,
October 31, 1860.

My Lords and Gentlemen,—I have the honour to forward you three copies of a Draft Act of Parliament on Poor-law Medical Relief. I trust the Bill is drawn in such a way as to meet the views of your Honourable Board; should, however, this not be the case I shall feel obliged by your pointing out what you desire on the subject, as I feel sure the Medical Officers will yield on many points, in order to obtain your support and place the whole affair on an equitable basis.

I am, &c.

The Poor-law Board. Richard Griffin.

Poor-law Board, Whitehall, S.W.
November 19, 1860.

Sir,—I am directed by the Poor-law Board to state, that they have carefully perused the draft which you have prepared and have submitted to them, of an "Act of Parliament for the Proposed Redress of the Grievances of the Poor-law Medical Officers." The Board, after full consideration of all the provisions of the proposed measure, regret to inform you that it is not one to which they are able to give their support.

I am, &c.

R. Griffin, Esq., J.P. C. Gilpin, Secretary.

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12, Royal-terrace, Weymouth,
November 22, 1860.

My Lords and Gentlemen,—I have the honour to acknowledge your letter of the 19th inst., in which you state, "The Board, after full consideration of all the provisions of the proposed measure, regret to inform you that it is not one to which they are able to give their support." May I ask the favour of your informing me the principal points of the Bill to which you object? The main feature of the Bill is the payment of the Medical Officers in proportion to the number of cases they attend, and the distance they have to travel,—do you object to this? If so, what other mode would you suggest?

The qualifications of the Medical Officers, and the extra Medical fees to which they are to be entitled, are proposed to be left for arrangement to your Honourable Board, in conjunction with that of the Medical Council,—do you object to this?

The next point is the amount of payment proposed,—do you object to this?

In a former letter I stated that the Poor-law Medical Officers were willing to concede much in order to secure the support of your Honourable Board; with this spirit on their part I respectfully trust you will not keep them at arm's length, but will endeavour to meet their views, and place this much-vexed question on an equitable basis. Possibly you would prefer to bring in a Bill as a Government measure, and thus carry out the views of the Right Hon. P. Sotheron Estcourt, who stated to the deputation of Poor-law Medical Officers as follows:—"The matter ought not to continue in its present state; and if I continue in office, I will use the best means in my power to put this question on a better footing, and make such arrangements as will be satisfactory both to you and to the public."

I have the honour, &c.

The Poor-law Board. RICHARD GRIFFIN.

Poor-law Board, Whitehall, S.W.
December 1, 1860.

Sir,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 22nd ult., on the subject of the draft of the Bill which you have prepared for the "Proposed Redress of the Grievances of the Poor-law Medical Officers."

The Board, in reply, direct me to state that they have already informed you, in their letter of the 19th ult., that they could not consent to the provisions of your Bill.

The Board direct me to add that, in their opinion, no sufficient reasons have been adduced to justify a departure from the general principles of Medical Relief as administered under the Consolidated Order of July 24, 1847, and which has received the approval of a Select Committee of the House of Commons expressly appointed to enquire into its operation and results. Under such circumstances, the Board do not consider that any advantage can result from discussing the provisions of the Bill which you have submitted to them.

I am, &c.

W. G. LUMLEY, Assistant-Secretary.

R. Griffin, Esq., J.P.

DR. EDWIN LEE ON THE HOFRATH.

LETTER FROM MR. WILDE.

[To the Editor of the Medical Times and Gazette.]

SIR,—If Ophthalmic Medicine and Surgery are not making any great progress, the results of which are of much practical benefit to patients within the last few years, certainly no one who looks into our periodicals can deny that the mine of Ophthalmic literature is more than usually productive. This in part arises from the greater amount of attention which I am happy to find is paid to the subject now than formerly—the increased number of special practitioners—and perhaps not a little from a want of acquaintance among the men of the young school now bursting with blossoms, with the opinions of our own countrymen, from the days of Travers, Wardrop, Saunders and Ware, to the date of the last editions of the works of Lawrence and Mackenzie.

I have no desire to burden the student with additional lectures, still I have long thought that a lecture once a-week in our different schools upon the History of Medicine, might be of service to the pupil during his last year of study. Let anyone attend the examinations of one of our licensing bodies, and will he not there find a large number of the questions asked relating to the opinions of the different authorities on the subjects which the examiners require the student to be "up upon." Possibly if these matters had been more attended to we would not have so many crude opinions put forward by writers, nor have gentlemen leaving our own country to learn from foreigners what I and others were taught in anatomical lectures twenty-five years ago. In your last issue I have read the "Original Communication" of Dr. Edwin Lee, a well-known writer on the Spas of Germany; and although I am not at a loss to understand the bearing of the article, possibly the public (and there are many patients who read Medical journals,) may not be so clear-sighted. We have there a description of the celebrated "Hofrath," in other words a Privy Councillor, or Councillor of State, who never was at a Privy Council, and was never summoned to a State Council of his native country. Of this gentleman we are told that he has a "penetrating eye, not requiring the use of glasses;" that "he does not see any patients either at their own residence or at their lodgings," but that he has sometimes gone to visit a blind king, and that no new comer "can have an interview before a day or two," thus surpassing in importance some of your London Practitioners, who at the very zenith of their fame, were in the habit of seeing, and I believe still see, daily such patients as present themselves, provided they happen to be in proper time. But this is not all, for we learn from Dr. Lee that the Hofrath, notwithstanding this great concourse, "not unfrequently gossips with patients, as a relaxation from the continuous employment of seeing and determining upon eye cases." Well, now, really that is a very pardonable enjoyment, and one in which many very conscientious Practitioners indulge; but I doubt whether it is quite fair to spread abroad such a report while people from the utmost parts of the earth are waiting to be attended to. So far for the *personalia* and domestic habits of Herr de Leuw, upon which the foregoing *badinage* may be excused. But now comes the real gist of Dr. Lee's communication.

"The Hofrath's diagnosis in obscure or difficult cases is," says your correspondent, "clear and decided." There is nothing doubtful about that; it is worth going to Graefrath for that alone, for after all, accuracy of diagnosis is one of the first—nay, the indispensable—requisite for proper treatment; but Dr. Lee does not give any cases of patients upon whose diseases my brethren of London or New York had not been equally clear and decided. But your Londoner requires a guinea for his opinion, whereas the Prussian demands but a dollar from a stranger, and a shilling from a native. Under such circumstances who would not have a "clear and decided diagnosis" for three shillings! Travelling abroad some years ago, I met, among the incongruous multitude one encounters in a Rhine steamboat, an English clergyman (the clergy are great upholders of the Hofrath), who had been for many years affected with partial but incurable amaurosis, and who had just been spending his summer "under cure" at Graefrath, and was then returning home merely for the winter, as the superintendent of that establishment very properly would not have incurable patients remaining all the winter in a desponding state in a dull German village, but he intended to go back the next year for the completion of his cure. On my asking him if he could not have a good opinion in the British Isles, he mentioned the names of several distinguished men who were honest enough to tell him his case was incurable. "But," said he, "the fees of those men are so high that one is driven to consult persons less exorbitant." His better half, however, who kept the total of the expenses held a different opinion. Perhaps some of your readers will say, is it worth while discussing a German's fee? Certainly not, if only promulgated as was done some years ago by an English clergyman who wrote and widely distributed a little red book on the cheapness of the miracles performed by the Hofrath, but coming from a man who writes M.D. after his name, it is worthy of notice; not so much to us poor Irish, who cannot always enjoy the luxury of a summer on the Rhine, but to your rich English.

What are the Hofrath's qualifications for public favour as stated by Dr. Lee? He "originally acquired reputation as an oculist by publishing, when an Army-Surgeon, a work on Contagious Ophthalmia, which was at the time highly thought

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of." What is the name of this book? when and where was it published? I cannot find it in such German catalogues as I possess; neither is it noticed in any of the standard German or French works on ophthalmology. I think Dr. Lee is called on to send you a critical notice of the work. Next we are informed that he has prepared for publication "a work on Entropion and Trichiasis," advocating the old method, invented, I believe, by Celsus, of removing a bit of the skin of the eyelids, but which has long since been acknowledged to be ineffectual. But this is not all;—the Hofrath "strongly disapproves of the operation of excising the margin of the lid, as practised by a distinguished oculist of Berlin," name not stated. I hardly thought it possible that an English Physician or Surgeon had never heard of "the cure of the inversion of the upper eyelid by excision of the tarsus" by John Cunningham Saunders, in the work of that author, published by Dr. J. R. Farre, in 1811. Possibly, however, that is a trifling matter; so let us pass on to a graver subject. We read that the Hofrath entertains "the firm conviction that cataract may frequently be dispersed in the early stage by external remedial means, and internal when necessary." Now, Sir, this is the grand question for consideration—the great superiority of the Hofrath. Can an opacity of the lens, when once fairly and unmistakeably established, be removed by medicine, used either externally or internally? It would occupy too much of your space to discuss the why and the wherefore of this matter here. I, for one, emphatically say, No; and I here fearlessly throw down the gauntlet to all comers who are willing to enter the lists upon the subject. And, Sir, allow me to say it behoves other Practitioners in like pursuits to give the public the benefit of their experience on this subject. It seems, however, that operations must be performed at Graefrath, and then we are told that the Hofrath "operates with the needle, puncturing the cornea, as was the practice of the late Mon. Walther, of Munich." I have heard of a Scotch *Mon*, but I never heard of a German with this prefix to his name before. I have, however, read of a man, called Conradi, who, about sixty-five years ago, operated after this fashion, and since then, I presume my ophthalmic brethren do not require to learn the history of the anterior needling operation for cataract.

Dr. Lee next informs us that he was informed by the Hofrath, "that a distinguished oculist in Vienna, who formerly disbelieved the possibility of cataract being absorbed, had lately, in an appendix to his work, admitted its practicability." This, certainly, is cheering to the patient, but if the name of the author and his work were given, it would have added more force to the remark. Finally, we are informed that the Hofrath keeps his operation for curing cataract without operation, a secret. Your periodical has so frequently treated on this subject, that it is unnecessary to discuss it here, but I can assure Dr. Lee that it is not such a secret as he imagines; and that if he examines the supply of medicine given to any of his friends who may be returning to England for the winter, it will be found to consist of very pure palm oil.

I should have mentioned that Dr. Lee informs your readers that the Hofrath has "repeatedly refused invitations to reside in capital cities," and in this I think he shows his sense. Verily, the Hofrath is of the tribe of the prophets.

Dublin, November 26. I am, &c. W. R. Wilde.

THE TURKISH OR ROMAN BATH.

[To the Editor of the Medical Times and Gazette.]

Sir,—With the nature and probable uses of the Turkish Bath, your readers are by this time familiar. The lecture of Mr. Spencer Wells, reported in your number of November 3, leaves little to be said. There is, however, one point which may perhaps be more distinctly alluded to, and that is the condition or state of the air *breathed* during the heating and sudorific part of the process.

The temperature of the air of the rooms would seem to be about 110° F. to 120° F. in the Tepidarium, and 140° to 160° F. in the Calidarium. The air thus heated will be proportionally expanded, and a given volume will contain, as a consequence, a lesser proportion of its elements than when at a lower temperature.

This heated and expanded state of the air is just that which will enable it to take up the vapour and volatile matters given off from the skin and lungs of those present with avidity. Whatever these matters may be—the ordinary waste or effete matter of the healthy—the unknown exhalations which are given off by persons peculiarly constituted, or the positively morbid products of disease—they are, in the absence of efficient precautionary measures, inhaled by all present.

The writer has seen as many as twelve persons seated in a room which seemed pretty well filled by this number—some waiting until perspiration made itself evident, others, in whom this effect had already been produced, prolonging the action of the skin by remaining, and by occasionally going into the Calidarium, or hot room; the time occupied by each being from one to two hours.

It is easy to infer that under these circumstances the advantages of the Bath may be lessened by a deteriorated if not a poisoned condition of the principal element of the Bath; and one is led to inquire whether any and what means are adopted either to preserve the air in the rooms in a state of purity, or to reduce the exhalations it may contain to a minimum; the more necessary when it is remembered, as first stated, that the heated air itself is expanded, and, therefore, poorer to begin with. In the lecture referred to, Mr. Wells informs us that one patient continued to prefer the vapour-bath; but he adds, "I cannot help thinking that this is because the Bath he went to is small and imperfectly ventilated."

As there seems to be a probability of the extension of these Baths, it is, if there be any truth in these notions, a matter of considerable importance to provide proper ventilation; in other words, to secure the continuous ingress of fresh, and a corresponding egress of contaminated, air.

Even in the case of a private bath, especially if the apartment be small, a sufficient displacement of the air should take place; but in both cases the ventilation ought to be effected with as little draught as possible, or at all events without the introduction of currents of cold air.

In the absence of such arrangements, it would appear questionable whether the old vapour-bath, in the use of which the head need not be included, with the additions to it of shampooing, washing, and the cold douche suggested by the Turkish Bath, be not preferable.

December 4. I am, &c. W. C.

A HINT FOR REGISTRATION ASSOCIATIONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I observe with much regret the result of various cases recently brought before the Courts of Law at Westminster, upon the construction of clause 40 of the Medical Registration Act, and which lead to the conclusion, that any further attempt to put in force against persons calling themselves "Surgeons," the provisions of that enactment must now prove abortive. Surgeons, I consider, have not the same protection as the Physician and Apothecary. The Physicians acquired their exclusive privileges under the Act of Henry the Eighth, those of the latter being conferred by the Act of 1815. Surgeons are, however, out of both those enactments; an old Act of Henry the Eighth having declared that any of the King's subjects, having experience, may cure outward sores, without penalty or loss of goods, and hence the impunity which unregistered Surgeons have always received in the Courts of Law. To avail themselves of this enactment, unqualified Practitioners in Surgery must, however, confine themselves to outward sores. If they undertake to cure internal diseases, and for gain administer medicine or give advice with that object, they render themselves liable to penalties imposed by the enactments referred to, and may be proceeded against by indictment at the next Assizes. It would, therefore, be well for Registration Associations to turn their attention towards this direction henceforward, and whenever any unqualified or unregistered person shall be found to have infringed upon the exclusive privileges of the Physician or Apothecary at once to make him the subject of an indictment. The unqualified Surgeon will be exempt from punishment so long as he confines himself to the proper practice of Surgery, but if the inexperienced and unqualified will deal with internal diseases, and

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administer medicines to patients suffering under such complaints they must take the consequences. If the remedies now suggested are judiciously put in force, quackery will speedily disappear and every qualified Practitioner retain his proper position in his Profession.

December 3. I am, &c. A Lawyer.

OBITUARY.

SIR HENRY MARSH, BART.

We deeply regret to announce the sudden and unexpected demise of this distinguished Physician, who has, during the last thirty years occupied the foremost place among the Medical Practitioners of the Irish metropolis. On Saturday, December 1, Sir Henry Marsh, having partaken of some slight refreshment, his custom being not to breakfast until his return from his first round of Professional visits at about half-past eleven, was on the point of leaving his house at a little after nine o'clock, when he was seized with sudden vertigo and fell, fracturing, as was afterwards proved, the fibula of one of his legs. Calling for aid he said to those about him that he feared he had sprained his ancle, and was explaining to Lady Marsh and to his son how it occurred, when he gradually became unconscious. Dr. Cusack and Mr. Hamilton, with Drs. Burke and Hill were summoned, and were with him almost immediately, but notwithstanding all their anxious and sedulous efforts to relieve him, he expired at seventeen minutes before one o'clock the same afternoon. The news of the melancholy event spread with rapidity throughout the city, creating a feeling of consternation and sorrow among all classes, and proving how universally he who was thus suddenly cut off in the midst of his unwearying activity, was respected and beloved.

The family from which Sir Henry was descended, originally resided in Gloucestershire, the first of his ancestors who settled in Ireland having been Francis Marsh, afterwards Archbishop of Dublin, who died in 1693. Sir Henry's father was the Rev. Robert Marsh, Rector of Killinane, County Galway; maternally, Sir Henry was descended from Sir Thomas Molyneux, the first Medical Baronet ever created in Ireland.

The lamented subject of this notice was born in the town of Loughrea, County Galway, in the year 1790. Having spent some time at an excellent school in his native town, he returned at twelve years of age to Killinane, where, by his father's desire, he devoted three years to preparation for an agricultural life. Having, however, in the year 1806, met, while engaged in his rural occupations, with a stranger who proved to be a Fellow of Trinity College, and a friend of his uncle, the Rev. Digby Marsh, his ambition was excited by the prospect held out of advancement and honour in the path of study; and he therefore abandoned his former pursuits, and applied himself to learning with ardour and success. Within twelve months after the event we have just alluded to, young Marsh entered the University of Dublin, under the tutorship of his cousin Mr. (now the Right Hon.) P. C. Crampton, at that time a Fellow of the University, and subsequently one of the Justices of the Queen's Bench in Ireland. On Mr. Crampton's resigning his fellowship to devote himself to the legal profession, young Marsh was transferred to the Rev. Dr. Sandes, afterwards Bishop of Cashel, under whom he graduated as A.B. in 1812. He was now intended for the Church, but having warmly embraced the peculiar religious views of the late John Walker, formerly a Fellow of Trinity College, and well known as the founder of a sect which bore his name, this plan also was abandoned, and he determined to enter on the study of Surgery, with a view to proceed as soon as possible to the Peninsula in the capacity of Military Surgeon. By the advice, however, of his cousin, Dr. John Crampton, he was apprenticed to the late Sir Philip Crampton, and under his auspices spent, during the next five years, the greater portion of his time in the wards of the old Meath Hospital, until the loss of a part of the index finger of his right hand, in consequences of a wound received in dissecting, obliged him once more to modify his course, and to forsake Surgery for Medicine. In the year 1818 he graduated in Medicine in the University of Dublin, and became a Licentiate of the King and Queen's College of Physicians. Having spent nearly two years on the Continent, he returned to Dublin, and a vacancy having, in 1820, been created in Steevens's Hospital, by the death of Dr. Harvey, and the consequent promotion of Dr. John Crampton to the Physicianship, he was appointed Assistant-Physician to the Hospital. In 1822, in conjunction with Mr. Cusack, the late Mr. Wilmot, Drs. Graves and Jacob, he established the Medical School in Park-street, in the building which is now St. Mark's Ophthalmic Hospital, Lincoln-place, where he lectured on the Practice of Medicine until his election, on the resignation of Dr. Whitley Stokes, in 1827, to the corresponding chair in the Royal College of Surgeons in Ireland. The Professorship in the College he held until 1832, when the increasing claims made on his time by private practice obliged him to relinquish it. In 1822 Drs. Marsh and Johnson founded the Institution for the Diseases of Children, which was first opened at the rear of Dr. Marsh's house, and was subsequently transferred to Pitt-street. In 1837 Dr. Marsh was appointed Physician in Ordinary to the Queen in Ireland, and in 1839 he was created a baronet. In 1840 he was elected to the Presidentship of the King and Queen's College of Physicians, an office which he has since on several occasions filled. On the death of Dr. Crampton, in 1840, he became Senior Physician to Steevens's Hospital, and he continued in that capacity until two or three years before his death. Sir Henry was twice married; by his first wife he leaves an only son, now Sir Henry Marsh, a Major in the Third, or Prince of Wales', Dragoon Guards, who at the time of his father's decease was fortunately staying with him, on leave from his regiment, at present in the Bombay Presidency.

As a Practitioner Sir Henry was well adapted to fill the high position he so long occupied. Quick in diagnosis, decided in treatment, highly honourable in his dealings, courteous to all, he eujoyed the full confidence, both of the Profession and of the public. His hospitality was unbounded, and to those whom the reputation of the Dublin School of Medicine attracted as visitors to Ireland, his house was ever open. Though the pre-occupation of his time prevented his being a voluminous writer, he was of decided literary tastes; the brief periods which he could snatch from the laborious duties of his profession, were devoted to general literature or to Medical writing. His earlier contributions to Medical Science are to be found in the *Dublin Hospital Reports*, and consist of "Cases of Jaundice, with Dissections," and of papers on "Diabetes," on "The Origin and Latent Period of Fever," on "The Effect of the Vapour-Bath in Tetanus," and on "Spasm of the Glottis." Sir Henry also published essays on the "Evolution of Light in the Human Subject," and on the "Preparation of the Food of the Labourer." In the *Dublin Journal of Medical Science* he contributed papers on "Acute Inflammation confined to the Epiglottis," on "Strumous Peritonitis with Effusion," and on "Regurgitation of the Contents of the Stomach without Nausea." To the second series of the same periodical he contributed papers on "Chlorosis and Hæmorrhage," on "The Hæmorrhages," on the "Causes of Dropsy," and on "The Treatment of Diabetes Mellitus." At the time of his decease he was engaged in preparing for publication a work entitled "Observations on Transmitted Affections of the Stomach, and on Disturbances of the Brain, which give rise to Somnambulism, Ecstacism, etc." great part of which is already printed. It was Sir Henry's intention to have left Dublin for a week, the first week in January, 1861, to complete this work; it is to be hoped that it may be found in so forward a state as to admit of its being given to the Profession.

We have now only to add to this brief and necessarily imperfect memoir, that Sir Henry was more than once heard to express a wish that his death might be sudden. On one of these occasions a friend remarked to him that such a death might be well if it found its object prepared, "Oh," replied Sir Henry, "that point has been settled long ago; my hope is fixed."

Government is about to erect a large building on the grounds attached to Fort Pitt General Hospital, to be used as a Museum for the Medical Staff, and the Students attached to the Medical School recently established there, the present Museum being altogether too small for the purposes for which it is required.

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MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations, were admitted Fellows of the College at a meeting of the Court of Examiners on the 29th ult. :—

Name.	Residence.	Diploma Datmg.
Bury, George W. F.	Whetstone, Middlesex	December 12, 1856
Clapton, William	St. Thomas's Hospital	March 20, 1857
Crosby, Thomas Boor	Finsbury-place	May 21, 1852
Dudley, W. Lewis, M.D.	Bogatà, New Granada	December 29, 1846
Gill, W. Battershell, M.D.	Cambdge-pl. Regent's-pk	April 9, 1847
Smith, Eustace, M.B.	Leamington	November 5, 1858
Woodhouse, Thomas J.	Wells-street, Hackney	March 20, 1857

APOTHECARIES' HALL. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, the 29th ult. :—

Lee, Frederick Favson, Salisbury
Lovegrove, John, Sotwell Farm, near Wallingford, Berks
Parson, Edward, Cutcase, near Liskeard, Cornwall
Trotter, Arthur Edwin Hutchinson, Stockton-on-Tees.

The following Gentlemen also on the same day passed their First Examination :—

A'Beckett, William Goldsmid, University College
Finch, Henry, University College.

As an Assistant :—

Porter, Wm. Edward, Melbourne House, Droitwich-road, Worcester.

APPOINTMENTS.

CHURCH.—Mr. W. G. Church, of University College, Oxford, has been appointed to the office of Lee's Reader in Anatomy, vacant by the resignation of Dr. Rolleston (now Linacre Professor). Mr. Church obtained a first-class in Natural Science at the Easter Examination of the present year.

ANSTIE.—Dr. Anstie has been appointed Lecturer on Toxicology at the Westminster Hospital.

LIVEING.—Edward Liveing, Esq., M.B. Cantab., M.R.C.P., M.R.C.S., has been appointed Assistant Physician to King's College Hospital.

DEATHS.

ADAMS.—December 2, at Edinburgh, Alexander Maxwell Adams, M.D.

ATKINSON.—November 26, at Dublin, Thomas J. Atkinson, Surgeon 31st Regiment, aged 33.

BARCLAY.—November 29, at Charlton, Kent, John Barclay, Surgeon R.N., aged 57.

CARBERY.—September 24, at Carosal, William Deelan Carbery, L.R.C.S. Irel. ; Assistant-Surgeon 3rd West India Regiment.

ECCLES.—November 27, at Cheadle, Staffordshire, John Eccles, M.D. Univ. Edin. 1815.

HOFFMAN.—Recently, John Hoffman, M.D. Staff-Surgeon.

MARSH.—December 1, suddenly, at Merrion-square, Dublin, Sir Henry Marsh, Bart., Fell. K.Q.C.P. Irel., M.D. Univ. Trin. Coll. Dub., one of the Physicians in Ordinary to the Queen in Ireland.

MYERS.—November 28, Henry Myers, L.S.A. Lond., aged 50.

PURNELL.—November 25, suddenly, at Blackheath, William Anthony Purnell, late Physician-General of the Bombay Army.

SANKEY.—November 25, William S. Villiers Sankey, M.A. Dub. and Camb., aged 67.

SLIGHT.—November 25, Henry Slight, of Portsea, Hants, M.R.C.S. Eng., and L.S.A. Lond., 1819.

SLOAN.—November 27, John Sloan, of Kilmaurs, Ayrshire, L.F.P.S. Glasg., aged 70.

A NEW EXPEDITION to Central Africa, in search of Dr. Vogel, is being prepared in Germany.

A NEW BOOK of Arctic Travels, from the pen of Sir John Richardson, M.D., is about to be published, under the title of "The Polar Regions."

THE Registrar-General tells us that, last week, a domestic servant, aged 72, who is said to have spent £140 in intoxicating liquors in fifteen months, fell a victim to her wretched improvidence, and her sudden death was attributed to "congestion of the brain."

ROYAL MEDICAL SOCIETY OF EDINBURGH.—The following gentlemen have been elected office-bearers in this venerable Society for the ensuing year, being its 124th Session. Presidents, Mr. J. Crichton Browne, Mr. Alexander Crum Brown, M.A., B. Sc. (Lond.), Mr. William Watson, Mr. James Pettigrew; Treasurer, Mr. J. F. Macfarlan; Honorary Secretaries, Mr. Thomas R. Fraser, Mr. John Duncan, M.A.; Curator of Library, Mr. R. J. B. Cunynghame; Sub-Librarian, Mr. W. Thomson.

"ABDOMEN—The richest and most fertile region of the body for the practice of Medicine : the theatre of more than one-half of the pathological dramas, and the one about which patients are always most particular. Unhappy the Physician who neglects the exploration of the abdomen. 'He has not examined my stomach,' says the patient, which means, 'he knows nothing of his business.'"—*Minor Dictionary of Medical Terms.*

MEDICAL PRACTITIONERS IN PRUSSIA.—At the end of 1859 there were for the entire Prussian Kingdom 1 Physician to 4099 inhabitants, 1 Surgeon (an inferior Practitioner) to 10,823, 1 Apothecary to 11,602, and 1 Midwife to 1554 inhabitants. Of course the proportion differs in different parts of the kingdom, and in the capital is as follows :—1 Physician to 953 inhabitants, 1 Surgeon to 4477, 1 Apothecary to 11,710, and 1 Midwife to 3198.—*Berlin Med. Zeit.*, No. 45.

NATIONAL MEDICAL REGISTRATION ASSOCIATION.—At the second annual meeting of this Association, W. Fergusson, Esq., F.R.S., in the chair, after the usual routine business had been disposed of, a report was read, the object of which is to induce Registered Practitioners to join the Association, and thus assist in checking the practice of non-registered persons.

ROYAL INSTITUTION OF GREAT BRITAIN.—At the last General Monthly Meeting Henry Bence Jones, M.D., F.R.S., was elected Secretary of the Royal Institution, in the room of the Rev. John Barlow, M.A., F.R.S., resigned, who was elected a Manager. The following arrangements for the lectures before Easter, 1861, were announced :—Six Lectures on the Chemical History of a Candle (adapted to a Juvenile Auditory)—by Michael Faraday, Esq., D.C.L., F.R.S., etc., Fullerian Professor of Chemistry, R.I. Twelve Lectures on Fishes—by Richard Owen, Esq., D.C.L., F.R.S., Fullerian Professor of Natural Physiology, R.I. Twelve Lectures on Electricity—by John Tyndall, Esq., F.R.S., Professor of Natural Philosophy, R.I. Ten Lectures on Inorganic Chemistry—by Dr. Edward Frankland, Esq., F.R.S., Lecturer on Chemistry at Bartholomew's Hospital.

VIOLENT INFANTILE DEATHS in last week's records of Metropolitan mortality :—Six children, viz., the daughter of a bricklayer, aged 6 years, the daughter of a labourer, aged 5 years, the daughter of a dockyard labourer, 4 years, the daughter of a policeman, 8 years, the son of a messenger, 6 years, and another child, 3 years, all died of burns received from their clothes taking fire. Five children were suffocated in bed. A child died from the foul atmosphere of its apartment, an infant from an overdose of opium, a bedstead maker from want and exposure, and a child was poisoned by foul drainage in Vincent-street, Hoxton New Town.

THE ROYAL SOCIETY.—The anniversary meeting of this Society was held recently, General Sabine, Treasurer and Vice-President, in the chair. The anniversary address was delivered, after which the medals were presented as follows : —The Copley Medal, to Professor Robert Wilhelm Bunsen, of Heidelberg, Foreign Member of the Royal Society, for his "Researches on Cacodyl, Gaseous Analysis, the Volcanic Phenomena of Iceland and other Researches;" a Royal Medal to Mr. William Fairbairn, F.R.S., for his various "Experimental Inquiries on the Properties of the Materials employed in Mechanical Construction;" a Royal Medal to Dr. Augustus Waller, F.R.S., for his "Investigations into the Anatomy of Physiology of the Nervous System, and for the Introduction of a valuable Method of Conducting such Investigations;" and the Rumford Medal, to Professor James Clerk Maxwell, for his "Researches on the Composition of Colours, and other Optical Papers." The Society then proceeded to the election of Council and officers for the ensuing year. The following gentlemen were declared duly elected :—President, Sir Benjamin Collins Brodie, D.C.L.; Treasurer, Major-General Edward Sabine, R.A., D.C.L.; Secretaries, William Sharpey, M.D., LL.D., and Mr. George Gabriel Stokes, M.A., D.C.L.; Foreign Secretary, Mr. William Hallows Miller, M.A.; other Members of the Council, Mr. John

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Couch Adams, Sir John Peter Boileau, Mr. Arthur Cayley, Mr. William Fairbairn, Hugh Falconer, M.D., William Farr, M.D., D.C.L., Mr. Thomas Graham, M.A., D.C.L., Sir H. Holland, M.D., D.C.L., Mr. Thomas Henry Huxley, Sir J. G. Shaw Lefevre, M.A., D.C.L., Mr. James Paget, Mr. Joseph Prestwich, Mr. William Spottiswoode, M.A., Mr. John Tyndall, Ph.D., Alexander William Williamson, Ph.D., Colonel Philip Yorke. After the election, the Fellows and their friends dined together at the Thatched House, General Sabine occupying the chair.

ROYAL COLLEGE OF SURGEONS.—Notice has been given that the next Examinations of Candidates for the title of M.R.C.S. will be held as follows:—The Primary, or Anatomical Examination, on January 19, and following days; and the Pass, or Surgical Examination, on January 26, and following days. Examinations of candidates, under the old regulations will be held at intervals in the meantime, as usual.

UNIVERSITY OF LONDON.—The following are lists of candidates who have recently passed the respective examinations indicated:—SECOND M.B. EXAMINATION, 1860.—EXAMINATION FOR HONOURS.—*Physiology and Comparative Anatomy.*—John Easton (University Scholarship and gold medal), King's College; John Harley (gold medal), King's College; and Frederick Poynton Weaver, Liverpool Infirmary and Guy's Hospital. *Surgery.*—C. J. Bracey (University Scholarship and gold medal), Queen's, Birmingham, and King's Colleges; Thomas Hiron Bartleet (gold medal), Queen's, Birmingham, and King's Colleges; James Braithwaite, Leeds School of Medicine and Guy's Hospital; John Easton and John Harley, King's College, equal; Charles Grabham, St. Thomas's Hospital. *Medicine.*—Eustace Smith (University scholarship and gold medal), University College; John Harley (gold medal), King's College; Thomas Hiron Bartleet and Charles James Bracey, Queen's, Birmingham, and King's College, equal; Henry Forbes Winslow, King's College; Edward Woakes, St. Thomas's Hospital. *Midwifery.*—John Easton (gold medal), King's College; Charles James Bracey, Queen's, Birmingham, and King's Colleges, and Washington Lafayette Winterbotham, University College, equal; William Caley, King's College; James Braithwaite, Leeds School of Medicine and Guy's Hospital, and John Harley, King's College, equal; Henry Forbes Winslow, King's College; Frederick Poynton Weaver, Liverpool Infirmary and Guy's Hospital. *M.D. Examination*, 1860.—John Henry Bartlet, University College; Rayner Winterbotham Batten, St. Bartholomew's Hospital; Francis Thomas Bond, B.A., Queen's College, Birmingham; William Henry Broadbent, Royal Manchester and St. Mary's Colleges; Thomas Buzzard, King's College; Thomas Armstrong Cammack, University College; Richard Hunt, Guy's Hospital; Philip Sydney Jones, University College; Edmund Symes Thompson, King's College.

PATHOLOGICAL SOCIETY OF DUBLIN.—The first meeting of the Society for the Session 1860-61, was held in the Anatomical Theatre of Trinity College, on Saturday, November 24, when the following Officers and Council were elected for the year ending November, 1861:—President:—Christopher Fleming. Vice-Presidents: Joseph O'Ferrall, Benjamin G. M'Dowel, Fleetwood Churchill, Samuel Gordon, James S. Hughes, Alfred H. M'Clintock. Council: Robert Adams, John Banks, Thomas Beatty, Dominick J. Corrigan, John Hamilton, Edward Hutton, Robert Law, Cathcart Lees, Sir Henry Marsh, Bart. (since deceased), Robert Mayne, Josiah Smyly, Joliffe Tufnell. Honorary Secretary: William Stokes. Secretary and Treasurer: Robert W. Smith. Secretary for Foreign Correspondence: Robert D. Lyons. The subject selected for the Society's gold medal, to be adjudicated at the close of the session to the best essayist is, "The Diagnosis and Pathology of Diseases of the Spermatic Cord, and of the Testicle and its Coverings." In consequence of the lamented death of Sir Henry Marsh, Bart., one of the Council, the second meeting, intended to have been held on the 1st inst., did not take place.

THE ANTI-TOBACCO MOVEMENT.—A meeting for the promotion of the objects of the British Anti-Tobacco Society was held in Edinburgh last week. Professor Miller moved the first resolution:—"That as the constituent principles which tobacco contains are highly poisonous, the practice of smoking and snuffing tend in a variety of ways to injure the physical and mental constitution." He said, no man who was a hard smoker had a steady hand. But not only had it a debilitating and paralysing effect; but he could tell of patients who were completely paralyzed in their limbs by inveterate smoking. He might tell of a patient of his who brought on an attack of paralysis by smoking; who was cured, indeed, by simple means enough, accompanied with the complete discontinuance of the practice; but who afterwards took to it again, and got a new attack of paralysis; and who could now play with himself, as it were, because when he wanted a day's paralysis or an approach to it, he had nothing to do but to indulge more or less freely with the weed. Only the other day, the French—among whom the practice was carried even to a greater extent than with us—made an estimate of its effects in their schools, academies, and colleges. They took the young men attenting these institutions, classified them into those who smoked habitually and those who did not, and estimated their physical and intellectual standing,—perhaps their moral standing too, but he could not say. The result was that they found that those who did not smoke were the stronger lads and the better scholars, were altogether more reputable people, and more useful members of society than those who habitually used the drug. What was the consequence? Louis Napoleon—one of the good things which he had done—instantly issued an edict that no smoking should be permitted in any school, college, or academy. In one day he put out about 30,000 pipes in Paris alone. Let our young smokers put that in their pipes and smoke it! Mr. Reynolds seconded the resolution, which was agreed to. Mr. Thomas Knox stated that the present was only the initiatory meeting of a series which it was intended to hold in Edinburgh to promote the movement. He moved:—"That as smoking has a tendency to encourage the drinking usages of society, not only by creating morbid thirst, but also by its exhausting power, thereby inducing recourse to a falsely supposed substitute, it is greatly calculated to foster crime and dissipation in the masses." This and other similar resolutions were unanimously passed.

ACTION OF CARMINE ON ORGANIC CELLS.—In a paper to be found in *Canstatt's Jahresbericht*, 1858, vol. i. p. 202, Wittich confirms the conclusions drawn by Gerlach from his experiments (communicated by him during the Meeting of Naturalists at Bonn) upon the action of pigments, and especially of a solution of carmine when brought into contact with dead organic cells, and other elementary forms of cell origin. As soon as the coloured solution is brought into contact with cell-structure, the nuclei become coloured, the other portions of the cell, colourless at first only exhibiting the colour after a longer imbibition. The elementary forms of tissue originating in cells comport themselves as do the nuclei, attracting to themselves the colouring matter. Thus in connective tissue it is only the cells, and especially their nuclei, which are coloured, while the intervening connective substance remains uncoloured. The muscular fibres appear coloured along their entire length. Of the nervous tissues, the ganglionary cells, and especially their nuclei, are of an intense red. In the non-sympathetic nervous fibres, the medullary substance, and especially the axis, cylinders are coloured, while the neurilemma remains colourless. In the vascular structures the cells and their nuclei are coloured in the tunica intima, while the elastic fibres of the tunica media remain colourless; the muscular fibres are coloured, as are the cells of the connective substance of the tunica adventitia—the other portions remaining uninfluenced. In his experiments with colouring matters, Gerlach placed thin slices of brain, which had been hardened by chromate of potash for two or three days in a mixture of one ounce of water, and two or three drops of a concentrated solution of carminate of ammonia. v. Hessling, the reporter in *Canstatt*, observes that there is nothing new in Gerlach's statements, every histologist familiar with injections being aware of the facts he states. v. Hessling himself described them in the *Illustr. Med Zeitung*, Theil I., seven years ago.

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·474 in.
Mean temperature	41·6
Highest point of thermometer	50·0
Lowest point of thermometer	35·2
Mean dew-point temperature	40·5
General direction of wind	
Whole amount of rain in the week	0·81 in.

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VITAL STATISTICS OF LONDON.

Week ending Saturday, December 1, 1860.

BIRTHS.

Births of Boys, 870; Girls, 826; Total, 1696.
Average of 10 corresponding weeks, 1850–59, 1662·3.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	638	637	1275
Average of the ten years 1850–59	631·9	637·9	1269·8
Average corrected to increased population..	..	..	1397
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	34	25	59

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	..	11	19	1	9	5	..
North ..	490,396	2	9	6	..	11	4	7
Central ..	393,256	..	10	6	..	6	3	1
East	485,522	..	13	6	5	5	5	7
South ..	616,635	2	7	8	3	9	6	4
Total.. ..	2,362,236	4	50	45	9	40	23	19

TO CORRESPONDENTS.

A Student's letter on the Modern Neglect of Therapeutics shall appear.

Mr. Ridout's note shall appear next week.

Mr. Gordon Jackson's case shall appear.

R. S., Naples.—We shall be happy to receive the report of the case of Gun-Shot Wound. The photograph would also be very acceptable. Mr. Atkinson leaves Jerusalem.

A Fifteen Years' Subscriber should send his name and address; a reply could then be sent.

A Country Practitioner.—The letter of the "Poor Curate" hardly deserves serious refutation. It provokes a smile, but certainly is not of sufficient importance to merit a further exposure than it received from a Guy's Student last week in these columns.

ERRATUM.—In the paragraph on the Bedford Microscopical Society, p. 546, second line of paragraph, *for* "in the place of," *read* "on the plan of."

THE WARMING OF ROOMS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—One of the Lecture Theatres in a Medical College in London was attempted to be warmed in the manner mentioned by Dr. Scaton Reid, of Belfast, in your last issue. On one occasion, during a lecture—on a cold day—one of the students was sitting with his feet over the grating made for the entrance of the warm air. The lecturer, noticing he frequently moved, asked him what was the matter. He said his feet were over the grating, and "the hot air blew so cold" up his trowser-legs that it was uncomfortable! I am, &c.

December 4. MEDICUS.

A QUERY FOR CHEMISTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Allow me to ask, through your Journal, an explanation of the following fact from some one of your chemical readers:—

I examine the urine of a patient suffering from symptoms of albuminuria. Heat and nitric acid throw down a large precipitate of albumen. A few drops of acetic acid added to the urine prevent the precipitation of the albumen when the urine is boiled; and a large quantity of acetic acid added to it, re-dissolves the albumen precipitated by heat alone. The facts have been verified by a chemist of experience, and are here correctly stated.

Why the acetic acid prevents the coagulation of the urine when boiled; and why it re-dissolves the precipitated albumen is what I seek to know.

December 6. I am, &c. W. O. M.

MEDICAL GENTLEMEN.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your correspondent, "A Poor Curate," has evidently been placed in the unenviable position of one picking up the crumbs which have fallen from the rich man's table, and appears to feel not a little surprised that the more independent Country Practitioner refuses to degrade himself by the charitable offering of a few loaves and fishes.

It unfortunately happens that the great body of the clergy in this kingdom by no means represent the Divine Master who went about doing good, and had not even where to lay his head. Having now over a period of many years, in the discharge of my Professional duties, frequently come in contact with many of the clergy (both big, fat, slothful Vicars and also Poor Curates,) I am bound to say that I have more frequently found them endeavouring to elevate themselves into the position of some little god, than into that of the kind, benevolent, humble Christian. "The Poor Curate," in saying "Much as such men may be esteemed for their professional talent, or their charity to the poor," unwittingly does the greatest credit to the Medical Profession, for these qualities constitute the man (gentleman, if he will,) and the true Christian.

Surely, the "Poor Curate," in his anxiety to be introduced into respectable society, and failing interest in high places, has not had sufficient leisure to make himself thoroughly acquainted with the writings of the best divines, otherwise he would have known that the great Robert Hall mostly considered an evening spent in respectable society as utterly frivolous and profitless, and requested one of the most intelligent of the guests to accompany him home, in order to have a little sensible conversation previous to retiring to rest. I am, &c.

NOT A POOR NORTHUMBRIAN MEDICAL PRACTITIONER.

November 29.

THE VALUE OF MEDICAL TITLES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—After all the squabbling about Medical Titles, I will ask those who have been anxious to engraft upon the General Practitionership that of the Licentiateship, or Doctorship, whether they have really grasped more than a shadow, and whether, by gaining these appendages, they are qualified to prescribe better for their patients, or perform any operation in Surgery better than before? It would seem there is an immense gratification or looked-for advantage in this mystical object. The General Practitioner who reads at all can surely, by the aid of your instructive periodical and others, and the teeming Medical press, keep up his professional knowledge to the level of all grades; and after all, experience proves that the man most judicious and competent in treating disease is not always the man with the longest list of alphabetical distinctions to his name. As an old and independent M.R.C.S. and L.A.S., I have always considered homage due to every man in his place. As a rule,—let the Physician keep to his prescribing and fees, and the Surgeon to his surgery and necessary prescribing and fees. The General Practitioner takes all branches, and, if wanting assistance, can call the pure Physician or Surgeon, who, by his more exclusive attention to one line of practice, may be presumed to be more eminent; but since the term "Doctor" appears to have such a charm for so many of my fraternity, I agree with your correspondent "Unity" that a Doctorship of Surgery might not improperly form a parallel with that of Medicine. In the country and in the Army and Navy, we know every Surgeon is addressed as "Doctor" to distinguish him from other people, and so it must be. In times of old, when the different grades kept more in their divisional work, men distinguished themselves more by the development of ability and character, than in the pursuit of each others privileges and appellations.

December 4. I am, &c. SENEX.

COMMUNICATIONS have been received from:—

Professor SIMPSON; Professor LAYCOCK; Dr. CONOLLY; Dr. GOODFELLOW; Dr. JENNER; Dr. BARCLAY; Dr. SKINNER, Liverpool; Dr. HANBURY; Dr. FOGO, Royal Artillery; Dr. DEVENISH; Mr. LE GROS CLARK; Mr. VOSE SOLOMON, Birmingham; Mr. FLOWER; Mr. WILDE, Dublin; Mr. GORDON JACKSON, R.N.; Mr. DOYLE; Mr. RIDOUT; Mr. HINTON; Mr. STOKES; Mr. HARDING; Mr. PIERSE; Mr. WORKMAN; and Mr. FORTESCUE.

APPOINTMENTS FOR THE WEEK.

December 8. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

10. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Clinical Discussion.

11. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Ballot 7½.

12. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

NORTH LONDON MEDICAL SOCIETY, 8 p.m.

HUNTERIAN SOCIETY, 8 p.m. Council Meeting, 7½. Dr. Daldy "On Cases of Hemiplegia, without Structural Lesion."

13. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

KING'S COLLEGE MEDICAL SOCIETY. Dr. Duffin "On Perforations of the Peritoneum."

14. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) at 2 o'clock:—

By Mr. Bowman—Necrosis of Tibia. By Mr. Fergusson—Lithotrity; Necrosis of Tibia; Resection of Elbow.

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TO SURGEONS, &c.—Examined, and Highly Approved, by the Physicians,

Surgeons, &c., at the *Soirée* at Guy's Hospital, November 28th, 1860.

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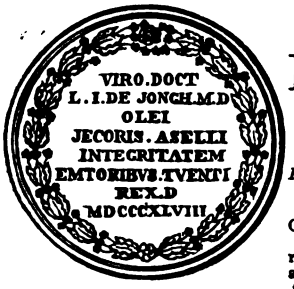

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

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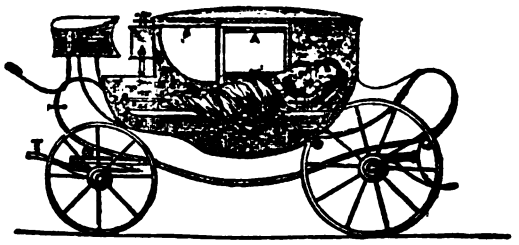

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General Council of Medical Education

and REGISTRATION of the UNITED KINGDOM.
32, Soho-square, London, W., October 22, 1860.

NOTICE.—The copy of the MEDICAL REGISTER to be printed and published in 1861, as directed by the 27th Sect. of the Act, will contain those names only which appear on the General Register as existing on the 1st day of January, 1861.

It is particularly requested that claims for the Registration of first, or additional Qualifications, and notices of Alteration of Residence, may be sent to this Office as soon as possible.

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Royal College of Surgeons of England.—Notice is hereby given, That the next PRIMARY, or ANATOMICAL, EXAMINATION, for the MEMBERSHIP of this College, will be held on the 19th of JANUARY, 1861, and subsequent days, and the next PASS, or SURGICAL, EXAMINATION, on the 26th of JANUARY, 1861, and subsequent days.

Particulars relating to these Examinations can be obtained on application to the Secretary.

By Order,

November 28, 1860. EDMUND BELFOUR, Secretary.

Hospital for Sick Children, 49, GREAT ORMOND-STREET.—It having been resolved by the Committee of Management, that an additional ASSISTANT-PHYSICIAN shall be added to the Medical Staff of this Hospital, Candidates, (who must be Fellows or Licentiates of the Royal College of Physicians of London) are invited to send in their Applications and Testimonials on or before Five o'clock, p.m., on Wednesday, December 12.

By Order of the Committee,

November 27, 1860. H. A. BATHURST, Hon. Sec.

The General Committee of the Oxford, CAMBRIDGE, DUBLIN, and DURHAM MISSION to CENTRAL AFRICA, desire to find a MEDICAL PRACTITIONER to join the Mission. He must be a member of the Church of England duly qualified by character and professional attainments for the work. The Committee will meet on the 18th December, instant, at 4.30 p.m., at 79, Pall-Mall. For particulars apply by letter to Sydney G. R. Strong, Esq., Honorary Secretary, 5, Mitre-court, Temple, London.

Wanted, an Assistant House-Surgeon of the SHEFFIELD GENERAL INFIRMARY, who must be a Member of one of the Royal Colleges of Surgeons of the United Kingdom, and a Licentiate of the Society of Apothecaries. Salary, £65 per Annum, with Board and Lodging and Washing. Applications for information and Testimonials to be addressed to the Medical Staff of the Infirmary, to the care of the Secretary, on or before January 1st, 1861.

Sheffield General Infirmary, December 7, 1860.

Macclesfield Dispensary.—Wanted, a HOUSE-SURGEON in the above Institution,—Term, Three Years from July 1. Salary, £100 per annum, with suitable apartments and attendance. By the Rules of the Institution, it is provided, That no person be admitted a Candidate, who is not a Member of the College of Surgeons in London, Edinburgh, or Dublin, and a Licentiate of the Apothecaries' Hall. Further particulars may be had on application to the Secretary. Testimonials to be produced on or before Saturday, January 26. The Election will take place on Thursday, January 31, 1861.

MATTHEW BURGESS, Hon. Sec.

Lewes Gaol and House of Correction.— The Office of SURGEON of the Gaol and House of Correction at LEWES, for the Eastern Division of the County of Sussex, having become vacant by the death of the late Officer, duly qualified and Registered Medical Practitioners, desirous of the appointment, are requested to forward their letters of application, stating age, and the nature of the qualifications held by them, accompanied by Testimonials, directed, "To the Visiting Justices of the Lewes Prison," sealed, under cover to me, before Thursday, the 27th day of December next. The Salary is £160 per annum, which is to include all Medicines, Leeches, &c., to be paid quarterly. A copy of the rules, relative to the duties of the Office, may be had upon application to me. The appointment will be made on Monday, the 31st December next, by the Court of General Quarter Sessions, which will be held on that day at Lewes, and the Candidate elected will be required to enter on his duties as soon as possible after his appointment. Candidates will not be expected to attend.

By Order,

WILLIAM POLHILL KELL,

Lewes, November 30, 1860. Clerk to the Visiting Justices.

Finsbury Dispensary, Woodbridge- STREET, CLERKENWELL.—The OFFICE of one of the PHYSICIANS to this Institution having become VACANT by the resignation of Dr. Thomson, the Medical Committee will meet at the DISPENSARY HOUSE to receive applications from Candidates, and testimonials on their behalf, on MONDAY, the 17th day of December, at Six o'clock in the Evening precisely, when it is requisite the Candidates should personally attend the Committee for approval. The Election will take place at a General Meeting of the Governors, on WEDNESDAY, the 19th day of DECEMBER, by ballot, to commence at Eleven o'clock in the Morning, and finally close at Three in the Afternoon, unless sooner closed by the consent of all Candidates. Candidates must be Members of the Royal College of Physicians (not practising Pharmacy). The Gentleman elected will be entitled to a gratuity of £40 per annum. Further particulars may be obtained at the Dispensary House, or of the Honorary Secretary, Mr. Richard Moreland, 5, Old-street, E.C.

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HENRY THOS. DARNTON, Honorary Secretary.

88, Old-street, Ashton-under-Lyne, December 4, 1860.

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MEDICAL TIMES & GAZETTE

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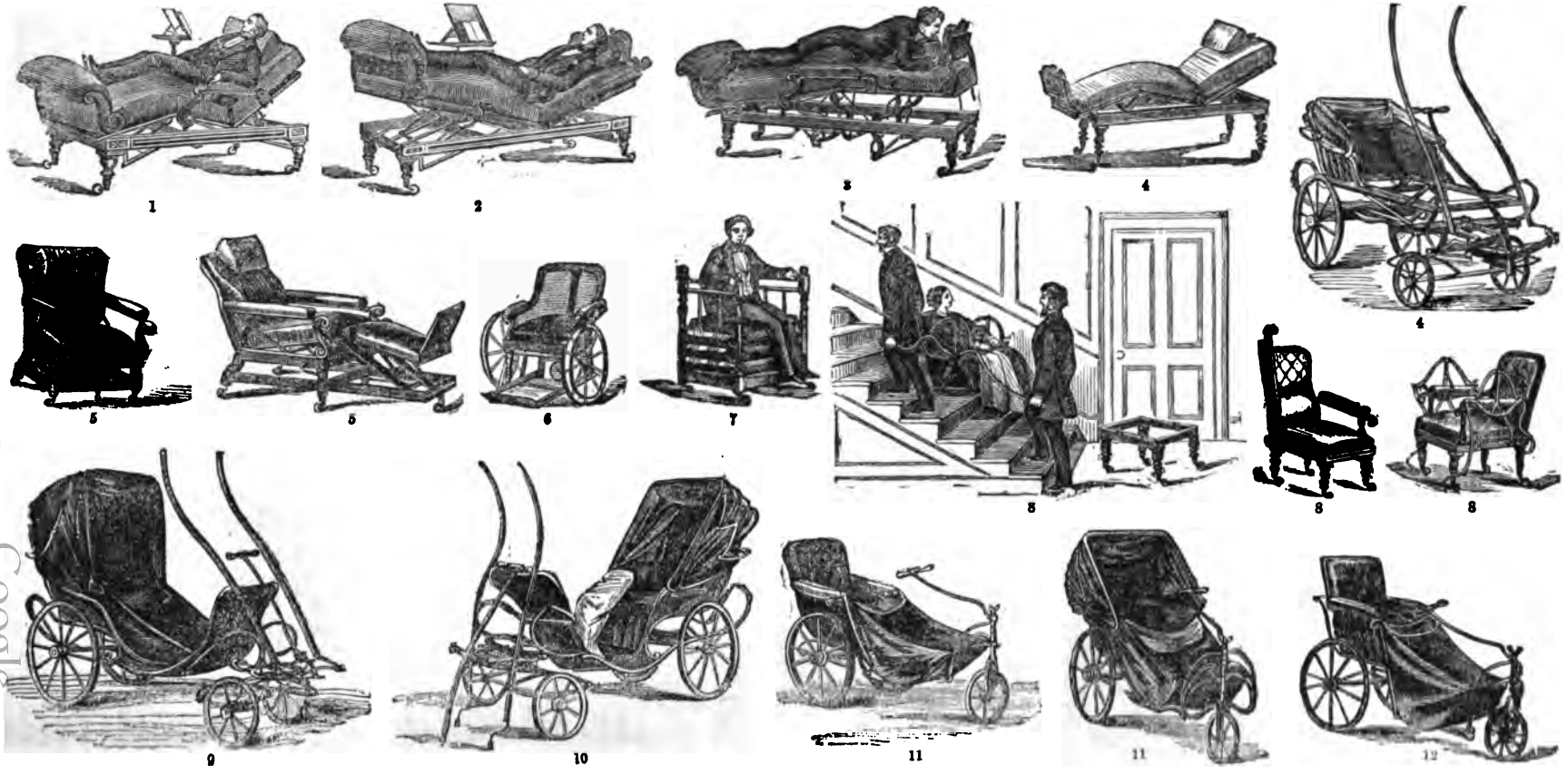

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LECTURE X.

GENTLEMEN,—(*On the Process Leading to the Formation of the Small, Hard, Contracted Kidney*) I am quite aware that different opinions are entertained by Pathologists as to the nature of the changes which take place in this small, hard, contracted form of kidney,—some regarding it as a simple degeneration, and others as the result of a low and chronic process of inflammation. I believe there is a combination of the two in most cases. I shall not, however, enter into any detailed account of these opinions, but confine myself entirely to my own views of the process, which I believe are in accordance with those of many whose opinions I value very highly; and as you will in great measure have before you the grounds on which I entertain these views, you will have ample opportunity of judging for yourselves whether they are borne out by the evidence.

In this form of kidney there is a great increase of the connective tissue, and not only an increase, but an alteration of the tissue. It is coarser, and is sometimes, I believe, more or less mixed with fibres of the yellow fibrous element. The normal connective tissue, or matrix of the kidney, is extremely delicate, and this I suppose, has led some Histologists to deny its existence altogether. It is very easily destroyed, and it is so extremely transparent that unless considerable care is taken in the management of the light in looking at specimens of healthy kidney tissue as transparent objects, and, therefore by transmitted light, all appearance of fibres will be lost.

The atrophy and destruction, partial or complete, of the Malpighian bodies, and convoluted tubes, which produce the contracted state of the organ, is, in a great measure, owing to this increase and alteration of the fibrous elements. Not altogether, however; for it is probable that, for the reasons assigned in my last Lecture, there is, at the same time, and from the same cause, a degeneration and an actual wasting of these structures, independently of the mechanical effects of this increase of fibrous tissue. It is more than probable, as I there hinted, that the delicate anatomical elements composing the walls of the capillary blood-vessels, both Malpighian and secondary, and of the uriniferous tubes, are directly injured by the irritating, influence of the alcohol, and other allied substances. This is not only the case with the anatomical elements of the kidney, but probably with those of the liver and other organs also, in which this condition is usually observed. This being probably the case, the question naturally arises, To what is this increase of the fibrous element due? Is it simple hypertrophy of the matrix from increase of normal nutrition, in consequence of the constant state of congestion and blood-delay, due to the influence of the several causes which I have named as instrumental in the production of this form of kidney? Nutritive hypertrophy it may be called. Or is it from fibrillation and organisation of an exudate, the result of a low and very chromic inflammatory process? Or, lastly, is it an intermediate process, partaking of the characters of both—development by cell-formation and fibrillation? The blastema for this growth of fibrous tissue we have seldom, if ever, an opportunity of seeing in the kidney, for, as I have said before, it is only after the tissue has been already formed, and the kidney has been considerably atrophied, and its secreting structures nearly gone, that death enables us to see the real condition of the organ. But, although we do not see it in the parenchyma of organs, we do on serous surfaces; and, supposing that it does not exactly resemble that, in consequence of the different size and arrangements of the capillary blood-vessels, and the greater intensity generally of the inflammation, and other circumstances, yet it may so nearly resemble it as to enable us to form a notion of the process by which a plastic fibrous exudate becomes converted into fibrous tissue. In the kidney it may not always result from a slow but continuous inflammatory process. It may be from frequent exacerbations, or from separate and frequent subacute attacks of inflammation, owing to the more intensified action of the different causes at different times, when the exuded fibrinous blastema may undergo those changes which we observe in similar exudates on serous surfaces. It may, at times, be partially absorbed, previously undergoing liquefaction by the more fluid portions of the serum, or it may be developed into an organised fibrous structure, either by cell-development and growth, or, which is more frequently the case, by conversion into fibrous tissue directly by the disilience of the fibrillated blastema.

This increase having taken place, How is it likely to affect the true secreting structures? It produces it in two ways, both mechanical in their operation,—First, by pressure upon them, leading to absorption, and secondly, by pressure upon, and obliteration, partial or complete, of the blood-vessels, and in this way cutting off the supply of nutritive blood-plasma. This interception of blood-plasma may probably be induced in another way,—by the peculiar mode of action of the causes of this form of kidney disease, either from actual coagulation of the albumen and fibrine in the blood-vessels, or from the mechanical influence of the separated or precipitated fats in a non-saponifiable form.

But, as I said before, I do not think that the atrophy and destruction of the true gland structures are entirely due to these mechanical influences, certainly not, when the cause is alcohol. I repeat that the mere contact for any great length of time of an irritant with the delicate gland-tissues will lead, under certain conditions, to their degeneration and ultimate destruction, somewhat in the manner described in my last lecture. The mere contact, more or less continuous, of an irritant, such as alcohol, in the form of brandy, gin, and such ardent spirits, will produce something resembling a shock upon the tissues, alter or annihilate their inherent properties, impair or destroy the play of their normal chemical affinities, and consequently deprive them of their assimilating powers. They die, and cease to be renewed, from inanition, much in the same way as they lose the same properties of development, growth, and conservation, from general impairment of all the functions of the body in old age.

Having now described the processes leading to the two typical forms, you will be able to account for the modes in which the one may be grafted upon the other so as to produce the mixed varieties, especially when I have given also a description of the two remaining independent forms—namely, the Fatty and the Amyloid. I defer giving this description for the moment, in order that I may have the opportunity of stating that you must not expect in practice to meet very often with these forms in their typical unmixed state. The causation in most of the cases you will find to be complex,—cold and alcohol, scarlet fever occurring in a person whose kidneys are more or less damaged, it may be, by the action of one or more of the other causes of these diseases. Or, again, these causes, for example, cold and alcohol, and other causes acting upon a kidney damaged somewhat by scarlet fever, not perhaps, to the extent of producing dropsy or any serious disturbance in the system, but still leading to considerable and very detrimental morbid changes in the organ itself and so insidiously as not to awaken the attention of the subjects of them. The purely typical forms will only be met with at those ages when their respective causes are not likely to be complicated in their action with that of others. Looking upon scarlatina as the cause of the typical white kidney, we should expect to find, even without experience, this form in the comparatively young. I find that out of a very large number of recorded cases, in which after death this form of kidney was found, the average age is about 23; while out of even a larger number who died, in which the hard contracted kidney was found, it is between 48 and 50 years. By far the most frequent forms in practice will be the mixed varieties, one or the other of those appearances characteristic of the typical forms predominating, and these mixed forms again more or less affected by the fatty metamorphosis, and more rarely by the amyloid degeneration. It

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is from not separating the acute from the chronic stages, and from taking the mixed varieties as so many independent forms that so much confusion has arisen. It led Rokitansky, for example, to make his long catalogue of eight different forms, and Rayer six, the differences between them, according to their descriptions, being scarcely intelligible. One is only surprised that they did not make twenty instead of those numbers.

On the Fatty Kidney, when occurring as an Independent Form.—I have alluded to the fatty metamorphosis, which is so common in the two forms which I have already described, especially in the large white form. The exudate in this form, if it do not contain fat from the first, rapidly becomes fatty.

With regard to the process by which this independent form of Bright's disease is produced very little is positively known. It seems to me that the only difference between this independent form, and that which accompanies, and constitutes a part of, the other forms, consists in the fact, that as in these two forms—the large white, and the small and contracted—it is a conversion or metamorphosis of abnormal blastemata and subsequent tissue-formation into fat, so this is a conversion or metamorphosis of a blastema, degraded, not by inflammation, or any palpable form of disease, but by some other condition which interferes with the nutrition of the blood, or with the proper development and growth, and healthy changes of the various proximate principles. Instead of the materials derived from digestion being converted into perfect assimilable protein principles, that process of conversion seems to be arrested, and they remain in the form of fatty matters, which, being the only, or at least, the most abundant produce of the digestive process, ultimately replaces the normal protein-tissue. But, besides this, there is strong evidence that, under certain conditions, protein-tissues may, by some process, even in the living body, be converted into fat. There is, probably, another source from whence fatty matters may be obtained. The effete matters, resulting from the waste of the tissues, may not be converted into such oxidisable states as are capable of being eliminated in the form of the perfect excreta of the body, and they may be metamorphosed into fat. The quantity of food daily taken, far too great for the wants of the system, will take away a great part of the oxygen, derived from respiration, that ought to, and would otherwise, have been exclusively appropriated to the oxidation of these effete matters; and if the supply of oxygen is still further diminished by insufficient exercise, or by confinement to an impure atmosphere, the tendency to this fatty production in the body will be proportionably increased. We should, consequently, expect to find this superabundance of fatty matters in the body, and the tendency to the replacement of protein principles by fat in elderly people, in whom the respiratory changes are deficient, who take but little exercise, and take more food than they can possibly convert and assimilate into the higher proximate principles and protein-tissues (a). In drunkards this conversion probably is more nearly allied to a form of inflammation, and owes a complex causation. As I have already stated, alcoholic drinks are a much more frequent cause of this fatty kidney. It is impossible that the separation of fatty principles, which was observed by MM. Lallemand, Perrin, and Duroy, after the administration of alcoholic compounds, can take place in the blood without obstructing the circulation through the minute capillary blood-vessels, interfering with the transudation of blood-plasma through the interstices of their walls, and leading to a superabundant admixture of these fatty principles with the plasma itself, even if it were otherwise normal in composition, which it very probably is not. How can it, indeed, remain in the normal state? This separated fat most probably comes chiefly, if not entirely, from the red blood-corpuscles, if it be true, as Lehmann asserts, that the fats of the blood are principally deposited in them (b). It is not surprising, then, that tissues, whether composed of fibres, molecules, or cells, or of all of them, should undergo changes, which ultimately end in fat. Old age, too much food, too little exercise, residence in an impure atmosphere, but above all, an intemperate use of ardent spirits,—one, or more, or all, are the true causes of the fatty form of kidney when occurring as an independent form of Bright's disease, and also, in great part, when it is an engraftment upon the others.

On the Amyloid, Lardaceous, or Waxy Kidney, when occurring as an Independent Form.—Virchow was the first to discover the true nature of the metamorphosis that the tissues undergo in this condition of the organ. Those parts of the kidney, and of other organs which have undergone this metamorphosis seem to be converted into a substance analogous in its reactions with iodine and sulphuric acid to substances of the amylaceous group. On brushing over parts affected with this metamorphosis, they assume in a few minutes a deep red-brown colour. This seems to be distinctive, for it is very different from the colour produced by iodine on organs in any other condition, and when once seen, is represented by Dr. Harris not to be mistaken. It is not cellulose, for iodine does not produce the red-brown colour with this substance, and it offers less resistance to alkalies, and is convertible into sugar, which the amyloid substance is not. For the same reason it is not actual starch. The reactions with cholesterine with the same agents, for which it might otherwise have been mistaken, are essentially different. It is therefore not allied, probably, in any way to this substance. The process by which the presence of this amyloid substance may be detected, is very simple, and of easy application. "When a solution of iodine is brushed over a liver which has undergone this change, the affected parts in a few minutes assume a deep red-brown colour, very different, as before stated, from the colour produced by iodine on organs in any other condition. When to these parts, thus reddened by iodine, sulphuric acid is added, a change to a bluish-red or violet-red, or deep blue purple, or even to an indigo-black, speedily commences; in some cases this colour quickly passes into a deep reddish-brown. In the Malpighian bodies, and arteries of the kidney, the bluish coloration is most marked, and in these the dilute acid is sufficient to produce it. In the liver the stronger acid is necessary, and the colour is observed with greater difficulty. Now, cholesterine, when treated with strong sulphuric acid and iodine, shows a very similar blue colour; but with iodine alone it is unchanged in colour. It is necessary, in order that the iodine shall produce its characteristic blue colour, that it undergo some amount of oxidation by the sulphuric acid." The following are Virchow's views as to the nature of the substance, its anatomical seat, and the character of the constitutional symptoms, as quoted by Dr. Harris (c), from his work on "Cellular Pathology:"—

"Almost all parts of the body are capable of undergoing this process of degeneration. The affected parts become enlarged, somewhat indurated and anæmic; the cut surface is semi-transparent, but dull; the natural colour of the parts is lost, but the colour of the neighbouring parts and vessels being seen through, gives them a yellowish or brownish tinge. The coats of the small arteries are the most frequent primary seat of this infiltration, and from them it spreads to the parenchyma of the organs; the walls of the arteries become thickened, and their calibre reduced, and hence the anæmic condition of the organs. The muscular fibres of the middle coat are the parts first affected. In the place of each muscular cell a compact homogeneous body is seen, in which, in the earlier stages, the centre of the nucleus appears as a hole; this afterwards disappears, so that a kind of spindle-shaped body remains, from which all trace of cell-structure has vanished, no distinction being left between cell-wall, contents, and nucleus. When the infiltration has reached this point, it commences to invade the parenchyma of the organs. In the liver, the cells in the immediate neighbourhood of the hepatic arteries are first affected; the liver-cells gradually become homogeneous, nucleus and cell-wall gradually disappear; and at last nothing is left but an absolutely homogeneous shining body; the cells are thus converted into a kind of corpora amylacea. In the kidney, the vessels of the Malpighian bodies and the afferent arteries first undergo this change. In the earlier stages but little alteration is perceptible to the naked eye; the kidney appears merely indurated and anæmic, and only when a solution of iodine has been applied to it, does the change it has undergone become apparent; then, throughout the cortex numerous fine red dots appear, corresponding in

(a) See works of Lehmann, Liebig, Chevreul, and Virchow, for facts in support of this hypothesis.

(b) "Physiological Chemistry." Sydenham Society's Edition. Vol. i. page 267.

(c) Dr. Harris, *op. cit.*, p. 51.

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their size and position to the glomeruli, and fine red streaks running from them, indicate the afferent arteries."

"The disease is constitutional; one organ alone is rarely affected; the only spot, where as yet an independent development of this change has been remarked, was in the permanent cartilages. The organs thus affected, cease to discharge their functions; the patients assume a cachectic appearance, and gradually waste away; dropsy frequently supervenes. Sometimes, too, the whole digestive tract is affected by this degeneration. During life this is rendered manifest by continued diarrhœa, and by diminished powers of absorption."

Cysts, large or small, I am disposed to regard as almost a necessary and an inevitable, and not simply an incidental, part of the changes which constitute one or more of the forms of Bright's disease. They are of two kinds: one large, varying in size from that of a walnut, and at times very much larger, down to that which is scarcely visible by the naked eye, the other almost microscopic, so that they are called by many pathologists "microscopic cysts." The large generally accompany the mixed varieties, the smaller, almost, if not, invariably accompany and form part of the small fibrous kidney. I am not speaking of, nor do I include, those cysts that are found sometimes in the kidney but have not their origin in Bright's disease. It is doubtful whether these two kinds have a common mode of formation and growth. I think that it is probable that they have, the difference in size depending in great measure upon the form of disease of which they form a part. I, however, wish to speak with some reserve with regard to this. They are represented (and I believe truly), to be formed in three ways: First, and most frequently, in the way first described by Dr. George Johnson, which is so palpable, as to occur to the mind of every one who is in the habit of examining attentively the kidney when so affected; and secondly, that suggested by Mr. Simon; and thirdly, by spaces formed in the fibrous structures, which become filled with fluid. There is no doubt that cysts are formed in other parts of the body, according to this third mode of development, but whether they are in like manner formed in the kidney is very far from being proved, although it is certainly probable. There are much stronger grounds for our assent to the two first modes of formation.

With reference to the first, you will remember that in all the forms of Bright's disease the tubes, from various causes in different forms, become obstructed, so that no escape can be obtained for the urine through them. The upper portion of the tubes becomes distended in the form of a cyst, obliterating by its pressure (if near or communicating with the capsule) the Malpighian tuft, or spreading the capillaries out, so that, in a manner, they seem to ramify upon the wall, and in this way the distended tubes become complete and perfect cysts, which are ultimately filled with a fluid not generally identical in composition with urine, but in most, not in all cases resembling the fluid contained in cysts in other parts of the body. Anyone who has carefully examined kidneys affected with Bright's disease, especially the mixed varieties, must have seen that the tubes often present a beaded appearance, the bead-like distensions being separated from each other by constrictions, which seem to intercept all communication between them. I am disposed to think that many cysts may in this way be formed in the same convoluted tube.

The second mode of formation is by an abnormal development and growth, or, speaking more correctly, an abnormal growth of the normal epithelial cell. Mr. Simon, in explaining this mode of formation, argues upon the assumption that the nutrition of the epithelial cells becomes altered, and that this altered nutrition leads to an abnormal development of the germs. He thinks that the same causes which Dr. Johnson supposes to form a cyst, burst the tube, and that then what should have been intra-mural cell-growth continues, with certain modifications, as parenchytic developments. Judging from analogy with cyst formation in other parts of the body, especially in the ovary and chorion, and, moreover from certain characters which these cysts present in the kidney, more especially their extreme minuteness, I see no reason to doubt the existence of this mode of origin of these microscopic cysts, and even sometimes the larger cysts.

In my next Lecture I shall enter on the treatment of these several affections of the kidney.

CLINICAL LECTURES

DELIVERED AT

ST. THOMAS'S HOSPITAL IN 1860.

By F. LE GROS CLARK, F.R.C.S.
Surgeon to the Hospital.

LECTURE IV.

GENTLEMEN,—I propose to occupy your attention in to-day's Lecture chiefly with some of the consequences of Stricture and their treatment: I say some of the consequences, because the subject is too large and varied to embrace in a single hour, and also because I intend resuming it on other occasions, as the material for illustration may be afforded in the cases which you will doubtless have the opportunity of watching, while under treatment in my wards.

The following are the cases on which I shall graft my remarks:—

Case 1.—T. M., a waterman, aged 46, was admitted on August 17. He stated that he had gonorrhœa many years since, which was succeeded by permanent stricture, through which no instrument had ever been passed. The consequence was, that for a very long time,—he said some years—his water had not passed in a stream, but had dribbled from him *guttatim* without any effort. About two weeks before he had a fall, but without striking the scrotum; and shortly afterwards a swelling appeared at the junction of the scrotum and perineum, and an abscess opened spontaneously, through which the urine found its way.

On admission there was a hard, circumscribed and tender swelling in the perineum, and a fistulous opening in front of it, through which the urine escaped in drops. As he lay in bed he kept a vessel by his side to catch the water, which was constantly dribbling, involuntarily, from the penis: in fact he had entirely lost the power of retaining his water, and was incapable of making any effort to expel it. An attempt to pass a catheter was futile. His general health was feeble, but there was no fever, nor marked constitutional disturbance beyond this. After the lapse of three days, as the symptoms were not ameliorated, he was placed in the position for lithotomy, and a staff being passed down to the seat of stricture, a free incision was made through the back part of the scrotum and perineal swelling upon the staff, a director being employed to guide the knife along the fistulous opening: a small quantity of ill-conditioned pus was evacuated. The urethra having been sufficiently divided beyond the staff, this instrument was removed and the patient returned to bed. A nutritious diet was ordered, and a poultice to the wound.

In the course of two days the urine began to flow freely through the perineal opening, and the patient's general condition was improved; at the same time, the stream being diverted, the water dribbled less from the penis, until it nearly ceased. Some lint was subsequently kept in the perineal opening, which was disposed to granulate too freely near the surface, and some tincture of the sesquichloride of iron was given, in ten minim doses, thrice a-day. At the expiration of a month the wound had nearly healed; the incontinence had ceased; and the length of time that the patient could retain his water had gradually increased, and he was able to pass it in a tolerably free stream. There was still a small fistulous opening in the perineum. On September 28 he left the Hospital.

Case 2.—Thomas P., aged 63, a sailor, was admitted on September 21. He had been the subject of stricture for thirty-five years, and had been frequently subjected to catheterism for relief, but not lately. He stated that he had on several occasions suffered from retention of urine; and about eight months since he had an abscess at the back of the scrotum, which burst and allowed the escape of urine. Five days before the perineum began to swell, with severe throbbing pain; the scrotum was also tumid and inflamed. Urine was passed both by the perineal opening and penis, but with straining and pain. There were two or three fistulous openings in the under part of the scrotum, with indurated orifices. Feeble power, and constitutional disturbance indicated by foul tongue, quickened pulse, etc. Urethra impermeable by a small catheter. The perineal section was performed in the same way as in the former case; and some fetid pus was evacuated from the neighbourhood of the urethra. The scrotum

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was also incised. The stricture being divided, or rather the urethra being cut into behind it, the patient was returned to bed, without any attempt being made to pass an instrument into the bladder. Bark and ammonia, with wine and a nutritious diet, were ordered.

The febrile symptoms speedily subsided, and the patient improved daily in health. The wounds became clean, and granulated healthily. For some time the urine found its way principally through the perineal opening; but as the wound closed, it passed more abundantly, and at the same time more freely, by the natural outlet. At the end of a month the water had ceased to escape by the perineum; a very small quantity found its way through the old fistulous openings in the scrotum; but the patient was able to micturate in stream from the urethra, and a good-sized catheter could be passed into the bladder with facility. He said that he had not been in so good a condition for many years.

The foregoing cases are examples of a class of common occurrence; but not, therefore, the less interesting and important. Abscesses may occur external to the urethra, and without communicating with it, as in cases where inflammation is propagated, by contiguity of texture, from the urinary passage to the neighbouring areolar tissue. Such collections of matter should be opened early, or they may open spontaneously into the urethra, and thus entail extravasation of urine, and its disastrous consequences. But it is far more frequently the case, that these perineal collections of matter result from mischief which commences within the urethra itself. The rapidity with which such cases run their course varies greatly. Extravasation of urine may occur suddenly, carrying almost immediate destruction to every tissue to which it penetrates; or the consequences of extravasation may be limited, as in Case 1, to a small circumscribed spot contiguous to the urethra. The second case illustrates an intermediate condition between the two extremes; there was old disease, but grafted on this was more recent and active mischief, accompanied by constitutional disturbance, sympathetic with the extension of the urine into the scrotum. Sudden extravasation may occur in consequeuce of the urethra being ruptured from external violence; but such cases belong to a different category altogether, and demand entirely different treatment. When the urine escapes suddenly through a rent in the urethra, consequent on obstruction to its passage, and the incapacity of the canal to resist the force from behind, then this irritating fluid diffuses itself rapidly through the neighbouring areolar texture, which passes rapidly into a state of gangrenous inflammation, and thus perishes. This diffusion of urine is analogous to the emphysematous extravasation of air in wounded lung, but with different results. A case of such urinary gangrene came under my care in private, at the beginning of the year. I refer to it briefly, because I have not lately had a similar Hospital case, and it illustrates one or two points of importance which I wish to allude to presently. When I saw this patient the distended scrotum, skin of the penis, and perineum, were infiltrated with urine, and in an irrecoverable condition; and the right groin and contiguous tegumentary covering of the abdomen, half way up to the umbilicus, was likewise the seat of urinary infiltration. Free incisions did little more than allow of the more ready separation of extensive sloughs below, but saved the abdominal skin. The perineum became a gangrenous chasm, the urethra being laid open from the back of the scrotum almost to the pubic arch, as was proved by passing a sound into this part. Fortunately this patient had a good constitution, and his stomach was kept in good humour, so that he ultimately made a good recovery. The exposed testicles and denuded penis were again enveloped in integument, and the perineal chasm finally closed, leaving, after the lapse of some months, only a small perineal fistula; and even this is now closed, and the urine is passed in an unobstructed stream. No attempt was made to keep a catheter in the bladder during the entire course of the case.

More usually, however, when time is given, Nature makes provision to obviate this wholesale destruction from diffused extravasation; and this is apparently accomplished, as in the cases I have narrated, in the following way. A diseased condition of the urethral mucous lining, consequent on gonorrhœa, and entailing stricture, is usually the antecedent state and history. A small point of ulceration in the urethra, possibly at one of the numerous lacunæ, extends outwards into the submucous areolar tissue, and is followed by a minute drop of urine. Inflammatory deposit takes place around this small fistulous opening, which is thus, as it were, walled in, as an ordinary abscess frequently is. But still the irritation of the urine, combined with the *vis a tergo*, gradually forces a passage onwards, and the centre of this indurated deposit at length softens down into a circumscribed abscess, to which the urine has access. At this stage the patient may come under our care, suffering from a hard swelling in the perineum, often conical in form with its apex directed forwards, and acutely tender; perhaps attended by complete retention of urine, or at any rate by difficult micturition. There is no fluctuation in this swelling; but on cutting through hard gristly texture, generally of considerable thickness, an abscess containing it may be only a few drops of matter, is reached, and relief is afforded. If the case run on to a later stage, as in the two instances mentioned, the pus and urine mixed finds a way out for itself; and this may be without extension of the infiltration, as in the first case, or with it, as in the latter. Still, the treatment must be the same, viz. free incision into the seat of abscess. But by this step we reach the urethra, and thus have it in our power to relieve the cause of the existing mischief, as well as the mischief itself. Now, it is to this point that I wish particularly to direct your attention; for I think this *desideratum* is best fulfilled by the non-interference plan which I adopted in the cases I have narrated; abstinence, I mean, from further interference after the abscess was freely incised, and the urethra laid open behind the point to which the staff was passed down. I have tested this plan for a long time now, and have no hesitation in recommending it for your adoption as a general rule, in preference to passing a catheter on into the bladder, even if you can accomplish this often difficult task, and leaving it there. Theoretically, the latter course seems to be the most appropriate, and I believe many Surgeons regard the introduction of a catheter as an essential part of the treatment. I used to think so; but am now satisfied, and have long been so, that, as a general rule, the presence of an instrument, under *these* circumstances, is not only superfluous, but positively mischievous. There may, doubtless, be accidental conditions which demand it, such as stricture farther back, which is, however, very rare; or a paralytic and distended state of the bladder; but, even with dribbling incontinence it is not essential, as Case 1 proves. If the urine do not flow readily at once, it very soon finds its way through the artificial opening; and we may then trust safely to Nature's modelling power, as we do, for instance, in lithotomy, without supplying a mould for the new material to be modelled upon. This reparative power was well illustrated in the case of extensive sloughing after extravasation to which I have referred. But, beyond this negative recommendation, you save the patient much inconvenience, if not suffering; and I have repeatedly seen the presence of a catheter create so much irritation, that healthy action has been retarded, and even arrested, and its removal thereby imperatively demanded. As the case advances towards a cure, then an instrument, either bougie or catheter—I prefer the former—may be introduced from time to time, to assist in enlarging the calibre of the urethra; but it need not be left in.

You will not, however, understand me as advocating the treatment of burst urethra from violence in this way. In such cases it should be the Surgeon's first duty to introduce an instrument, and to fix it in the bladder. This can generally be accomplished by careful and patient manipulation, and of course without an external incision, unless the mischief resulting from infiltration of urine require it. Indeed, it is the Surgeon's business to anticipate such mischief; and to pass a catheter, where he suspects the urethra is ruptured before he allows the patient to attempt to micturate unaided. A case in point occurred under my care a few months since, and I commented upon it in a former Lecture (a). A similar case came under the notice of several of you at an earlier period, in which a railway-guard was struck by the buffer of an engine, and had the ramus of his ischium fractured, and his urethra torn; both of these patients recovered without extravasation, from careful attention to this precaution; and thus by allowing the urine to drain off through the instrument, so as to prevent the bladder from becoming distended, a rupture of urethra is not necessarily followed by extravasation.

(a) See *Medical Times and Gazette*, July 14, 1860.

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One word in conclusion respecting the cases I have narrated. In both there was mischief of long standing. In the latter the symptoms were more urgent, because the infiltration was extending more rapidly. In neither was retention of urine complete, had it been so, and if the simple operation performed had not secured relief, it would then have been necessary to pass an instrument into the bladder, if practicable, or to have relieved the distended organ in some other way, as circumstances might dictate. But I believe it will be found that, even with retention, the operation I have described will frequently, if not generally, prove sufficient to give the necessary relief, if not at the time, at any rate soon afterwards. The sesquichloride of iron was prescribed in Case 1, to aid the paralysed bladder in recovering its tone.

If it be asked how the division of the urethra through and behind the stricture relieves that diseased contraction permanently, I apprehend the explanation must be found in the fact that rest alone, by diversion of the stream, assists in this desirable result, as demonstrated by the operation of tapping the bladder for retention, by the rectum. But further, I believe that in the suppurative action that follows, the adventitious tissue which causes the contraction or stricture is softened down and got rid of, and thus a more healthy and natural condition of the submucous tissue remains.

I have had another case of permanent contraction of the urethra lately under my care, where there is considerable loss of texture from former sloughing, immediately in front of the scrotum, so that the canal terminates at this spot. I propose, on a future occasion, to attempt the re-establishment of the canal by a plastic operation, similar to that which was successful in a patient whose case is recorded in the Medico-Chirurgical *Transactions*, and in whom the deficiency, as in the present case, exceeded an inch in length.

I will, in conclusion, briefly direct your attention to two or three cases of interest admitted during the past week.

There is a case of double fracture of the lower jaw, from a blow on the side of the face in fighting—the usual history of such cases. This man's jaw is broken near to the symphisis, and between the angle and condyle. You will find it put up as I usually manage these cases, with a mask of gutta-percha accurately moulded, when softened, to the lower part of the face, overlapping and supporting the chin, and extending as high as the zygoma on either side. This is kept in place with a bandage which passes over the head. The fragments preserve their position, and the patient is free from suffering. Of course he is fed on soft meat.

Two patients have been admitted with bleeding ulcers. The hæmorrhage in each instance was profuse, and provoked by a very trivial injury. You will remark the condition of the limb favouring this result. In one patient, a female, the skin presents that shining, unhealthy appearance, characterising congestion of the capillaries and smaller veins, though the larger veins present no distinct varicosity. In the other, a man, the venous distension has extended to the larger vessels, which are swollen and tortuous. Rest—the horizontal posture—and a light compress, are sufficient to command the bleeding.

A young man has been admitted whose ears were nearly torn off by machinery. On one side the laceration was so deep that it involved the insertion of the sterno-mastoid muscle, and exposed the external carotid artery pulsating at the bottom of the wound. Yet, a speedy and careful adjustment of the injured parts with numerous metallic sutures, has been followed by entire union of the severed textures; and after a sharp attack of feverish excitement, this patient is doing well. I dreaded, at one time, the possibility of sloughing from congestion of one ear, but this was averted. It should be borne in mind that this alternative is possible, where all fear may have subsided on the score of want of vascular supply in a transplanted tissue, the condition of which this ear very much resembled. In such case, local blood-letting will afford relief.

There is one other case, offering some features of interest, which I will briefly notice:—

J. F., aged 43, was admitted on October 27. He had fallen from a high cart on to some stones. When admitted he complained most of his hip, but said he had also injured his side. I did not see him at the time, but was informed that no fracture could be detected. In the evening, however, there was some emphysema over the right side, indicating that there was fractere of one or more ribs. On the following day, when I saw him, the emphysema had extended over a considerable space, and quickly spread to the neck. The breath sounds were indistinct towards the lower part of the right side, while the resonance on percussion was increased. Still he complained most of his hip, which was much discoloured by ecchymosis over the nates; and on resting the hand on the crest of the left ilium, and gently pressing the right downwards, abnormal mobility, with crepitus, was felt. A flannel roller had been applied to the chest and a purgative ordered on the previous evening: he was now ordered a saline mixture with antimonial wine, mxl., every four hours. On the third day the emphysema had extended still further; but there were no general symptoms to create uneasiness. On the fourth day the breathing became somewhat oppressed, the pulse quickened, and face flushed. The resonance of the right side of the chest had diminished, so as to be less than that of the left, and the breath-sounds were still indistinct. Slight cough, but no expectoration. In consultation with Dr. Bristowe, it was agreed that the suspected pneumonia was only local, and that the antimonial treatment should be continued. Since then the dyspnœa has diminished, the breathing has assumed a natural character, and the emphysema has gradually subsided. He suffers no pain in the pelvis while at rest; and the indications of vascular excitement have subsided.

This case, as far as the injury to the chest is concerned, is not rare; yet it is interesting as illustrating the difficulty of arriving at an accurate conclusion, readily, as to the condition of the lung, where there is extensive emphysema. Of course, the presence of this sign proved that the lung had been wounded. We might marvel that this complication is not more frequent, did we not remember that the ribs are almost invariably broken by being bent inwards, and that, consequently, they break outwards. The resonance of the affected side, combined with the diminished audibility of the respiratory murmur, showed a further complication of extravasation of air into the pleura. Then, again, the symptoms of fever led me to fear that general pneumonia was about to be superadded; and here the difficulty of the diagnosis presented itself, for the lung had receded from the surface, as the air accumulated in the pleura; but when the dyspnœa came on with fever, the resonance had diminished. On listening to the breath-sounds, and to ascertain the presence of pneumonic crepitation, there was perplexity occasioned by superficial crepitation in the areolar tissue; and it was only after a careful examination of the chest, by pressing away the emphysematous extravasation with the end of the stethoscope and then relaxing the pressure, that we could satisfy ourselves that the crepitation was almost entirely superficial. It is true that the general symptoms aided us, for the cough was not troublesome, and there was no coloured expectoration. As regards the injury to the pelvis, my impression that the ilium is fractured seems confirmed by the presence, a little in front of the posterior spinous process, of an elevated ridge, as of callus, extending from the crest downwards on to the dorsum of the bone. Yet, I am informed, that the patient was able to walk a little on his admission, though with great difficulty. He is a healthy countryman, of tranquil temperament, and will, doubtless, do well.

I may add that the patient, on whom I operated for fissure of the rectum, has been completely relieved from her protracted suffering; she is, in fact, well. The little girl, also, whose elbow-joint I removed, is rapidly advancing to recovery; her health is re-established, and the wound is closing kindly.

Two New Journals on Psychological Medicine are announced to appear in France, after January 1, 1861. M. Baillarger is to bring out one, which is to be monthly, and entitled *Archives cliniques des Maladies mentales et nerveuses*. The other, established by M. Delasiauve, under the title of *Journal de Médicine mentale*, is addressed to magistrates, non-specialist Doctors, etc.

The University of Dublin have made the following changes in the fees payable for Medical and Surgical Degrees: M.D. £12, formerly £22; M.B. £10, formerly £11 15s.; M.Ch. £10, formerly £11 15s. The fees for the University Diplomas in Medicine or Surgery are £5 each. It will be seen that by this scale a student can now obtain the two Degrees of M.B. and M.D. for the sum formerly paid for the M.D. alone.

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ORIGINAL COMMUNICATIONS.

ON A

NEW OPERATION FOR IRIDECTOMY, Etc.

By HENRY GREENWAY, M.R.C.S.

Notwithstanding the various contrivances which have been devised for operating on the iris, I am not aware that any method has been adopted, whereby a circular excision can, with certainty, be produced. In whatever part of the body Surgical aid may be required, it is, doubtless, the duty of the Surgeon, to the best of his ability, to leave the part affected in a condition to fulfil, as nearly as possible, the purpose for which Nature intended it. With this belief, I have been led to devise an instrument, the nature of which I believe to be entirely new, for producing an artificial pupil in the natural position and of a circular form.

In introducing it to the notice of the Profession, I would state, that it is not intended as a rival to the many ingenious contrivances already used in the operation for iridectomy, for the relief or cure of glaucoma, or even, in certain cases, for producing artificial pupil; but, where circumstances are favourable, for forming a pupil having a natural position and shape; and although, in the opinion of Mr. Bowman, the shape is of secondary importance when compared with position, I doubt not that gentleman would consider the operation more complete, if natural position and form were combined.

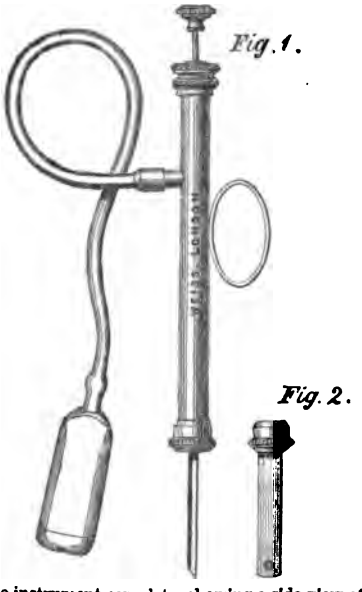

Fig. 1.

Fig. 2.

Fig. 1.—The instrument complete, showing a side view of the canula.
Fig. 2.—A view of the plane surface of the canula, showing the circular aperture for the admission of iris.

The instrument somewhat resembles a syringe, but, instead of being furnished with an ordinary nozzle, a canula is screwed on to the end of the cylinder, or body, and, there being no piston, the rod, which would otherwise be the piston-rod, is continuous with a blade which lies within the canula. This rod passes through an air-tight fitting at the upper part of the cylinder, and has a spring action. The canula is plano-convex transversely, its bore being one-twelfth of an inch by one-fifth; the plane surface presents near the extremity a circular aperture, about one-eighth of an inch in diameter, for the admission of a portion of the iris; that small portion of the tube beyond this aperture is filled with lead, which serves, not only as a plug to completely obstruct the extremity, but as a point of resistance for the blade. On the convex surface is a small mark which indicates the position of the aperture on the plane surface.

The blade is kept in close contact with the floor or plane surface of the canula by means of a spring, which is interposed between it and the roof or concavity of the canula. Communicating with the upper part of the cylinder is a metal tube, about an inch in length, on which is fixed an india-rubber tube, which is furnished with a mouth-piece at its free end. This may be termed the suction-tube. On the opposite side of the cylinder is fixed a ring to receive the finger of the operator.

It will be evident that if a person placed the mouth-piece between his lips, and caused suction, a current of air would pass in at the circular aperture of the canula, and, that if this aperture were placed in apposition with a thin structure, such as the iris, a small portion of it would be drawn into the canula in the form of a cup. If, now, the blade be pushed forwards by pressing the head of the rod, the enclosed structure, answering to the shape of the aperture, would be excised, immediately the edge of the blade came in contact with the piece of lead which fills the extremity of the canula beyond the verge of the aperture.

The experiments I have made on the eyes of animals, supplied from the slaughter-house, have been most successful. I found that I could, without fail, excise a perfect disc from the iris in its natural state, thereby leaving a corresponding aperture. In some cases, I produced an aperture so near the pupillary margin as to leave only one-twentieth of an inch of iris, and that in an uninjured state, between the natural pupil and the artificial one. I may, therefore, fairly presume that in cases of closed pupil, for which the instrument is intended, the results will be equally satisfactory.

The mode of operating is to pass a lancet-shaped blade through the temporal edge of the cornea, very near its junction with the sclerotica, into the anterior chamber, the incision being made large enough to admit the canula,—the division of one-fifth of the circumference of the cornea would certainly suffice. The operator having placed the mouth-piece of the suction-tube between his lips, should then introduce the canula into the anterior chamber, its plane surface, of course, facing backwards, and, as soon as the aperture of the canula is over the portion of iris required to be excised, suction should be made, and, if the operator is satisfied that the iris is sufficiently drawn in, pressure should be made on the head of the rod, to cause the edge of the blade to bear on the lead plug to ensure complete excision of the iris. Before the canula is withdrawn from the eye, the blade should be allowed to recede, by ceasing to press on the rod.

The instrument should be held by placing it between the fore and middle fingers of one hand, the thumb resting on the head of the rod; or, between the thumb and middle finger, the fore-finger being then placed on the head of the rod. The other hand should rest on the patient's cheek, the canula being steadied between the thumb and fore-finger.

The position of the patient during the operation should be upright, the head slightly inclined forwards, so that the iris may have a tendency to gravitate against the instrument. Proper means, of course, would be used to steady the head.

After every operation, the canula should be removed from the cylinder, and thoroughly cleaned and dried; the knife, also, should be cleaned and slightly oiled before it is replaced in the canula.

It would be advisable, before operating on the living subject, to procure a bullock's eye, in order to judge of the amount of suction required.

The chief novelty in this Guillotine is, the employment of a vacuum to perform the office of a forceps, and, in combination with the aperture, to determine the shape of the excision. I believe, in all cases where exhaustion of air has been employed in surgery, it has been simply to do the duty of a pump in raising fluid to the surface. Although this instrument was devised for producing artificial pupil, I intend applying it to other purposes, by merely altering the size and shape of the canula and blade according to the requirements of the case. The operation for the removal of the tonsils is one in which this instrument may be used with advantage, as no injury to the surrounding parts could possibly occur. Having ascertained that the aperture of the canula is closed with the surface of the enlarged tonsil, suction should be made until a sufficient amount of its substance was drawn in. Excision can immediately be produced, even if the patient's mouth were nearly closed. If the operator choose, he may, instead of using the mouth-piece, remove it from the suction-tube, and in its place apply an exhausting syringe, such as is used on a cupping-glass. This may be worked by any by-stander under the direction of the Surgeon.

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In all operations the suction should be maintained during the action of the blade.

In this paper I have not referred to any of the complications which occur in connexion with closure of the pupil; but I do not consider either form of synechia would be any impediment to the use of the instrument.

Messrs. Weiss are the makers of the Guillotine, their name being a sufficient guarantee for its quality and finish.

Plymouth.

THE UTRECHT SCHOOL OF OPHTHALMIC SURGERY.

By J. ZACHARIAH LAURENCE, F.R.C.S., M.B.
Surgeon to the South London Ophthalmic Hospital.

(Continued from page 450.)

II. *Improved Methods in the Physical (especially the Ophthalmoscopic) Examination of the Eye.*—In examining an eye it is advisable, that nothing may be overlooked, always to follow some regular order. I have found that which my friend Dr. Snellen, of Utrecht, recommends in his Ophthalmoscopic Course, so practical, that I feel no hesitation in adopting it myself, and commending it to others.

A. *Examination of the Structures Anterior to the Fundus Oculi.*

If we take the concave ophthalmoscope (Liebreich's), with a 10 inch positive lens (as an eye-piece) before its aperture, and with our eye at a distance of about 10 inches from the cornea, illuminate the eye, the *cornea* will be under examination: we may then determine its degree of transparency, and the precise situation of any opacities. By approaching the eye, we submit the different structures in regular succession to observation, and thus examine the *iris*, *pupil*, *lens* (its two surfaces), and *vitreous*. (Lastly, by putting aside the eye-piece, we may, when very close to the eye, in normal eyes, see the fundus [its erect image].) It will be remarked, that in this method of examination we may judge of the depth of any structure, opacity, etc., by observing how close we have to approach the eye for its perfect definition. Another method, however, gives still more correct results as regards the relative position of different structures to each other. This is by observing their *parallax;* the meaning of which term we shall now endeavour to explain.

Restricting, for the sake of illustration, our attention to the upward and downward movements of the patient's eyeball, just behind the lens lies the centre of motion—the "turning-point" (*drehungs-punkt*): this centre (or an opacity in it) undergoes no change of position with the movements of the eyeball: all parts (or opacities) in front of it move upwards, when the eyeball moves upwards—downwards, when downwards; but behind the turning-point the parts (or opacities) move downwards, when the patient looks up, and *vice versâ*. The first movements are called (in reference to the turning-point) *positive*, the latter *negative* parallax. Both forms of parallax increase or diminish in amount, according as the observed point is further or nearer to the turning-point. Of the exactitude of the above remarks, any one may easily convince himself, by comparing the apparent movements of a leucoma of the cornea with that of an opacity of the vitreous. But we may take any part we choose in the eyeball as the fixed point to compare the movement of parts to, and then all before it will have a positive, all behind it a negative parallax. The pupil is, perhaps, the best fixed point to take: an opacity of the cornea will have a positive, an opacity of the lens a negative parallax, in reference to it. Supposing we fix on the fundus as our starting-point, all parts in front of it will have a positive parallax. *From the amount of parallax we may determine the situation of any body (opacity) in reference to any of the internal structures of the eyeball.*

Pursuing the before-mentioned order of investigation, the following points are worthy of attention:—

(1.) *Corneal Opacities* appear by transmitted light (examined by the ophthalmoscope) dark, by reflected light (focal illumination, of which more *infrâ*) light. By this latter mode of examination, the slightest bloom on the cornea may be at once rendered distinct. In cases of acute iritis the lower half of the inner surface of the cornea is often found studded over with minute, punctiform opacities (if the patient has been treated in bed, most of the opacities will be found on the side he is in the habit of lying on). During my stay at Utrecht Dr. Snellen directed my attention to a very interesting case of "irregular refraction" of the cornea. The cornea had at parts become thin from ulceration; as a consequence, light transmitted through these parts was differently refracted from light passing through portions of the cornea, which had retained its original thickness. Examining the fundus oculi in the reversed image, the optic papilla was seen to apparently *alter its form* with every vertical or horizontal movement I made with the object-glass, sometimes appearing round, sometimes elongated, sometimes as if it were executing sudden movements on the fundus (a).

(2.) *Iris.*—Synechiæ are generally found on the most-depending parts.

(3.) *Lens.*—Senile cataract generally commences at the circumference of the lens, and is most commonly first detected downwards. It is of the greatest importance to look all over the lens in all possible directions. Surgeons who follow out this plan will be astonished at the great frequency of limited lenticular opacities; as the lens is generally examined, nothing but most palpable cataracts are recognised. Such examinations as the above will, I have no doubt, one day throw considerable light on the ætiology of cataract. Not uncommonly after iritis minute opacities are found on the anterior surface of the lens, marking the points of attachment of synechial adhesions, which have disappeared under treatment. Such opacities do not interfere with vision. If an opacity is situate at the back part of the lens, it is generally secondary cataract, as, *e.g.*, occurs in glaucoma, choroiditis and retinitis. The depth of lenticular opacities may be ascertained by their parallax.

(4.) *Vitreous:* Opacities are generally either blood or exudation matter. If blood is present in small quantity, Dr. Snellen has remarked the patients often see things light greenish (the colour of blood in thin layers by transmitted light). Most vitreous opacities float, their mobility affording some evidence of the degree of consistence of the vitreous.

All the above enumerated parts—cornea, iris, lens, and vitreous—may, and should always be, examined not only by the ophthalmoscope, but also by *focal illumination*, on which important method of examination we shall now make a few remarks.

Focal illumination is best practised by concentrating the light of a lamp in a dark room, by a strong (2 inch) lens on the parts we wish to examine, over which we successively bring the focus of the light. Tell the patient to look straight forwards, place the lamp a little in front of his side, and then illuminate the different parts as above. We should never omit this mode of examination. Many objects the nature of which remain totally inexplicable by examination with the ophthalmoscope alone, are thus at once identified. The following three cases are highly instructive in this respect:—

Case 1.—A woman presented in the right eye the usual ophthalmoscopic appearances of retinal apoplexy; the left pupillary area appeared of a deep black. By focal illumination this black was seen to be crimson. The diagnosis was therefore apoplexy of the vitreous in this eye.

Case 2.—A man lost his sight from a shot. The ophthalmoscope disclosed a grey body behind the inner side of the pupil. What was this body? By focal illumination it had a tawny colour streaked with red: it was a nearly decolorised clot of blood.

Case 3.—A girl had general opacity of the cornea. By ordinary daylight, or ophthalmoscopic examination, nothing could be seen through the clouded cornea; by focal illumination directed to one side of the cornea, the iris was plainly seen through the opposite side: atresia pupillæ was detected. An artificial pupil was formed, and vision thus much improved.

B. *Examination of the Fundus Oculi.*

a. Examination of the Reversed Image.—It is best to begin with the reversed image; for we obtain a larger field of view, and thus a more general knowledge of the condition of the whole fundus. Afterwards, when we wish to make a more special minute investigation of the different parts we have thus examined in general, we have recourse to the direct

(a) By oblique movements of the object-glass we can make *any* papilla assume a variety of forms.

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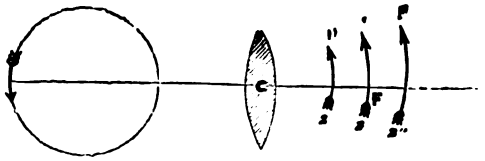
image, in which the field of view is less, but everything much more highly magnified. We shall in all cases, unless otherwise stated, assume that the pupil of the eye to be examined has been dilated by atropine, and its accommodation paralysed. If we now examine the eye with Liebreich's ophthalmoscope, and use a 2 or 3 inch double convex lens as our object-glass, the rays emanating from every point of the fundus oculi will converge to a focus in front of the object-glass, and there form a real inverted aërial image, which we may regard at our distance of most distinct vision. We must now distinguish three cases:—

Case 1.—Examined eye *emmetropic:* the rays emerge from the cornea parallel and form the inverted image *in* the focus of the object-glass.

Case 2.—Examined eye, *myopic:* the rays emerge from the cornea convergent, and form an inverted image nearer than the focal length of the object-glass. The image is less than in Case 1. In a myopic eye a reversed real image of the fundus oculi is formed in front of the eye without any object-glass. In a myopia of, *e. g.*, $\frac{1}{10}$, such an image will be formed twenty inches in front of the cornea. If we were now to retreat a few inches further off still, we might possibly see a small portion of the highly magnified inverted image; but the field of view would be so small, and the illumination so feeble, that we should see nothing distinct. By using a 3-inch object-glass, held two inches from the cornea, we obtain a less, but brightly-illuminated image, formed about two inches from the object-glass, which image is perfectly distinct and defined. But, on the other hand, if we are dealing with high degrees of myopia ($\frac{1}{3}$ to a $\frac{1}{4}$), we then obtain an equally distinct inverted image without the necessity of employing any object-glass at all, the size of the image increasing from $\frac{1}{2}$ to $\frac{1}{3}$th.

Case 3.—Examined eye, *hypermetropic:* the rays emerge from the cornea divergent, and are brought to a focus at a farther point from the object-glass than in Case 1, and thus form a larger image.

The variation of the sizes of the respective images may be made very evident by geometrical construction, or may be easily proved by very simple algebraical considerations.



Let F = principal focus of the object-glass, the distance of which from c = f.

Let α = distance from c at which the image of the fundus oculi is formed by the object-glass, c.

Let β = the distance from c at which it would be formed, but for the interposition of the object-glass, then

$$\frac{1}{f} = \frac{1}{\alpha} - \frac{1}{\beta}$$

Case 1.—Observed eye *emmetropic:* accommodation suspended or paralysed. β here $= \infty$ $\therefore \alpha = f$: in other words the image (1, 2) will be formed *at* the focus of the object-glass.

Case 2.—Observed eye *myopic* $\therefore$ β = some definite quantity $\therefore \frac{1}{f} < \frac{1}{\alpha}$

$\therefore \alpha < f$: in other words, the image (1′, 2′,) will be formed *within* the focus of the object-glass, and will be less than in Case 1. If we wish to obtain an image as large, we shall have to use a lower power object-glass.

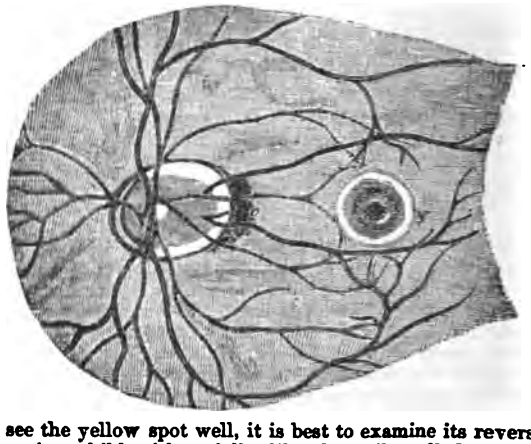
Case 3.—Observed eye *hypermetropic* $\therefore$ β is negative $\therefore \frac{1}{f} > \frac{1}{\alpha}$

$\therefore \alpha > f$: in other words the image (1″, 2″,) will be formed *beyond* the focus of the object-glass, and will be greater than in Case 1. If we wish to obtain an image of the same size, we shall have to use a higher power object-glass (b).

It is often erroneously imagined that the higher the power of the object-glass used, the greater is the magnifying power obtained. The fact is just the reverse in the inverted image. It is best for observers (who are not myopic) to use a positive lens (of about 10 or 12 inches) as an eye-piece before the ophthalmoscopic mirror, in investigating the reversed image of the fundus oculi. They can thus approach nearer to the eye, they obtain a stronger illumination, and the reversed image formed by the object-glass is magnified by the eye-piece. We may in this way obtain an immense magnifying power by using a low object-glass, of say 5 inches, and a strong eye-piece, of say the same focal length.

I may here direct attention to two practical points. Do not hold the object-glass too near the patient's eye, otherwise you diminish too much the field of view. Persons are often annoyed by the reflections of the ophthalmoscope mirror on the front and back surfaces of the object-glass. By holding this a little slanting we may separate these confusing reflections, and look between them at the fundus oculi.

It is by no means my intention to give a description of the ophthalmoscopic appearances of the different diseases of the eye. I will only allude here to two facts of some interest. The optic entrance in a normal eye generally appears slightly excavated. This is owing to its centre being more transparent than its circumference; this permits us to see, so to say, deeper into the nerve. We must carefully distinguish this "normal excavation" from that of glaucoma. A great deal has been said and written about the optic entrance *appearing raised*, instead of excavated, in a glaucomatous eye. This is far from universally true. The whole is an optical delusion, depending on the way the light falls on the papilla. I can, for instance, make the gilt stamped letters on a book appear depressed or raised, just as I change the position of the book with reference to the light. Again, I know several experienced ophthalmoscopic observers who always see the glaucomatous papilla excavated, as it really is, whether they regard its inverted or its direct image. The real depth of the excavation is proved directly by observing the parallax of its different parts—by slightly moving the object-glass before the patient's eye, the image is alternately formed by the one or the other half of the lens. In this way we may observe the different points of the excavation move before each other, according to their different depths. The direct image also furnishes us with a proof of the reality of the excavation, different negative glasses being required for the perfect definition of the different parts of the excavation. The yellow spot is an object of great interest. I have seen it many times myself. I subjoin a copy of a very faithful drawing, by my friend Dr. Haffmans, of the appearance it presents (c).



To see the yellow spot well, it is best to examine its reversed image in a child with a fully dilated pupil; tell the patient to look at the image of the lamp reflected by the ophthalmoscope mirror.

It may safely be asserted that very few Surgeons in England habitually examine the *direct* image of the fundus oculi. This arises from its presenting certain difficulties, and requiring certain precautions to be taken, which render its investigation a little more complicated than is the case with the reversed image (d). I shall, therefore, in my next paper, enter into those details, without the observance of which it is quite impossible to see the direct image.

(To be continued.)

(b) In Case 3 we assume, what is almost universally true, that the hypermetropia is not higher than the object-glass we are using.

(c) I regret that in a woodcut it is not possible to give anything much better than a diagram of such a delicate structure as the yellow spot.

(d) A very strong collateral proof of this assertion is that the ophthalmoscopes made in England are not provided with negative glasses.

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REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

A REPORT ON DISLOCATIONS OF THE ASTRAGALUS.

Several cases have recently occurred in different Hospitals illustrating the various forms of Dislocation of the Astragalus. It may, therefore, not be without its advantages, if I place them in juxtaposition in our Hospital Records, and at the same time briefly advert to such other facts of interest in reference to these important but rare accidents as have been recorded during the last fifteen years. In 1843, Mr. Turner, of Manchester, published in the *Transactions* of the British Medical Association (vol. xi. p. 370), a very excellent monograph on this subject. In that memoir will be found collected all the examples of this accident which its author had been able to collect. The lesions in question are well known to be of very rare occurrence. Dupuytren, towards the end of his career, stated that he had seen but twelve, and Mr. Turner's search succeeded in collecting from all sources only forty-five. It is not intended in the following report to enter in any great detail into the subject. I shall record, as fully as the materials at my disposal admit, the cases of recent occurrence which have not yet been brought before the Profession, and shall allude briefly to those others (such at least as have come to my knowledge) which have been published in different Journals since the date of Mr. Turner's paper. To the latter, my report will, therefore, be in a certain sense supplementary, and I may here state that any reader who possesses the notes of a recent case of this kind, or may be able to furnish a reference as to where such are recorded, will greatly oblige by communicating with me. Of Mr. Turner's memoir and its invaluable collection of facts the freest use will be made. In the first instance it will be convenient not to attempt to classify the cases cited; but, at the conclusion, I shall endeavour to sum up the evidence adduced as to the proper treatment and the prognosis of the several different classes into which the examples of this dislocation may be grouped.

THE LONDON HOSPITAL.

DISLOCATION OF THE ASTRAGALUS BACKWARDS—RECOVERY WITH A GOOD FOOT.

(Under the care of Mr. CURLING and Mr. GOWLLAND.)

William B., a moderately muscular man, aged 26, was brought to the London Hospital on the evening of June 5, 1860. He had sustained an injury to his left foot in jumping from a scaffold. The accident had happened only half-an-hour before, and there was as yet no swelling to prevent the satisfactory examination of the state of the parts. Mr. Payne, the able House-Surgeon then on duty, at once diagnosed a dislocation of the astragalus backwards, and also formed a very positive opinion that there was no fracture of either maleolus. As to whether there was a fracture of the astragalus itself or not there might be some doubt, but neither during Mr. Payne's examination nor that made afterwards by Mr. Gowlland was any crepitus detected. The man's account of the accident was that when standing on a scaffold about six feet high he had been obliged, by its giving way under him, to suddenly jump off. In alighting, his left foot came with much force on the edge of a large mass of bricks burnt together into one mass. The foot was twisted "so that the sole looked outwards and the ankle-bone projected inwards." He was quite unable to stand, and was at once carried to the Hospital. The symptoms were a hollow in front of the ankle, and the presence of a large osseous mass (the substance of the astragalus) beneath the tendo Achillis.

Mr. Payne made an attempt at reduction, which failing, Mr. Gowlland was sent for. Mr. Gowlland fully agreed with the diagnosis which had been formed. Chloroform was now given, and a most patient attempt at reduction made, but without effect. It should be stated, that there was no injury whatever to the integuments. On desisting from the attempt at reduction, the limb was ordered to be laid on a pillow, and well fomented. During the week following there was a good deal of swelling and inflammation about the ankle, more especially over the displaced bone. Mr. Curling, Mr. Gowlland, and the writer, saw the case in consultation, and all agreed that it would be unwise either to excise the bone or make any further attempt at reduction. For a few days it appeared doubtful whether ulceration might not occur over its most prominent part to the inner side of the tendo Achillis. The inflammation slowly subsided, and about a month after the accident the man left the Hospital. He has since then attended in the out-patient's room, under my own care. At present, five months after the accident, he still complains much of the weakness of the foot, and is unable to walk on it except by the assistance of a stick. The bone can be easily seen and felt. The limb is a little shortened, and there is a perceptible hollow in front of the ankle. The outer maleolus appears to be decidedly thrown backwards. The measurement round the extremity of the heel, from maleolus to maleolus, is in the sound foot, eight inches, while it is only seven in the injured one.

Remark.—Of all the forms of displacement of the astragalus, that exemplified in the above case is the most favourable. It is also one of the rarest. Mr. Turner has collected but six examples of it. He writes concerning it:—"Dislocation backwards is always simple, and always remains so according to the examples of this accident which have been published. . . . . It cannot fail to strike the reader of the cases of dislocation backwards, that in no one instance was the luxation compound, nor did the bone ulcerate its way to the surface, but it quietly rested in its new locality." Of the six cases quoted by Mr. Turner, in four the dislocation was direct, complete, and simple; in the fifth complete and simple, but indirect, as the upper articular surface faced forwards, and the lower backwards; in the sixth it was complete, indirect, and complicated by fracture of both maleoli. Subjoined are brief notes of the six cases referred to:—

Two cases are recorded by Mr. Phillips, in the *Medical Gazette*, vol. xiv., in which, without fracture of any bone, complete luxation of the astragalus backwards occurred. In neither could reduction be effected, and both patients recovered almost without lameness.

Mr. Lizars has published a third case. In it the dislocation was simple and complete. Reduction could not be effected, but the man recovered with an useful foot.

Baron Boyer gives a fourth case. In it the displacement had been overlooked by the Surgeon, who had treated the case as a sprain. The patient recovered with anchylosis.

Mr. Liston treated the fifth case. All attempts at reduction proved fruitless. Violent inflammation followed, but the man after many months was able to walk with but slight lameness.

The sixth case will be found in the *Lancet* for July 6, 1839. A man, aged 22, had his astragalus dislocated backwards, with fracture of the inner maleolus, and also of the fibula. Reduction was effected, and at the date of the report (tenth day) the foot was doing well.

ST. BARTHOLOMEW'S HOSPITAL.

PARTIAL DISLOCATION OF THE ASTRAGALUS FORWARDS AND OUTWARDS.

(Under the care of Mr. STANLEY.)

[Reported by Mr. ROGERS.]

——, a strong, healthy servant girl, was admitted on October 24, 1860. The history she gave was, that the evening before, while going down stairs, her left foot slipped and twisted under her. On admission there was a well-marked deformity of the foot. The astragalus projected outwards and forwards. There was a depression just above the inner maleolus, and a creasing of the skin on the inner side of the heel, and a well-marked depressed surface about the ankle-joint, in a line between the two malleoli in front. No attempt at reduction had been made before her admission. After chloroform was given, and just as the foot was

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embraced by one assistant, and the leg by another, the bone slipped into its place without the slightest force or exertion being used. She was discharged well in a week.

THE NOTTINGHAM GENERAL HOSPITAL.

DISLOCATION OF THE ASTRAGALUS INWARDS—NECROSIS OF THE BONE AND REMOVAL—RECOVERY WITH A GOOD FOOT.

(Under the care of Mr. THOMPSON.)

[Reported by Mr. G. D. HARDING, Junior House-Surgeon.]

Thomas C., aged 16, a collier, residing at Bulwell, was admitted into the General Hospital, Nottingham, on July 13, 1860. The patient was walking through a coal-pit at Bulwell, when at the time of some waggons passing him his foot slipped, and he fell to the ground, his right foot getting between the axles of a wheel and one of the waggons. As the road was on a decline, he was dragged a short distance before he could extricate himself. The accident occurred five hours previous to his admission, consequently the foot and leg were much swollen and ecchymosed, especially on the inner side of the ankle. Upon examination, a simple fracture of the tibia and fibula was found in the lower fourth of the leg, with very little displacement of the tibia, and no apparent alteration in the normal position of the foot.

A back and outside splint were applied; but not one to the inner side, on account of the swelling. Four days after the receipt of the injury, the inner side of the ankle began to slough; the wound quickly became excavated; so that three days afterwards a portion of bone was exposed, which was thought to be the internal malleolus; but a few days afterwards, upon close examination, it was found to be the articulating surface of a bone, and from its shape it was known to be the astragalus dislocated, with its superior articulating surface turned inwards, close behind the internal malleolus. The swelling of the foot gradually subsided, and the wound closed until it had attained the length of about two inches parallel with the posterior border of the internal malleolus, and about a quarter of an inch in width, the edges having very large red granulations. The wound continued discharging a thin purulent fluid, and the articulating surface of the astragulus changed its colour, becoming rough, etc., until October 8, when the tibia and fibula being firmly united, it was thought necessary to remove the bone. The patient was placed under the influence of chloroform. The wound was enlarged by making a transverse incision from its centre towards the malleolus, the bone was then firmly grasped by a strong pair of forceps; but as it was necrosed, only about two-thirds came away in one piece, the remaining third coming away in three pieces.

December 3.—The wound has nearly healed. The patient has been up during the past month; he is now able to walk very well; can bear nearly the whole weight of his body on the leg; there is a slight amount of power to flex and extend the foot, but there is not any power to move it laterally; the limb is about half-an-inch shorter than the left. He has been made an out-patient.

GUY'S HOSPITAL.

COMPOUND FRACTURE AND DISLOCATION OF THE ASTRAGALUS—REMOVAL OF PART OF THE BONE, AND RECOVERY WITH A GOOD FOOT.

(Under the care of Mr. THOMAS BRYANT.)

[From Notes by Mr. SIDNEY THORPE.]

A. M., aged 51, a robust-looking man, residing at Dalston, was admitted into Guy's Hospital on August 24, 1859, under the care of Mr. Bryant. The day of his admission he was descending from the roof of an omnibus, when his foot slipped, and he fell with the whole weight of his body flat upon his right foot; the ankle then twisted, the sole of the foot looking inwards; and in this condition he was admitted into the Hospital. When seen the foot was found turned inwards, and the outer malleolus projecting externally; beneath it there was an extensive wound two inches long; and hanging out of this, suspended by a short piece of synovial membrane, was the greater portion of the astragalus, including its upper and two lateral articulating surfaces. The head of the bone was left; this portion was removed, together with several smaller portions. The malleoli were unbroken. With very slight difficulty the foot was restored to its natural position, and fixed with posterior and lateral splints, the outer one being an interrupted one over the wound. Ice was applied locally, and opium freely administered. Everything progressed favourably, the wound healed, and the man's health apparently suffered but little. About October, however, some œdema of the foot and swelling made its appearance, evidently the result of some inflammation and suppuration of the joint. Free incisions were accordingly made by Mr. Bryant, with marked benefit. Profuse suppuration continued for some time, and the man's powers were maintained by abundance of good diet and stimulants; and by January 5, 1860, the foot had so far recovered that the man left the Hospital for change of air. There was when he left but very slight discharge from a wound beneath the outer malleolus. The foot was in a natural position, with the heel slightly drawn up.

In May he was re-admitted into the Hospital, with his health perfectly re-established, and with one or two discharging orifices beneath the outer malleolus communicating with some necrosed bone.

Accordingly, on May 16, Mr. Bryant cut down upon the part over the external malleolus, and removed several large portions of necrosed bone, evidently other portions of the astragalus, which were found to be lying in a cavity completely lined with false membrane. This cavity rapidly closed in. On June 16 a small piece more bone came away, and from this time everything progressed as favourably as it could be desired; the œdema and swelling of the foot subsided; discharge ceased and sinuses healed; the man leaving the Hospital convalescent early in July.

The man has since been seen. He is now able to support the weight of his body upon the foot, and requires only a boot with a rather higher heel than usual.

ST. BARTHOLOMEW'S HOSPITAL.

DISLOCATION OF THE ASTRAGALUS OUTWARDS—REDUCTION—TYPHOID SYMPTOMS—DEATH—DISSECTION OF THE FOOT.

(Under the care of Mr. STANLEY.)

William C., aged 44, was admitted on June 5 for injury of the foot. On examination it turned out to be a dislocation of the astragalus. The injury had occurred as he was getting out of an omnibus with his back forwards. He slipped, and his foot twisted under him. The foot was much inverted, and on its outer and upper aspect was a great prominence, and on the inner and corresponding situation a sort of tucking in of the integuments, in which latter position also was a laceration. The prominence was found to be the astragalus thrown out on to the upper side of the cuboid, and the outer side of the os calcis. There was no fracture of either of the malleoli. One attempt at reduction was made, but unsuccessfully. The patient was then placed under the influence of chloroform, the knee was bent, and the foot and the leg grasped by assistants. Extension being now made, the bone was by a little manœuvering reduced. The reduction was accompanied by a loud snap. The limb was placed in a splint.

The day after the reduction was made there was a good deal of swelling about the ankle. This was followed by inflammation of the cellular tissue of the foot and lower part of the leg. The splint was therefore removed, and the limb placed in a fracture-box well padded, and a poultice was applied.

The patient was a man of temperate habits, and was by trade a glass-silverer, and had worked at it for twenty-five years. He was subject to mercurial tremors. Peculiar trembling movements were observed, especially in his hands, and sometimes in his legs. The gums were swollen and spongy, the tongue had a peculiar tremulous movement, and was of a dirty red colour. His voice was tremulous, and for several days after he came in it was a question whether he was not labouring under delirium tremens. His friends stated that he had suffered very much from ill health for the last seven years, and that he had suffered very frequently from attacks of diarrhœa.

He was better next day, and progressed favourably for a short time; but on the 10th he again failed. An eschar which had formed on the outer side of the foot extended. His bowels became very irritable and relaxed. His appetite

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completely failed, and symptoms of typhoid fever set in. Stimulants and nutriment were freely administered, but in vain. He became unconscious, gradually got worse, and died on the 19th.

Autopsy.—The intestinal canal was much reddened throughout, but there was no ulceration. Permission was not granted to examine the head or chest. The injured part was carefully dissected. The tendons and muscles over the parts were reflected, and when the structures immediately covering the bone were removed, the astragalus started out to a slight extent, but no amount of force could reproduce the original dislocation. The inter-ossei and deltoid ligaments were lacerated, but remained still sufficiently attached to prevent the bone being removed. There was no pus in the ankle-joint, but there was diffuse suppuration in the cellular tissue around. The articular cartilages were entire. There was no fracture of the astragalus, the os calcis, the tibia, or of either malleoli.

The above notes have been copied from those taken by Mr. J. Rogers, Mr. Stanley's House-Surgeon at the time the case occurred.

UNIVERSITY COLLEGE HOSPITAL.

VARIOUS CASES:
CLINICAL REMARKS BY DR. JENNER.

The following is a short account of clinical remarks by Dr. Jenner, as gathered at a recent visit to the wards of the Hospital.

Physical Explanation of "Pigeon Breast."

The attention of the students was directed to a girl, aged 16, but looking younger, evidently suffering from some chest affection. Before commenting on the case itself Dr. Jenner dwelt on the importance of inspection of the chest as a practical means of diagnosis in diseases of the lungs, especially in children and young persons. When the lungs are diminished in size, the thoracic parietes are moulded to them by the weight of the atmosphere. When the lungs are enlarged, the parietes are forced outwards, and the chest enlarged. The long chest, with obliquely-placed ribs, and wide upper intercostal spaces, is evidence of the highest importance as proof of small lungs—the short thorax, with transversely-placed ribs of large lungs. In the case of the girl before the class, the thorax was very long, the upper four or five intercostal spaces being very broad where most visible in front, and the ribs being placed too obliquely. This showed, Dr. Jenner said, that the lungs, speaking of them generally, were of less size than they should be. The head was a little forward, the two lower cervical, and the two upper dorsal vertebræ curved backwards; the shoulders lowered, and the upper part of the chest flattened from before backwards. These signs indicated that the upper parts of both lungs were small. The costal angle was very narrow; the cartilages and antero-lateral parts of the sixth, seventh, eighth, and ninth ribs were flattened laterally, and the lower part of the sternum, as a consequence, driven forwards. The result was a striking example of one form of "pigeon-breast." This change in the form of the lower part of the chest evidenced extreme diminution of size of the lower parts of the lungs anteriorly, consequent probably, in this case, on bronchitis. So powerfully had these softer parts of the thoracic parietes been driven in by the weight of the atmosphere during strong though inefficient efforts to inspire, that the cartilages of the ribs stood on either side somewhat above the level of the sternum.

The beat of the heart against the chest-wall was much more visible than in health. This, Dr. Jenner said, was constantly observed when the lower ribs and cartilages were forced inwards. The heart and the chest-walls are, in such cases, too closely in contact. It is merely an exaggeration of the condition a healthy person produces by leaning forward. In this girl the right side of the heart was slightly dilated.

The history of the case, the dyspnœa and lividity, the abundant, sonorous, mucous and submucous ronchi audible over the whole chest, the imperfect resonance at one apex, and the excess of resonance at the bases posteriorly, showed that the girl was suffering from a subacute attack of congestive bronchitis, supervening on chronic bronchitis, that there was slight emphysema of both bases, and consolidation (probably tubercular) of the apices of the lungs. As to Medical treatment, commonly so called, Dr. Jenner said that his experience led him in such cases to trust chiefly to powdered ipecacuanha, in doses of from a quarter to half a grain, every three, four, or six hours.

Differential Diagnosis between Pleural Effusion and Pneumonic Consolidation in an Infant.

The next case brought before the students was that of a child fourteen months old. This child was emaciated, had been ill for a month or five weeks, but, with exception of very trifling cough and a little action of the nares in respiration, there were no symptoms indicating that the child was suffering from any thoracic disease.

The child was, however, the subject of unresolved pneumonic solidification of the right lung of some duration. Dr. Jenner used this case to impress on the students the importance of having every young child the nature of whose ailment is not quite patent, stripped naked when it is to be examined—the necessity, too often forgotten, of percussing and auscultating the thorax of infants, when there is the least doubt in reference to the diagnosis, and the differential diagnosis in the young child of solidification of the lung and of effusion into the pleural sac. With reference to the latter point, Dr. Jenner showed the students that in the case before them there was extensive dulness and bronchial breathing, more perfect below than above. These signs are common to a lung solid from pneumonia and to fluid in the pleura. There was no crepitation, and this, had the case been recent, would have told strongly against the existence of pneumonic solidification. If the patient had been an adult, he would have been bid to speak, and then, if the vocal fremitus had been less than natural, it would be said the dulness is due to fluid, if greater than natural, the dulness is due to solidification of the lung. In a child so young as this the voice for diagnostic purposes does not exist.

Displacement of organs, and especially of the heart, is in the child the sign by which, Dr. Jenner said, we practically determine whether the dulness be due to fluid in the pleura or solidification of the lung. In the child before the class the heart occupied its natural site—it was not displaced—the liver was not lowered, therefore, as the dulness was extensive, it was due to solid lung—as all febrile disturbance had ceased and the disease was of some standing. Half a grain of carbonate of ammonia every four hours was prescribed; a teaspoonful of brandy was directed to be given three times a-day; milk and good beef-tea for diet.

Extreme Anæmia—True Nature of so-called Blood Murmurs.

A third case of which we took note was that of a young woman suffering from extreme anæmia.

In addition to the symptoms constantly present in such cases, there was a soft systolic murmur, having its point of greatest loudness at midsternum, opposite the fourth interspace. As the murmur was well heard at the second left interspace and not at the second right, it was clear that the murmur was generated in the pulmonary artery.

This murmur is usually considered to be of blood origin; Dr. Jenner, however, expressed a very decided opinion as to the non-existence of blood murmurs. All murmurs generated at the orifices of the heart or in the blood-vessels are, he affirms, the result of alterations, absolute or relative, in the calibre of those parts.

The ordinary determining cause of the so-called anæmic blood murmurs seated in the pulmonary artery is, Dr. Jenner said, compression of the pulmonary artery by the sternum.

Iron, aloetic purgatives, porter, and meat twice daily were prescribed.

DISEASED TARSUS — EXCISION OF THE OS CALCIS—RECOVERY WITH A GOOD FOOT.

(Under the care of Mr. ERICHSEN.)

Margaret S., aged 8, was admitted under Mr. Erichsen's care, on May 26, 1858. She was a strumous-looking child, and stated that, about five months before, she struck her left foot against a gate, while running about in a yard. After the blow the foot swelled. Evaporating lotions were used for a few days. Matter then formed, and poultices were applied, which were continued to the time of her admission. The

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foot was much swollen on both sides near the ankle, but the front of the ankle presented a natural appearance. The anterior parts of the foot seemed free from disease, which appeared to implicate the os calcis, part of the astragalus, and the posterior part of the cuboid. There was an opening on each side a little below the ankle, through which the dead bone could be felt.

June 2.—Chloroform having been given, Mr. Erichsen removed the os calcis and portions of the other bones next it, which were necrosed. The sides of the wound were brought together with sutures and plaster.

4th.—There was a good deal of discharge; the sutures have been removed, and a poultice applied over the foot.

9th.—The discharge has ceased; the flaps have begun to unite. A narrow strip of plaster applied to keep up the under flap.

12th.—Union nearly complete. The wound subsequently healed, and she was discharged well.

Mr. Erichsen has informed us that he saw the child subsequent to her discharge, and that her case resulted in a permanent cure with an useful foot.

HOSPITAL NOTES.

AN ARCUS SENILIS OBSTRUCTING VISION.

Arcus senilis, as is well known, seldom or never causes any impairment of vision, although it is at times very extensive. An instance of it in which it presented an unusually broad belt came under notice at St. Thomas's the other day, and in some remarks to the students present, Mr. McMurdo mentioned that he had on one occasion, seen a case in which the arcus threatened by its unusual size to cut off the patient's sight.

The patient was a tall thin man, aged 60. The arcus had existed for seven or eight years, gradually encroaching towards the centre. When Mr. McMurdo saw him, there was only a minute central portion of the cornea remaining clear, leaving a sort of pin-hole aperture, through which, however, the patient could still see well. Whether or not, the disease afterwards advanced further was not known, as the patient did not come under observation again.

SPASM OF THE DEPRESSOR MUSCLES OF THE LOWER JAW.

From the variety of cases of affection of the nervous system attending Dr. Brown-Séquard's practice, we select the following, as illustrating a curious and very rare form of local affection. The patient appears to be in general good health, and suffers nothing, except the annoyance of his so marked and peculiar deformity. He is an intelligent, well-educated man, about 60 years of age, and states that, whenever he is not moving his jaw in eating or in talking, it falls, and thus his mouth is left open, giving a vacant and silly expression to a face otherwise intelligent. As stated, he can eat well and talk well, and the masseter and temporal muscles contract well on both sides; but, when the jaw is depressed, the muscles below the chin are found to be spasmodically contracted. The depressor muscles of the jaw are, therefore, as Dr. Brown-Séquard considers, in fault, being over active.

LITHOTOMY FOR A SECOND TIME IN THE SAME PATIENT.

An instance of the recurrence of stone in the same individual after lithotomy, presented itself, the other day, at Guy's Hospital. The patient was a boy, aged 7, under Mr. Birkett's care. When a year and a-half old, Mr. Birkett removed from his bladder a phosphatic calculus. Mr. Birkett, in some clinical remarks after the second operation on December 4, stated that the stone on the first occasion broke in the grasp of the forceps, but that great care was taken to remove all the fragments. Before leaving the Hospital, the boy was sounded by Mr. Cock, Mr. Poland, and himself, and no stone found. He remained five years wholly free from symptoms. The symptoms of the second stone began about a year ago. The calculus removed on December 4 was about an inch long, and rather narrow; it consisted of lithic acid, encrusted by phosphates. The operation performed was the usual lateral one, and on the same side as the previous one. The boy is apparently in good health, and has done well in every respect since the second operation.

CLOSURE OF THE NARES FOLLOWING INJURY.

Mr. Le Gros Clark has now a patient in Henry Ward, St. Thomas's Hospital, in whom the nasal passage to the pharynx had been almost obliterated by injury. The patient says that, twelve months before, a large mass of earth fell on him: his nose was smashed nearly flat to his face, and one thigh was broken. The leg got well, and the wounds about the nose healed; the nose, however, remaining almost on the level with the cheeks, and the passage to the pharynx being as nearly closed as possible. The lower eyelid on the right side was very much everted. Mr. Clark first operated to relieve this by carrying up a piece of skin from the side of the cheek, into a gap made by an incision just below the inner part of the lower eyelid. By this means the man's comfort was much increased; but the eversion still continued to some extent. Mr. Clark applied the actual cautery to the mucous membrane, in the hope that the resulting cicatrix would counteract the tendency to eversion. He also, a week ago, re-opened the closed lower meatus of the nose on each side, by passing in a canula, and afterwards a trocar. The man is now wearing tubes in the nostrils, to prevent the passages from closing again.

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Medical Times and Gazette.

SATURDAY, DECEMBER 15.

MODERN LUNACY REPORTS.

The Annual Reports issued from our Lunatic Asylums contain a large amount of very valuable materials on the subject of insanity. It is to be hoped that they will become general, and that the facts contained in them may eventually be classified after a single model. From a collation and comparison of these facts some large statistical data will be obtained, when a skilled and comprehensive mind shall arise to undertake their unravelment, and elucidate from them their true conclusions. The records of the doings of one single Asylum can of course be of only very partial value in comparison with the conjoint records of all our Asylums. And for this reason we should urge on those of our brethren who practise in this department of the Profession, the necessity for their laying down some distinct guide for the framing reports of the kind here spoken of.

We have now before us a very carefully-drawn-up report—the Thirty-third Annual Report of the Perth Lunatic Asylum—from the hands of its Physician, Dr. Lauder Lindsay. We have all heard of this Asylum, and have been accustomed to regard it as a model Asylum; and such, indeed, from this Report we must conclude it to be. Here, however, we feel the difficulty already referred to. The number of inmates of this Asylum is comparatively small, and therefore statistical conclusions drawn from a report of their condition, are of comparatively little value. Dr. Lindsay, indeed, himself seems to feel the dangers and diffi-

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culties of statistics in the matter of insanity. Much interesting information, nevertheless, is to be obtained from this paper; and to a few particulars in it we will refer. The term "curability of insanity" seems a very elastic one. Dr. Lindsay candidly says:—

"There are undoubtedly great difficulties and fallacies connected with the calculation of the proportion of recoveries among the insane. Different standards are used in different Asylums. It is hard to define *what is recovery*, and it is seldom or never possible to ascertain what proportion of cases 'discharged recovered' subsequently relapse or remain permanent. Of our present population, the *possibly curable* amount to 70, and those who are in all likelihood *incurable* to 135, so that the latter are about twice as numerous as the former. But even of the possibly curable, a large number will undoubtedly be gradually drafted to the incurable section, so that the *really curable*, or those who will ultimately recover, form a very small proportion of our population—probably not more than 5· per cent."

How very different this tale from the one which usually meets us concerning the *cure* of insanity!

Dr. Lindsay again refers to the mistaken notion too often held by those who have the furnishing up of our Asylums. They would remove everything not absolutely necessary, in order to prevent the patient from injuring himself, and thereby turn an Asylum into a prison.

"In the course," he writes, "of our visits to various Asylums — even those of first-class reputation in this country — we have found ordinary windows objected to, and not used, because patients might precipitate themselves therefrom; window-blinds, because patients might use the cords for suicidal purposes; pictures on the walls because the suspending nails or cords might subserve similar ends; open fires, because patients might set fire either to themselves or the building; ponds and fountains, because patients might drown themselves therein; flower-gardens, because such plants as aconite, bay laurel, or the poppy, might be used as poisons; artificial mounds or embankments, because patients, whose suicidal propensities takes the direction of butting their heads against walls, might find the additional impetus acquired by rushing down such slopes an important aid to suicidal attempts; cricket and archery tabooed, etc., etc. But accidents will occur, spite of every precaution. The number of such accidents is not, according to our experience, increased by placing the majority of the insane on the same footing as the sane in regard to the furnishing of their dwellings, or to their occupations and amusements; and it appears to us not only ridiculous, but eminently unjust, because one patient out of several hundreds—perhaps 0·10 per cent.—and in the course of several years, commits suicide by means of some article of furnishing which was not essential, and might therefore have been absent, to punish the said several hundreds—the great majority of patients—who can appreciate and make the proper use of such surroundings, games, or amusements as we have mentioned—by depriving them summarily thereof."

A vast deal of pains and trouble has been taken by Dr. Lindsay to test the value of phrenology as applied to psychopathy—we must say we think needlessly taken. This bubble has been so often, and so demonstratively exploded, that we scarcely think men of science are bound any more to trouble their heads about it. That such a fanciful idea as that of reading a man's soul by the language of bumps on his head should be taught and believed in, is nothing wonderful. What outrages on common sense, on Nature's laws, on scientific facts will men not teach and men believe? There is, however, merit even in killing flies; and Dr. Lindsay may have done well in dealing with this subject in the land of Combe. The conclusion of his elaborate researches is:—That there is apparently much truth in phrenology, but, unquestionably, more error. That the size of cranial bumps throws no light on our knowledge of the forms and phases of insanity; and that phrenologists' predictions of the value of the *toucher* of the skull have not been fulfilled. "On the whole," says Dr. Lindsay, "the reporter is not yet prepared to recommend to his brother Alienistes the use of a

> . . . . . "'Geometric scale
> To measure heads like casks of ale;
> All for to find out the intentions,
> Capacities, plots, and inventions,
> Of lawyers, doctors, quacks, and jugglers,
> Of soldiers, sailors, cheats, and smugglers.'"

The "airy influences"—meteorological changes—do not seem to have more influence over the insane than they have over the sane.

In concluding his report Dr. Lindsay strongly urges upon the attention of the public the want of public Asylums for the non-pauper class of lunatics. This subject has of late been frequently brought before the notice of authorities; and we ourselves some time ago especially referred to it when noticing a paper by Commissioner Gaskell.

The Directors of the Perth Asylum in their Report, which is appended to Dr. Lindsay's, refer to the loss sustained by them in the death of their late Physician in the following terms:—

"The Directors desire to record their profound sense of the great loss which the Institution has sustained through the decease of Dr. Malcom, who, from the commencement of it, during the long period of thirty-two years, has filled the office of Physician to the Asylum, in a manner which, besides reflecting the highest honour on him, was calculated to give the utmost satisfaction to the Directors, and great and general advantage to those whom the dispensation of Providence had placed under his care."

BONE-SETTER-SURGEON.

Evan Thomas, the Liverpool bone-setter, was tried at the Chester Assizes on the 8th inst., before Sir Colin Blackburn, on the charge of causing the death of a boy by improper treatment. Many of our readers may remember the particulars of the case, which we gave at the time of the inquest. Mr. Giffard, the prosecuting counsel, said:—

"It appeared that the prisoner, though not qualified as a Surgeon usually was, practised in setting fractured limbs, and on the occasion on which it was suggested that he exhibited that carelessness and negligence and want of skill which formed the groundwork of the charge, a child eight years of age was brought to his place of business, and it was alleged on the part of the prosecution that in the treatment of that child he exhibited such a gross want of skill, such carelessness, such want of attention, and of a reasonable amount of knowledge,—treating the child for a fracture of the thigh when, in point of fact, there was no fracture at all,—that the result of his treatment was the death of the child. He mentioned the fact that the prisoner was not a regularly-qualified Medical Practitioner; but that circumstance was immaterial in the consideration of the case. It did not make him more responsible, nor did it make him less responsible. Any person who practised as a Surgeon must exhibit, whether regularly qualified or not, that reasonable amount of skill and attention the absence of which alone would make him liable to a charge of this description. In either case, if the person practising, having a competent degree of skill and knowledge, made an accidental mistake in the treatment of his patient, and death ensued, he was not thereby guilty of manslaughter; but when a person negligently took upon himself the administration of a violent remedy, and death ensued, he was guilty of manslaughter."

The boy had an abscess in the thigh. The bone-setter said the thigh-bone was broken, and put up the limb in splints. The boy died, and the femur was found unbroken; a large abscess existed in the thigh, and purulent deposits in various internal organs. Mr. Lambert deposed that—

"The cause of death in his judgment was pyæmia, which was a poisoning of the blood by pus or matter. The placing of bandages over the abscess in the thigh would in his judgment be calculated to produce that. From what he observed during the life of the child and after death he believed pyæmia was produced by the absorption of matter from the

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thigh, which was caused by the pressure of the bandages. The abscess was what was called a 'diffused abscess.' It was formed round the femur: it had not formed at all under the knee-bone. Phlebitis, or inflammation of the veins, was sometimes the cause of pyæmia. He did not believe that the child would have died on the Tuesday if the bandages had not been put on. He believed that in cases of pyæmia life could be prolonged a considerable time by proper treatment. He did not believe the child would have had pyæmia if it had not been for the pressure, and if pyæmia had occurred he believed its life could have been prolonged by proper treatment."

These opinions were corroborated by Dr. Jennette and Mr. Baylis.

The evidence for the defence was that of Mr. Hugh Thomas, son of the prisoner, who said the application of splints and bandages was proper practice, and that of Dr. O'Donnell, who

"thought that the splints and bandages had nothing to do with producing the pyæmia. There was evidence of abscess in the thigh of an unhealthy character; the child was of an unhealthy habit of body; and, under those circumstances, some of the more poisonous parts of the pus would be carried into the system, and give rise to irritation and abscess in the internal organs. Pyæmia, on an average, occupied fourteen days. The earliest cases he had ever read of—and he thought he had read all—occupied six days; and as a matter of science he thought it impossible for pyæmia to set in on Saturday and be fatal on Tuesday. Pressure applied to a healthy abscess would not be calculated to make it diffused, and so introduce poisonous matter into the system. Sometimes abscesses were absorbed into the system and yet no evil came of it. He had never heard of an abscess being treated by external pressure. He had never tried it, because he thought it would have no effect. He founded his opinion that pyæmia existed before the boy was taken to Thomas upon the tenderness of the boy, and also upon his being in a sleepy condition, with light-headedness, as given in the evidence. From the symptoms detailed had he seen the boy during life he should very probably have suspected pyæmia, explored the chest, and obtained evidence as to the formation of the pleurisy and the effusion into the pericardium. Dr. Owen Roberts, brother-in-law of Mr. Evan Thomas, gave corroborative evidence. He thought the bandaging was a kindness, and the best thing under the circumstances to give the part rest. Compression was prescribed by several writers for abscess. The life of one of the French kings was saved by that treatment. Mr. John Cooper, Surgeon, Mr. John Banner, Surgeon, Mr. Robert T. Lodge, Surgeon, Mr. James Penn Harris, Surgeon, and Mr. Joseph John Pope, Surgeon, all of Liverpool, also gave corroborative evidence, and the Jury returned a verdict of 'Not Guilty.'"

The summing up of the Judge, unfortunately, cannot be obtained, as the local papers say that "it was in so low a tone of voice that the reporters could not hear." Both the counsel for the prosecution, and Mr. Serjeant Parry for the defence, utterly set aside the question as to qualification, and argued the case exactly as they would have done had the bone-setter been a highly qualified Surgeon. Serjeant Parry said—

"The whole matter resolved itself eventually into a question of Medical opinion, and Medical opinion only, and he asked them, without offence, were they the fittest men to decide a question of that kind? The question they had to try was not whether Mr. Thomas was right or wrong, had made a blunder or done something which a more skilful man would not have done, but whether he had been guilty of such a want of care and skill as any person undertaking such a duty ought not to be guilty of, and also whether the death of the person was caused thereby. The question was not whether he had been guilty of such negligence as would make him liable to an action for damages, but whether he had been guilty of criminal negligence or ignorance."

What the Judge may have said, we know not; but we fear he did not tell the jury that a man who ventured to tamper with the lives and limbs of the poor, without the necessary education to enable him to do so with reasonable skill, must be held to be criminally ignorant.

SUSPECTED CHOLERA AT WEST HAM.

On Monday, December 10, a Committee of the Metropolitan Association of Medical Officers of Health, with Dr. Hillier, the Honorary Secretary, including Drs. R. D. Thomson, Bristowe, Aldis, Liddell, Beale, and Druitt, met Dr. Ansell and Dr. Elliott, the Medical Officers of Health for Bow and Stratford, at Globe-crescent, West Ham, to inquire into the facts of some cases of suspicious choleraic disease which had recently occurred in that district. The first case—as we learned from Mr. Hammond, the Medical gentleman in whose practice the malady was observed, and who courteously gave every information in his power—occurred on Sunday, December 2, in a boy aged 7, at Tetsworth-road; he died with vomiting, diarrhœa, and delirium, after twelve hours' illness. The second patient was a boy of 16, living at Globe-crescent, said to have been ill twenty-four hours, and only seen by the Medical attendant when just at the point of death. A third case was that of a girl aged 5, residing at Edmiston-villas; she died after fourteen hours' illness. In each case there was decided bilious vomiting and purging; the evacuations were neither bloody nor rice-water. There was active delirium in the early stages; dilated pupils and insensibility before death. There was neither sore-throat nor dysentery, nor cramps; hands rigid after death and body purplish. The urine was secreted freely. Moreover, no pain was complained of in either case. The patients were in comfortable circumstances. In two cases the water is supplied by the East London Company, and in the third from a well. A fourth case is reported to have been fatal, at a beer-shop close by.

It was stated that none of the houses in the vicinity are drained, but that their sewage is received into cesspools close to the houses, the inlets to which are not perfectly trapped, and which are close to the pump-wells. Scarlet fever and measles are said to flourish close by,—and we should think it very odd if they did not; for the houses are built on an undrained marsh, and the road in front of Globe-crescent is a mere puddle, in which green, stagnant water has been stated to be standing all the summer. The malady in question seems closely to resemble the yellow, or some other malarious fever; and if educated people, in comfortable circumstances, free to choose, deliberately choose such a situation for living in, they really cannot be surprised at aught that follows.

THE WEEK.

One of our Professional Brethren, Mr. Richard Lloyd Pinching, a General Practitioner, and Member of the Royal College of Surgeons of London, has just figured before the public in a way which is not likely to add much to the dignity of the Profession. We need not refrain from calling attention to his case, for it has been already carried from one end of the country to the other. He began, we find from the report in the *Times*, to attend a Mr. Dent on February 9; but he nevertheless charges in his bill forty guineas for attendance from January 27 to February 8. His excuse for this small *lapsus* is, that he made his bill out from recollection—or, we suppose, imagination! Admittedly, however, he commences Professional operations on February 2, and he ends them on April 25. His operations, therefore, extended over about two months and a-half. Let us see how he made hay during this oasis of his professional career: £962 for attendance, were part of the bill, and for pills and draughts, £76 14s. 3d. more, the latter charge, however, being made by Pinching

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filst! Now, we will ask any candid member of our Profession, whether Mr. Dent would not have fared a hundred times better in the hands of a Homœo-quack—*i.e.*, if he really swallowed the exorbitant mass of pills and mixtures which such a sum as £76 must represent? Can we be surprised if every individual in the neighbourhood where that Pinchings exercises this faculty should fly into the bosom of infinitesimal doses? Better, surely, for the world to be without drugs than to be drugged after this fashion. We shall make no comments on the amount of the bill: the facts speak plainly enough for themselves. All we can say is, that we do most fervently hope and believe that cases of this nature are rather rare and curious, than common and of practical interest. Pinching the poor we have often heard of, but such a pinching of a rich sick one has never heretofore fallen under our observation. "M. Soliniac," wrote Guy Patin some 200 years ago, "is a very common species of man *in arte nostrâ*; he has the two vices of his country, which are Dames Philargery and Polypharmacy."

In another part of this number our readers may find a review of a book to which we may call especial attention here, as it is suggestive of several questions, both social and Medical, which require discussion. Infant mortality is excessive. How far is our Profession guilty of any encouragement of this excessive mortality by the encouragement of wet-nursing? What can we do as a body to check an injurious custom? How far can artificial feeding be made to act as a substitute for breast milk? To what extent are galactagogues useful agents? What is the effect of the mixture of a small quantity of breast milk with other milk or with artificial food? What is the danger of giving vegetable food at early periods? Would there be any great advantage in letting an infant suck directly at the breast of a goat, or in so feeding cows or goats by rule that they must yield a milk nearly resembling that of woman? All these are questions of great importance which the Profession should examine thoroughly, and which Dr. Routh has assisted us all to grapple with by the facts he has arranged for our use.

At the conclusion of the evidence given in a case of mysterious poisoning in Lisson-grove, the jury returned the following verdict on the subject of free trade in poisons:—

"The jury find that deceased died from the mortal effects of cyanide of potassium, but by whom administered there is no evidence to show. The jury cannot separate without publicly expressing their regret that no clause was introduced in the Bill recently passed for the Sale of Poisons, to prevent the facilities which now exist of procuring without licence or restriction, such rapid and deadly poison as that which has caused the death of Eliza Sheen, and who, in the opinion of the jury, might have been now living had such restriction been placed upon its sale. Further, they beg to recommend to all chemists and druggists not to supply cyanide of potassium but to persons only who are known to use the same for business purposes, or upon their written orders, whose signatures should be indisputable."

The Deputy Coroner expressed his concurrence in the verdict.

Baron Bramwell is notoriously an eccentric personage. He does things judicial after a fashion of his own—the Bramwellian method. Indeed, he has on more than one occasion been called to account by the public press for his vagaries. One of his last performances is, we think, not unworthy of being placed by the side of some of his previous efforts in the sphere of eccentricity. We here find him delivering himself of his views on the judicial treatment of the (so-called) criminal lunatic. The individual under his judicial sentence was admittedly insane, and had committed arson. A Surgeon swore that previously to the commission of the offence, he had advised the consignment of the prisoner to an Asylum, on account of his insane ways. The prisoner's counsel would not, however, plead insanity as a bar to punishment, knowing that the plea would, in all probability, consign the prisoner to an asylum for life. He does not seem to have known the Judge he had to deal with! We recommend the sentence of this Judge to the consideration of those learned gentlemen who are so fond of twitting Doctors when they appear as witnesses in cases where sanity of mind is under consideration. "Because," says the learned man on the Bench, "this man is mad, he must not only be punished, but he must be punished more severely than if he were sane. Society demands the sacrifice. If he had been acquitted on the ground of his insanity, he would have been confined for life. Now I have got hold of him, he shall have confinement for life, and hard labour in addition!" And this is justice, mercy, and wisdom!

"Prisoner, you knew when you did the act to which you have pleaded 'Guilty,' that you were doing wrong and disobeying the law. That you are of unsound mind, I believe, but that is no reason why you should not be punished. I address the explanation of the reasons why I pass upon you the sentence which I am about to pronounce, not so much to your understanding as to those around who hear me, and to those whose duty it is to notice them. The law makes unsoundness of mind no excuse for offences, except it were such that you did not at the time know the nature of what you were doing, and that it was wrong and unlawful. No doubt it is very unfortunate that persons of unsound mind should become by that affliction less under the influence of moral restraints and of the restraints of law; but it would be sad indeed for the public if, when those restraints are weakened, the protection of the law were to be withdrawn by the extension of impunity to offences. I am not sure that it is not more necessary to punish a mad man than a sane one, so far as the protection of the public is concerned. I feel bound to sentence you to the same punishment as if you were sane. Had you pleaded 'Not Guilty,' and been acquitted on the ground of insanity, you would have been subject to confinement during her Majesty's pleasure, which, unless her Majesty's Ministers thought fit to shorten it, would be for life. The sentence I am about to pass, of penal servitude for life, is one which it is also in the power of her Majesty's Ministers to remit or shorten if they think fit; the only difference, therefore, between your acquittal and conviction is that hard labour is added to confinement. The crime committed is a horrible one. Arson is with respect to property almost the same as poison is in respect to life."

The Director of Public Assistance in France has called upon a Commission of the leading Hospital Physicians and Surgeons of Paris to investigate the subject of Hospital Statistics, and to point out what measures should be adopted in order to obtain, in a Medical point of view, the best and most useful information from them. After January 1, 1861, Medical Statistics of the Parisian Hospitals will be regularly drawn up.

Those who are interested in the questions lately raised as to the respective rights of Colleges and Universities, and the assumption of Medical Titles, will be interested by the perusal of the subjoined copy of the opinion of the Right Hon. Her Majesty's Attorney-General for Ireland, as to the power of the King and Queen's College of Physicians to confer the Degree of Doctor of Medicine:—

The two Charters of the College, and the several Acts of Parliament bearing thereon, having been submitted to the Attorney-General, his opinion was requested on the following query:—

"Whether the Licentiates, as such, of the King and Queen's College, are entitled to the Degree and Title of Doctors in

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Medicine, and to use the abbreviation or initial letters M.D. after their names?"

ANSWER.

"I think the Licentiates and Fellows, as such, of the King and Queen's College of Physicians, are entitled to the Degree nnd Title of Doctors in Medicine, and to use the letters M.D. after their names.

(Signed) "R. Deasy.

"November 21, 1860."

The College of Physicians is, as we hear, still fully determined to carry out the scheme of the Third Class of Physicians or Practitioners. It is putting itself in a position to do so by setting its house in the order necessary for the change. We hear, on the other hand, that Apothecaries' Hall is equally determined that no such Class shall be so made. So that in the meantime—in this interval of apparent quietude—we may conclude that the Grecians and the Trojans are both quietly girding up their loins, or going into training, for a struggle which will probably come off, eventually, in Westminster Hall.

THE BRITISH MEDICAL JOURNAL.

The following report of a special meeting of Committee of Council, held in Birmingham, on Tuesday, the 4th inst., may interest our readers.

There were present—Sir Charles Hastings (in the chair); Mr. Bartleet; Dr. Bryan; Mr. Cartwright; Mr. Fowler; Dr. Henry; Mr. Husband; Mr. Ellis Jones; Dr. H. Munroe; Mr. Norman; Dr. Richardson; Mr. Southam; Dr. A. T. H. Waters; Mr. Watkin Williams; Mr. S. Wood; and Dr. P. H. Williams.

The following Memorials, addressed to the Committee, were read:—

Memorial from Hull.

Hull, December 1.

The undersigned members of the British Medical Association earnestly appeal to the Committee of Council not to make a permanent appointment of a new Editor of the *British Medical Journal*, until the members have had an opportunity of expressing their opinion as to the form and frequency of the publications of the Association.

Henry Cooper, M.D., F.R.C.P.	John P. Bell.
	Thomas Sandwith.
Henry Carnley, M.B. Lond., etc.	Thomas Hobson.
	Samuel Watson.
Owen Daly.	Robert Hardey.
John Dix.	James Dossor.
Robert Lladam Sleight.	J. F. Holden.
J. A. Locking.	W. J. Lunn.
Robson Craven.	Henry Gibson.

Memorial to the President and Council of the British Medical Association.

We, the undersigned, members of the Association, beg to express to the Council our regret at the proposed removal of Dr. Wynter from his post as Editor of the Journal, and especially at the steps by which, as we understand, a vacancy in the Editorship of the Journal has been occasioned.

During the period in which Dr. Wynter has managed the Journal, the Association has steadily increased in numbers and improved in financial position; and at each annual meeting a vote of thanks has been awarded to him. At the annual meeting, held in August last, at Torquay, this vote also testified to the improvement which had taken place in the Journal. Since he became Editor the Association has been remarkably free from angry discussion and agitation, a fact in itself a testimony to the tact and discretion he has uniformly employed.

We consider the Journal of vital importance to the interests of the Association, and, as a consequence, that its Editor should be one of its highest and most responsible officers. It appears to us to be a misfortune that the constitution of the Association should permit the small number of gentlemen forming a quorum of the Committee of Council to dismiss the Editor, without either consulting the General Council or taking the sense of the Association.

According to the laws of the Association, the Journal is established as a means of inter-communication between its different members. It is, and must be, a reflection of the condition of the Association, as regards polity, science, and practice. A great portion of its space being devoted to the publication of papers read at its Branch and General Meetings, it is unreasonable to expect it, with limited funds, to become the competitor of Journals like the *Lancet* and *Medical Times and Gazette*, which were in existence long before the Journal of the Association became a weekly publication, and upon which an enormous outlay of capital has been made to bring them to their present efficiency. In saying this, we would contend that the Journal holds a position not inferior to that of any other, but of an altogether different character.

We would deprecate the constant and, as it appears to us, injurious tendency to discuss the merits of the Journal in its own pages, and the restless desire to change its details and management. Nothing is more necessary to success than permanency in its arrangements, as far as this is possible. What would be thought of the *Times*, or any other journal, if it constantly disseminated attacks upon its own authority and organisation? Such a state of things would necessarily offer the condition of a house divided against itself.

Under these circumstances, we would respectfully suggest that the resolution of the Committee of Council in regard to the Editorship of the Journal should, in the interests of the Association, be re-considered by the Council at large.

James Clark.	T. W. Nunn.
J. Ranald Martin.	Edward H. Sieveking.
W. Tyler Smith.	Mitchell Henry.
Francis Sibson.	John Erichsen.
Forbes B. Winslow.	John Hatton.
Richard Quain.	W. Bowman.
W. J. Little.	Joseph Hodgson.
C. J. B. Williams.	William Coulson.

Resolved—That this Committee, having duly considered the above Memorials, beg, in reply, respectfully to state—

1. That the Laws of the Association leave to the Committee the entire management of the Journal; and that Dr. Wynter was elected Editor by the Committee in accordance with those Laws.

2. That the Committee of Council did not remove Dr. Wynter without due consideration; and previous intimation to him (in March last) that the Journal must be conducted on a different principle from that which he had hitherto adopted.

3. That the Committee feel that they are acting in accordance with their duties, and with the general wishes of the Association, so far as those wishes—expressed by members in different parts of the kingdom—can be understood, by proceeding to the election of a new Editor.

Dr. Markham, of London, was elected Editor of the Journal after the 31st of the present month.

Charles Hastings.

Philip H. Williams, M.D., General Secretary.

Worcester, December 8.

The only remark we feel called upon to make at present is that most of the names appended to the Memorial in favour of Dr. Wynter, are names of as great authority as those of any members of the Association. If Dr. Wynter required any answer to the Committee of Council, it is quite ready for him in the facts that he had applied for more money to obtain more able literary assistance, and that the Committee, in August last, carried a vote of confidence in him at the Torquay Meeting.

The number of inscriptions at the Faculty of Medicine at Paris this Session, was between the 2nd and 21st of November, 1196, viz.—1132 for the Degree of Medicine, and 64 for the grade of *Officier de Santé*. Of this number 369 are new students.

Cambridge.—At a Congregation held on December 6, the following Degree was conferred:—Bachelor of Medicine: John Clewin Griffiths, Caius.

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REVIEWS.

Infant Feeding and its Influence on Life; or, the Causes and Prevention of Infant Mortality. By C. H. F. Routh, M.D., Physician to the Samaritan Hospital, etc. London: 1860. 8vo. Pp. 379.

Dr. Routh has done well in calling general attention to the fact of excessive infant mortality, in attempting to point out the causes, and in suggesting the prevention of it. He has, as we all well know, paid much attention to this subject, and at various times given the Profession useful hints in reference to the feeding of children. He has now published a volume which contains a summary of his views and much information on the points which affect the mortality of infants. To illustrate his position of excessive mortality Dr. Routh refers to the statistics of the year 1854, when 15·6 per cent. under one year old, and 28·8 per cent. under five years old, were the mortality. We suppose we may conclude, that with the modern development of infanticide, the present mortality is equal to the past as given of that year. The causes of the avoidable part of this mortality is traced by Dr. Routh chiefly to "faulty nutrition, otherwise *defective assimilation;* this disease being the result not so much of absence of breast-milk, as of injudicious feeding." And to this point he especially directs attention; indeed the greater part of his work is occupied with special details of the manner of applying rightly the principles of treatment in the management of infants; and with the value and application of the numerous kinds of food fitted for the capacity of infantile stomachs—healthy and enfeebled.

Dr. Routh has, we are glad to see, strongly maintained the views which we have, on more than one occasion, urged in these pages, concerning the nursing of children by their own mothers, and the proposal which has been made of establishing a Wet-nursing Sisterhood out of the class of the fallen females. We must, indeed, have arrived at a strange stage of civilisation in this nineteenth century, when statistics are required to impress us with the fact that the best food for the infant is its mother's milk. "From these facts, says Dr. Routh seriously, "we cannot otherwise than conclude, that bringing up a child on its mother's breast-milk is, without doubt, the best method where the mother's milk is abundant. The worst is to bring up a child exclusively by hand; *at least, in the way in which it is usually done.*" Town children suffer more from artificial feeding than country children do, as the food is less adulterated; wet-nurses, also, are less likely to lead depraved lives in country than in town.

We have already said it in these pages, and we again repeat it, that we think very much of this neglected duty of mothers is to be ascribed to the injunctions and dictates of their doctors. And in showing the long train of evils which flow directly and indirectly from this neglect, Dr. Routh has done good service. We believe that our Profession ought to urge on every mother who is capable of performing this part of her appointed task and proper business on earth, the necessity and propriety of her performing it. There is a great deal too much of fashion in the daily-increasing habit of delegating duties, in this respect, to strangers. Unanswerable reasons of State, incomprehensible to lesser mortals, may justify the first lady in the land in delegating the maternal function to another; but such reasons cannot be pleaded by any of the minor bevies of our countrywomen, who follow suit in that particular. Many mothers of the fashionable sort undoubtedly avail themselves of any excuse to free themselves from a business which would interrupt the course of their fashionable pleasures; and are we wrong in saying that the Doctor rather encourages them in their wish, than attempts to argue *per contra?* Fashion, then, and habit has most assuredly led us far into the commission of this unnatural and unwise proceeding. We believe another cause has added to it. It is the modern practice of feeding-up and stimulating the puerperal female—however well she may be in health, and however satisfactorily she may have passed through her delivery. This cause operates by upsetting the health of the mother, and deranging of necessity the infant she has begun to suckle; and then comes the cry for a wet-nurse, and all its concomitant enormous evils and miseries; the milk is all wrong, the child is pining, the mother's health is seriously affected. Indeed, our Profession often urges the substitute, contrary to the wishes of the mother. The matter is more serious than most of us care to think it.

The train of evils which result from this delegated suckling is long enough and large enough. Take a view of the long list with an abstract philosopher's eye, and you will pretty surely see infanticide—slow, piecemeal murder-work—at the extreme end of it. What becomes of the substituted mother's child? There is no use denying the fact, that in nine cases out of ten it is put out to nurse, as it is called, which means in fact, that it is put into training for an early grave. That special cases occur in which a wet-nurse is a necessary evil which should be tolerated, we readily admit; but what we are arguing against is not these exceptional cases; we argue against the fashion which has made the practice so general. For the few special cases referred to, wet-nurses enough might be found who could perform the business without injury to their own offspring; for Death, however well we manage, does his work fast enough at all times and at all ages of life, and takes the mother's offspring from her breast.

So great is the demand for wet-nurses, that to equal the demand it has been proposed that we should employ in this way the fallen woman who becomes a mother; in fact, that the substitute should be a prostitute. The philanthropist who suggested this really imagined that he should be reforming the guilty thereby, and rendering a service to humanity. We have already condemned this scheme, and are glad to find our opinions supported by Dr. Routh. Selecting these women for this especial favour of wet-nursing is clearly putting a premium on vice. We believe, indeed, that cases have actually occurred of women purposely "falling" a second time in order to insure for themselves the sweets and consolations of a wet-nurse's life, which they had already tasted. How can anyone wisely admit females of this craft into their abode? Is it wise and just to our other servants, about whose moral conduct we make so many inquiries before hiring them?

We know well enough how the crime of infanticide has increased in this city of late; and we can well believe that wet-nursing has had a hand even in these downright, matter-of-fact murders. A wretched, half-starved creature gets rid of her "incumbrance," as the advertisement has it, and is at once promoted into the luxurious abode of my lady, who watches over her for the time, and tends upon her, and pets her, as if she were the Grand Llama. In the wet-nursing way it is always satisfactory for the mother who hires to know that the mother hired has no living claims hanging upon her hands or breasts. There is no occasion then to watch the hired one, lest she escape, and bestow a little of her well-nourished maternal milk on her own child. The other kind of slow infanticide we have already spoken of—the slow murder of the child consigned to keeping at one-and-sixpence or two shillings a-week, while its mother is performing another's maternal duties.

Altogether the subject is a very sad one; and we say without hesitation that we believe a very large amount of the evils here referred to might be put a stop to, if our Profession would cease to sanction, or, rather, would cease to recommend, so frequently as they do at present, the use of wet-nurses. If Dr. Routh's labours succeed in impressing this conviction upon the mind and conscience of Medical Practitioners, he may hereafter look back upon his volume as one which will take a high rank among works on Preventive Medicine, and one which affords the philosopher another instance of the benefits mankind reap from the labours of our Profession.

Difficulty in Detecting Stone in the Bladder.—Dr. Heyfelder, of St. Petersburg, in illustration of the difficulty which sometimes exists in detecting stone in the bladder, relates the case of a boy, aged 12 years, who had long manifested symptoms of stone. He was admitted into the Children's Hospital, and was repeatedly sounded by the author and his colleagues, well versed in such examinations, without any calculus being detected. He died soon after of typhus, and at the autopsy a large stone, almost filling the bladder, was found, the walls of this organ being remarkably hypertrophied.—*Deutsche Klinik*, No. 40.

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

CLINICAL OBSERVATIONS ON PLEURISY AND THORACENTESIS.

By M. ARAN.

The following are some of the observations made by M. Aran in a recent clinical lecture on pleurisy, especially as affecting the right side, and the relation of this to phthisis. After detailing the particulars of a case, in which all the symptoms and physical signs betokened considerable pleuritic effusion, he observed that it was also desirable to determine the nature of the liquid effused, and whether the pleurisy was simple or complicated. He concluded that the liquid was sero-fibrinous, as it is in all recent inflammatory effusions into the serous cavities. The facts in support of this statement were the recent date of the affection, its having been determined by exposure to cold air, and its having manifested itself by a shivering, followed by febrile reaction. That the effusion was not a simple hydrothorax was shown by the absence of any affection of the heart or kidneys, and of any of the symptoms of an advanced diathesis. That it was not purulent was concluded from the want of slight irregular shiverings, usually occurring in the evening, as well as of any adynamic or ataxic symptom; and most of all from the recent origin of the symptoms.

With respect to the question of whether this pleurisy was a simple or complicated one, it is to be remembered that the disease may be observed as a primary or as a symptomatic affection. The first may occur in even robust subjects in the midst of health, as a consequence of exposure to cold. It gives rise to intense febrile action, is of a decidedly inflammatory character, and pursues a regular and rapid course, soon terminating in a cure. Secondary and symptomatic pleurisies may be observed under very variable circumstances. Thus, they are met with not infrequently during the convalescence of prolonged diseases, as typhoid fever; and the necessity cannot be too much insisted upon of carefully watching and examining any patient, when anything irregular seems to be disturbing the progress of convalescence. "I shall never forget the case of a young man who came under my care when I was first attached to the Hospital. He was recovering from a very severe attack of typhoid fever, and everything seemed to be promising well, when one day he complained of feeling unwell, loss of appetite, and some embarrassment of respiration. He had been exposed to no chill, had had no shivering, and there was no pain in the side. I neglected to explore his chest posteriorly, and sought in vain for an explanation of these occurrences. The dyspnœa increased with astonishing rapidity, and the man soon died. What was my regret on discovering an enormous purulent effusion which filled the pleura. This cruel lesson was not lost on me, and many a time since I have detected, under similar circumstances, circumscribed pleuritic effusions, which might easily have passed unperceived."

Among the secondary pleurisies, there are some which we might term complicated, and of these the most frequent are certainly those which coincide with the deposit of tubercles in the lungs. These pleurisies exhibit themselves under very different circumstances, the effusion sometimes only taking place at the end of the pulmonary affection, and at others being the initial phenomenon. In the former case, the presence of old adhesions may so alter the aspect of the disease, as to render the exact diagnosis of the amount and position of the effusion a matter of difficulty. The other form of pleurisy may be developed in persons predisposed to phthisis, but in whom the physical signs of this affection may be as yet uncertain and doubtful, or are entirely absent. That this was the nature of the pleurisy in the case which served as the subject of his lecture, M. Aran concluded from the fact of its manifesting itself *on the right side*. M. Louis has laid down the law, that regular uncomplicated pleurisy, which always admits of cure, occupies the left side of the chest; and M. Aran's personal experience, extended now to hundreds of cases, entirely confirms the statement; so that, independently of any other sign than that of the pleurisy appearing on the right side, we may affirm the existence of pulmonary tubercles in 95 cases out of 100. "It is only after attentive and long-continued observation that I have adopted this opinion. Like all other Physicians, I have cured patients of pleurisy on the right side, who exhibited no signs of pulmonary tubercle. But I have taken care not to lose sight of these patients, and the time has arrived when they have again presented themselves to my notice with unmistakeable signs of phthisis, if even the autopsies had not confirmed the diagnosis. I once had a patient of the most robust constitution, in whom there could not be the slightest suspicion of tubercle. Six pints of a sero-fibrinous liquid were drawn off from the right side by tapping, and the man completely recovered, and resumed his very laborious employment. This case I regarded as an exception to the general rule which I have just laid down. But six months had not elapsed before this man had died in my ward, exhibiting the characteristic lesions of pulmonary tubercle."

Detailing his reasons for performing thoracentesis in this case, M. Aran observed that experience had taught him the futility of preferring blistering, diuretics, etc.,—means which are both too slow and uncertain in their operation in urgent cases,—the complication of tubercles being an additional reason for undertaking the operation, thus removing one source of irritation favourable to the development of the phthisis. Speaking of thoracentesis in general, he says that he regards it as one of the greatest triumphs of our art, and one of the most powerful therapeutical agents which Medicine possesses. Thanks to the efforts and persistence of M. Trousseau, this operation, by reason of the improvements in the instruments and mode of procedure, is extremely easy. Almost painless, exempt from all danger, and never injurious, it can alone, in certain cases, dispel an imminent peril. The following are the circumstances which constitute the chief indications for paracentesis:—1. An abundant effusion may exist, a whole side of the thorax being dull to percussion, and the respiratory murmur being heard only over a very slight extent. The patient in such a case may complain only of feebleness and depression, there being at most slight difficulty of respiration, with some palpitation of the heart. In other cases, however, the dyspnœa is excessive, the respiration being precipitate, the pulse small and scarcely to be counted, and the face exhibiting inexpressible anguish. In this last case, every one would have recourse to the operation; but in Dr. Aran's opinion, and in that of the great majority of Practitioners, it is no less urgent under the first-mentioned circumstances. 2. The effusion may have been but slight, but it has increased rapidly in twenty-four, thirty-six, or forty-eight hours; and it has made such progress as to lead to the fear that the pleural cavity may become filled. Here we must not hesitate, for a fatal syncope may come on as a consequence of compression or of displacement of the heart. 3. The effusion may not be abundant, but it has continued for three or four weeks, notwithstanding the repeated applications of blisters and the use of diuretics. The line of dullness remains the same, but the general health is giving way. If thoracentesis is at once performed, no accident will occur, and, perhaps, the patient will be cured in a few days. 4. What has been said relates to the adult; but it is still more applicable to children and to the aged, although for different reasons. In *children* pleuritic effusions take place with extreme rapidity, and a fatal syncope is always to be feared. Again, if the effusion is only absorbed after having existed a considerable time, in consequence of the flexibility of the ribs at this period of life, the walls of the side of the chest affected undergo a considerable retraction, and the chest presents the deformity so well described by Laennec. In the *aged*, there is no fear of such deformity, and the want of energy in the absorbent system, leading to the chronic or stationary condition of the effusion, is the principal characteristic. Thus, after one or two months, or even more, the local symptoms are exactly as they were; but the patient loses his appetite, gets thinner and thinner, and has a dry tongue; while, sometimes, slight febrile action is set up in the evening, and a little sub-delirium during the night. If we have charge of the patient from the beginning, we should never wait until things reach this point; but if we are only now first called in, we should practise thoracentesis; and, in some cases, true resurrections may be still achieved. 5. It may happen, that while there is a pleuritic effusion calling for paracentesis, some complication also exists either in the lungs

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or some other organ. Even in this case we should commence our treatment by freeing the patient of the liquid.

M. Aran states that he is aware of only one contraindication to this operation; viz., when gangrene of the lung or pleura co-exists with the effusion, the fluid in such cases being possessed of such irritating properties that, however little of it may flow from the wound after the removal of the canula, will suffice to induce a diffuse phlegmon, which soon proves fatal.

The direction for the performance of the operation to pierce at the most dependent part is insufficient; and it is better to direct that point to be chosen where the fluid exists in the largest quantity, and where the lungs are farthest removed from the thoracic wall. We cannot assimilate the pleural cavity to a closed vessel and ensure the evacuation of all the fluid it may contain by merely making a puncture at the dependent part. When the lung, imprisoned by false membranes, can no longer dilate, and the thoracic walls and diaphragm are no longer expanded, the fluid ceases to flow. M. Aran employs a rather large hydrocele trocar, an assistant first drawing the skin upwards and a small opening being practised in this by means of a lancet. The parallelism of the wound in the skin and the pleura is thus destroyed, and the patient feels much less pain than when the trocar is introduced without a preliminary puncture of the skin. Some moistened gold-beater's skin should be attached to the external extremity of the canula, as recommended by M. Reybard, in order to prevent the ingress of air. We must pass in the trocar so as just to graze along the upper edge of the lower ribs, great care being taken to raise the handle of the instrument to a right angle with the body of the patient. Without this precaution there is danger of its sliding between the walls of the chest without penetrating the pleura at all. Moreover, the imbrication of the ribs in some subjects must be borne in mind, as this is sometimes carried to such an extent as scarcely to allow of the passage of the instrument in the interval. The expulsion of the fluid through the canula is assisted by the paroxysms of painful cough which almost invariably occur towards the end of the operation, being produced by the dilatation of the hitherto-compressed terminal bronchial ramifications. We should wait until every drop of fluid has flown away, but no means should be resorted to to force its egress when its flow has stopped. Aspiration, if resorted to, will only induce a pulmonary laceration. With respect to *iodine injections*, M. Aran has great doubts whether they are of the utility supposed by some Practitioners, except, perhaps, in the case of purulent pleurisy. But at all events he is convinced that they are perfectly harmless. The signs of iodic intoxication which are sometimes observed after their employment are of no consequence; on the contrary, they are of good augury as indicating that the pleura has not undergone extensive alterations, and is not lined with false membranes; and rendering it probable that under the influence of a substitutive inflammation, adhesion will take place.—*Gazette des Hôpitaux*, Nos. 98 and 99.

GENERAL CORRESPONDENCE.

UNWHOLESOME MEAT.

LETTER FROM PROFESSOR GAMGEE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Very constant and prolonged agitation is necessary in order to insure the adoption of the most desirable measures calculated to benefit mankind, or even to prolong human life. This is very forcibly illustrated by the repeated efforts to expose, and to prevent, the traffic in diseased animals and unwholesome food. I trust, however, that the subject has been now long enough discussed, and that the Medical Profession may wield its influence in some decisive manner.

Between ten and eleven years ago, when a student in London, I had occasion to observe the most disgusting practices in connexion with the disposal of diseased dairy-cows, their slaughter, and preparation for human food. Scores of cows were cleared out weekly from dairies I had opportunities of visiting. Fresh ones took their place, died alike, and were alike consigned to the butcher and sausage-maker.

The practice of my Profession took me to Yorkshire, and there I learned of diseased cows not being treated, but at once trucked to the nearest town, where they might be best sold and easiest transferred to the victual dealer. My experience in Edinburgh and in other Scotch towns led me to take up the subject with as much earnestness as I could in 1857. I addressed a letter to the *Scotsman*, and the policemen and meat inspectors being for a time on the alert, the accuracy of my remarks were proved by the Zoological Gardens and the tan-yards being supplied with a very large number of dead or dying cattle.

A letter to the Lord Provost on the difficulties of the existing system of inspection, kept up the commotion, and the good people of Edinburgh were frightened into eating mutton, and refusing beef. All subsided, and we are now perhaps worse off than ever; so much so, that I was induced to touch on the subject at considerable length in my inaugural address at the opening of the present Session. I then said that, in considering the relations of Veterinary to Social Science, it is expedient that I should revert to the services which the public ought to expect from qualified men checking a dishonest trade in diseased animals. This is worse than all other dishonest trades, inasmuch as its effect is to ruin the health of many, though it more directly robs the poor of their means of sustenance, by selling innutritious, if not unwholesome food, and this at a price which, however small, must be exorbitant—the material being often worse than worthless.

I venture to think that the Board of Health should be urged on by the Medical Profession to insist on the appointment of Scientific Inspectors to the Slaughter-houses all over the United Kingdom. Not only is it impossible by a simple local inspection to discover the diseased meat entering London, but even in a city like Edinburgh large quantities are openly brought in with the express object of being sent to London. As on the Continent, qualified Veterinary Surgeons should be appointed to inspect the slaughter-houses and dead-meat markets. They should hold such appointments so as to enable them to maintain a respectable position as Professional men, and, indeed, so as to stimulate them to the study of pathological anatomy and comparative pathology, that they might be truly efficient, and of service in the march of science. On the subject of Meat Inspection, I venture to hope you will find space for the subjoined extracts from the Introductory Lecture I have before referred to:—

"To show the occasional inconsistency and perversity of municipal authorities on these points, I have only to refer to the Slaughter-house Inspectors in Edinburgh. I repeat, what I have often said before, that I do not wish to interfere with the honest and industrious men who serve this city to the best of their ability; but £23,000 were spent not long ago in building suitable slaughter-houses, which are very perfect in all their arrangements, and would enable a Professional man, with comparatively little labour, to judge of by far the largest quantity of the animal food consumed in this city. When the present very respectable, but non-professional, inspector was appointed, Dr. Alexander judiciously proposed that a scientific man should hold that office. Doubtless, some of his duties could not be performed by a scientific man, but the most important can only be attended to by a person well acquainted with pathological anatomy and the diseases of the lower animals. I regret to say that it was a member of our Profession who chiefly opposed Dr. Alexander in his praiseworthy endeavours to obtain for the city of Edinburgh an efficient Professional Inspector.

"The alleys and closes of Edinburgh are often complained of. It is notorious that in many parts typhus is a constant disease, clearing out numbers of the miserable poor who huddle together wherever they can procure shelter, a shelter poisoned not only by the filth and foul emanations dependent on the congregation of human beings, but surrounded by the darkest, dirtiest, and most unhealthy cow-sheds, with all their disagreeable appurtenances. One person, once a flesher, is expected, as I stated in 1857 to the then Lord Provost of Edinburgh, to be in attendance daily in the dead-meat market, to visit butchers' shops, be on the look-out at railway-stations for carcases coming in from the country, call twice daily at the Police-office, and is likewise expected to draw up a report (which it is not in his power to do), giving the number and state of the byres and their inmates, to visit thereafter these byres, see if any sick animals are in them, and should he find any, to watch them narrowly, to ascertain how their carcases

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are disposed of. Gentlemen, the case is worse now than in 1857, because I can assert, on the best authority, that the inspector appointed for the slaughter-houses proved incapable of judging the carcases; and the dead-meat market inspector on whom devolve the above duties, has, in addition to attend daily, to do the duty of inspector at the slaughter-house, and judge any carcase submitted to him. In 1857, both inspectors had been fleshers. I believe I am correct in stating that now only one who has been changed since then, has been accustomed to the trade, and to judge meat. With regard to appointing fleshers as inspectors, I said in 1857, in a letter which I addressed to the *Scotsman*:—

"'1st, It would not be difficult to prove that as fleshers they are rather disqualified than rendered fit for the office of inspectors, being accustomed to certain practices peculiar to such trade, which almost precludes them having a strict and unprejudiced notion of what is really lawful and justifiable, and what is not. 2nd, All those conscious of the difficulty attendant on the performance of post-mortem examinations and the recognition of morbid lesions, must give evidence to the effect that a scientific man can alone undertake the task of determining the nature and importance of appearances in the dead bodies of diseased animals. I need insist but little on this point; but, as proof, I may mention having observed the extravasations of blood and acute phlegmons occurring in the malignant "black quarter" of cattle, looked upon as simple bruises, and the carcases passed as wholesome, the animals being young and fat; and the tubercles characteristic of phthisis passed over as unimportant, because of common occurrence, and, provided the meat was marketable—viz. fat enough—the diseased parts were cut away, and the carcases sold.'"

I have been induced to address you this letter from remarks on the subject in your last impression. The spread of contagious disease over the country, from the traffic in diseased cattle, affords ample evidence of the necessity to put a stop—by most stringent measures—to corrupt practices which tend to degrade and, indirectly, to impoverish those who lend themselves to them. The agricultural community certainly suffers very severely from such an unlawful trade; and the temporary benefit some derive by having a ready market for diseased animals, can afford no substantial argument against the many which very justly may be used in condemning the system.

I am, &c.

John Gamgee,
Professor of Veterinary Medicine.

New Veterinary College, December 10.

DEODORISATION IN OBSTETRIC MEDICINE.

Letter from Dr. Skinner.

[To the Editor of the Medical Times and Gazette.]

Sir,—As I have lately been the means of bringing this important subject more prominently before the Profession through the medium of your columns, and as I feel naturally anxious that the practice should succeed, I will feel obliged by your affording space for the following reply to Mr. Haslewood's remarks in your last number.

I quite agree with Mr. Haslewood that it would be "better to apply the remedy at the source of the evil," but I do not believe that a simple vaginal injection is ever likely to reach the source of the evil—the recent site of the placenta. Nor do I believe that any deodorant so applied will "alter the character of the discharge" beyond deodorising it.

I am at one with Mr. Haslewood in believing that the use of vaginal *post partum* injections are both "safe and effectual," but I also believe that they are subject to the following objections:—1. They are objected to by nurses, by doctors, and more particularly by the patients themselves and their friends, on account of the trouble, inconvenience, and discomfort, they occasion. It is obvious that the quieter the patient is kept, and the less voluntary motion she is required to make, the better. 2. Their effects are only temporary, and on this accouut, so far as my own experience is concerned, they require frequent repetition. 3. They are apt to stain the bedclothes.

The method of deodorising the lochia by means of a dry and absorbing powder is subject to no such objections; it is equally as effectual; besides, it has the advantage of absorbing the discharge, and rendering the patient comparatively dry. If, by any possibility, the powder failed to deodorise, I should then use a teaspoonful of the deodorant tincture to a pint of water as an injection, but I have never required to do so. I have previously stated (bottom of page 256),—"In puerperal fever, where there is a fetid discharge, I should undoubtedly use vaginal injections of tar-water as well as the powder; and deodorising enemata, if the bowels require moving." In such cases we are justified in doing so, as it might increase the chances of the patient's recovery.

Mr. Haslewood says that the effluvium is promptly destroyed by the use of liquid deodorant vaginal injections, and that "after a few repetitions," they have the power of "preventing its recurrence." I can only say that this has not been my experience, and I strongly suspect that the observation is the *post* mistaken for the *propter hoc*. My attention has been closely directed to this subject for many months back, and I find that, in regard to the lochial discharge, there is the greatest variety in its quantity, in its odorous property, and in its duration in different individuals at different times. I have had exceptional cases void of any bad smell whatever; I have had others quite insupportable for days until deodorised; and I have had several where the deodorant powder could be entirely dispensed with in two or three days. Query, would it be reasonable to conclude that in this latter class the powder had altered the character of the discharge, and "after a few repetitions," it had prevented its recurrence? Certainly not; nor is it within the right use of logic for Mr. Haslewood to come to a similar conclusion "after a few repetitions" of a liquid injection, whose greater proximity to the "source of the evil" is only a question of degree.

I am, &c.

Liverpool, December 3. Thomas Skinner, M.D.

DR. EDWIN LEE ON THE HOFRATH.

Letter from Mr. Hildige.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the Ophthalmic establishment of Herr de Leuw has recently been the subject of comment in your valuable Journal, and as numerous *brochures* have been from time to time published vaunting it and its proprietor to the skies, perhaps the following cases which have lately come under my observation, and which illustrate the "clear and decided diagnosis in obscure and difficult cases" of the learned Hofrath, may not be uninteresting to some of your readers.

Case 1.—The wife of the Rev. Mr. ———, of Montpelier-hill, in this city, consulted Herr de Leuw some eighteen months ago. She complained of dimness of vision, dull pain in the eyeball, and intolerance of light. On examination the case was pronounced by Herr de Leuw to be cataract, and a liniment to be rubbed into brow and temple was prescribed, for the purpose of "dispersing" it. Although the Hofrath's suggestions were scrupulously carried out during two successive summers, not the slightest improvement of vision took place (which was not in accordance with the prognosis that had been given), and eventually the patient was dismissed with the advice to try her native air. She consulted me on the 20th of July last, and on examination with the ophthalmoscope I found the following appearances:—Hypertrophy, with increased tortuosity, of the vessels of both retinæ. In the neighbourhood of the macula lutea the pigment was absent, and the vasa vorticosa were visible in several places, particularly immediately under the optic papilla. There was not then, nor is there now, the slightest opacity of either lens or capsule, and the lady can still read No. 6 of Jäger's test-type without glasses.

Case 2.—Mrs. ——, of Westmeath (sister of the above), called on me at the commencement of last summer, and stated that she was *en route* to Graefrath to have her cataract dispersed; both eyes were affected with incipient cataract. As I informed her, in reply to her questions, that I was unable to remove cataract by means of external applications, she continued her journey to Graefrath, where she passed the summer, rubbing in the liniment prescribed for her. She has recently returned to Ireland with both cataracts almost completely formed, notwithstanding Herr de Leuw's assertion that her eyes would "become good" without an operation.

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Case 3.—The lady of Alexander ——, Esq., J.P., of this city, consulted Herr de Leuw about ten months ago, suffering from incipient cataract of both eyes. The usual liniment was prescribed for her, and she was assured that her eyes would get better without an operation. She remained four months under treatment at Graefrath, leaving it blinder than ever, and one of her cataracts, perfectly formed, was extracted by me no later than ten days ago.

With regard to "the distinguished Viennese oculist, who formerly disbelieved the possibility of cataract being absorbed and who has lately, in an appendix to his work, admitted its practicability," I would venture to offer a remark. The latest works on Ophthalmic Medicine emanating from Vienna, are by Professors Arlt, Edward Jäger and Stellwag. During a ten months' residence in Vienna I had frequent opportunities of conversing with those gentlemen on the subject of dispersing cataract by means of medicines, employed externally or internally, and they one and all assured me that they considered the idea chimerical and absurd in the highest degree. Since reading Dr. Lee's article I have carefully looked over the most recent publications of those gentlemen, and I must say I cannot find any statement which would lead me to suppose that they have changed their opinions.

The "secret" of the palm-oil liniment is now becoming so universally known among Ophthalmic Surgeons, that any further attempt at secrecy on the part of the Hofrath is simply ridiculous. I am, &c.

Dublin, December 10. JAMES G. HILDIGE, F.R.C.S.

TESTIMONIAL TO DR. COPLAND.

LETTER FROM DR. PETTIGREW.

[To the Editor of the Medical Times and Gazette.]

SIR,—One of the most learned and practical works achieved by any Medical man in modern times is universally acknowledged to be Dr. Copland's Medical Dictionary, a work that has occupied the energetic attention and labour of the author no less than thirty-two years. Why not show the public that we justly acknowledge and honour this ornament to our Profession? I would suggest that we invite Dr. Copland to a public banquet, and I strenuously call upon my Medical brethren to assist in this undertaking, and shall be only too happy to take upon myself the onerous task of acting as Secretary. I am, &c.

W. VESALIUS PETTIGREW, M.D.

7, Chester-street, Grosvenor-place, December 6.

[We should be glad to hear of some more enduring testimonial to Dr. Copland than a "public banquet."—ED.]

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DECEMBER 5, 1860.

DR. TYLER SMITH, Vice-President, in the Chair.

THIS being the last meeting of the second session, the following gentlemen were appointed to audit the accounts for the year 1860:—Dr. Braxton Hicks and Mr. J. T. Mitchell, F.R.C.S.

Dr. TANNER exhibited a

LARGE COLLOID TUMOUR OF THE OVARY.

This tumour, which weighed upwards of 8lbs. avoirdupois, was removed from a patient of Dr. Robert Fowler. The woman was thirty years of age, and was doing very well, eleven days having elapsed since the time Dr. Tanner operated. The operation was employed as a last resource to save life, since the patient was not only suffering from the tumour, but also from ascites produced by it. Five days before the performance of ovariotomy tapping was resorted to, and fourteen pints of ascitic fluid withdrawn; yet at the operation it was found that about five pints of fluid had been again secreted. With regard to the operation itself, there was one point deserving of mention,—namely, that after applying ligatures to the pedicle, the tumour, instead of the pedicle, was cut through, and a portion about the size of a small hand felt attached, which was retained outside the abdomen. By this proceeding the use of the clamp was rendered unnecessary, while all risk of hæmorrhage was avoided. The latter point was of no little importance, since bleeding from the pedicle had been the cause of death in no less than 16 per cent. of the fatal cases. The edges of the wound were carefully brought together with twine sutures; these latter not being passed through the peritoneum.

In reply to a question from Dr. Tanner,

Mr. SPENCER WELLS said he attached the greatest possible importance to the practice of passing the metallic sutures or hare-lip pins through the peritoneal edges of the wound. He had been led to originate this practice by observing the inner aspect of the wound in the first fatal case of ovariotomy which had occurred in his practice. The sutures had been passed through integuments and muscle, but not through the peritoneum; and the consequence was that a raw surface of considerable breadth was only partially protected from the general peritoneal cavity by a portion of intestine, which was already adhering to it, although the patient died the day after the operation. Had she lived longer, there could be no doubt that pus or other secretions from the wounded surface would have been poured into the cavity of the peritoneum. Struck by this observation, he (Mr. Wells) made a number of experiments, in concert with Dr. Richardson (who narcotised the animals by puff-ball smoke or chloroform), upon guinea-pigs, rabbits, and dogs, opening the peritoneum and closing the wound in some cases by sutures which included the membrane, and others which only passed near it, and killing the animals at various periods after the operations, which were made as accurately comparative as possible. The result was that nearly all the animals recovered; but in those where the more superficial sutures were used there was a portion of the parietes left destitute of peritoneum, and this defect was supplied by adhesion of intestine or of omentum. In two cases where omentum became adherent, the motions of the dogs were materially interfered with. In those cases where the peritoneal edges of the wound had been included, the union was so perfect that it was difficult to detect the line of union two or three weeks after the operation. This was explained by the observation of a case in which a woman died within two days after ovariotomy. The hare-lip pins which had passed through the peritoneal edges were quite concealed from view and protected from contact with intestine, partly by folding of the peritoneal edges together, and partly by effused lymph. Mr. Wells said he had preserved many of the most striking specimens, and would be happy to show them to any gentleman who was interested in the subject.

Dr. TYLER SMITH had recently attended a case which strongly exemplified the good effects of bringing the edges of the peritoneum together by the sutures. After union of the external wound and the removal of the sutures, suppuration took place along the whole line of incision, extending through the entire thickness of the abdominal wall. The peritoneum had, however, healed so perfectly, that no pus found its way into the peritoneal cavity. In this case, silk sutures had been employed. The patient recovered, but this would have been hardly possible unless the edges of the peritoneum had been brought together, so as to produce union by the first intention. It was unnecessary to pierce the edges of the peritoneum to effect this. It was sufficient to take up the tissue immediately above the peritoneum at the edge of the incision, without passing the needle through the peritoneum itself.

Mr. SPENCER WELLS said that, when metallic sutures were used, and the deep ones were removed on the third day, he had never seen any suppuration in their track.

Dr. GRAILY HEWITT was induced to believe, from the experience afforded by the cases of ovariotomy he had witnessed, that the inclusion of the edges of the peritoneum in the sutures was a part of the operation to which great importance was to be attached.

Dr. TANNER said he had been led by an observation of Mr. Adams, at a meeting of the Medical and Chirurgical Society, to avoid the peritoneum, but for the future he would follow the plan advocated by Mr. Wells.

Mr. G. RIDSDALE communicated a case of

DELIVERY OF A LIVING CHILD THIRTEEN MONTHS AFTER OVARIOTOMY.

The child was delivered when the pregnancy had advanced

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to the eighth month. The mother and child have gone on well. The age of the mother was forty-three years. Ovariotomy had been performed thirteen months before by Mr. Spencer Wells. The fact that well-authenticated cases of childbirth after ovariotomy are rare, had induced the author to lay the case before the Society.

A paper, by Dr. T. Herbert Barker, was read on

ANNULAR LACERATION OF THE CERVIX UTERI.

The term "annular" was chosen to distinguish that form of laceration during labour by which a complete ring of uterine structure, consisting of the cervix and os uteri, is separated from the remainder of that organ, the child having passed through the laceration, and not through the os uteri. The cause of this kind of laceration is, the protracted pressure of the head against a circle of the uterine parietes in a contracted pelvis—perhaps, also, conjointly with a sharp linea ileopectinea. In the case related, the author was called, on the fourth morning of labour, to a primiparous patient, forty-two years old, when he found the os uteri was not dilated larger than a florin, the pelvis contracted, and the bladder much distended. Soon afterwards, an ear could be felt under the pubes, through a transverse laceration in the cervix uteri, anteriorly. An attempt was made to deliver with the forceps, but unsuccessfully, and craniotomy was performed. After the birth of the child, a circular mass was found in the vagina, consisting of the os and cervix uteri, separated from the body of the uterus at every point, with the exception of an inch and a-half posteriorly. The os uteri was of the size of a florin, and its margin thin, even, complete, and well defined. The lacerated edge was jagged, rough, rather thicker than the margin of the os, but not so thick as the intervening uterine texture. The colour of the entire mass was of a purplish-red, venous tinge. There was no hæmorrhage. It sloughed away on the third day. The catheter was required for seven days afterwards. The patient recovered, and the catamenia returned. With regard to the treatment, Dr. Uvedale West, in a letter to the author, writes that, in such a case, he would endeavour to dilate the os uteri by introducing first one, then a second, then a third and fourth finger, side by side, to procure sufficient dilatation to admit either the vectis or the forceps.

A paper, by Dr. Robert Druitt, was read on a

SPECIMEN OF THE EFFECTS OF RECKLESS VACCINATION.

Dr. Druitt exhibited two coloured drawings showing the, happily rare, effects of vaccination, performed, he believed, in a recklessly severe manner. A surface of one inch by three-quarters, had been scratched all over by ivory points, and the whole surface had sloughed, leaving an enormous cicatrix. It was a question whether the effects of vaccination suffer any diminution by the entire destruction and separation of the injured part.

Mr. Jay thought that there could be little doubt that such an occurrence as that described by Dr. Druitt would greatly interfere with the protective efficacy of vaccination. The early authorities considered that the occurrence of erysipelas interfered with its due influence, and early sloughing of the part operated on, especially where it took place before the appearance of vesicles, must cause the vaccination to be considered wholly useless. He regarded the local and constitutional effects of vaccine inoculation as distinct, and that the former was in a great degree the measure of the latter effect. As the result of observation, he was disposed to think that, for the perfection of this constitutional influence, some days (probably from eight to ten) were required. This active conversion of the whole system into the requisite condition did not appear to him to take place completely, in every case, for a certain number of children vaccinated would, on the eighth day, present a few, perhaps one or two, nearly invariably small and retarded vesicles; while other children, vaccinated at the same time, and in the same manner, would have vesicles perfectly normal, and as numerous as the punctures which had been made. In the latter cases, it was not very uncommon, especially in warm weather, for an eruption of papulæ to occur over the surface, which eruption was rarely or never seen in the cases in which few vesicles resulted. Reserving a fuller statement perhaps for some other opportunity, he might say, that some time ago he had grouped together a number of cases at various ages, in which vaccination produced fewer than four vesicles, as the result of seven or eight punctures. He found that in children under three months these partial failures (if he might so call them, for they appeared related to unsuccessful cases) occurred, out of 142 cases, in the proportion of 26·7 per cent. At three months, in 211 cases, they occurred in the proportion of 18 per cent. Above three months, and under one year, in 94 children, the proportion was 8·5 per cent.; and in 54 children above one year, not one single case occurred in which all the points of insertion did not take effect. These results have led him to question whether, in much of our vaccination, there was not a deficiency of protective power, not so much from want of care or dexterity (of which, however, as causes of imperfect vaccination, he had no doubt), but on account of a not uncommon deficiency of a due susceptibility to vaccine inoculation observable in weakly and ill-nourished children of delicate mothers, and in others which we may, perhaps, be enabled better to distinguish at a future time. In these cases, it would be well to defer vaccination for a few months, and then to use redoubled care in the operation. It appeared also especially necessary to avoid the probably imperfectly maturated and weak lymph in these retarded cases as sources of supply, notwithstanding that the absence of areola invited its employment. He trusted his brief statement, after some years' experience, might not be considered irrelevant.

A paper, by Dr. Robert Barnes, was read on

SYMMETRICAL DISTORTION OF THE PELVIS, THE RESULT OF UNEQUAL LENGTH OF THE LEGS.

The author described a case of oblique distortion of the pelvis in a woman whose first labour had been terminated by craniotomy, the second by the forceps. In the second labour chloroform had been given; mania followed. A minute examination after recovery showed that the left leg was an inch shorter than the right; it had been so from childhood, owing to a fracture of the left ankle. The right half of the pelvis had undergone more active development than the left; it was larger in all dimensions. The symphysis pubis was not in the median line, but much to the left. The author explained that this was a form of distortion a type of others, of the same kind though perhaps less in degree, resulting from minor degrees of claudication, or of unequal force of the muscles of the two legs. In such a case he was of opinion that the best mode of delivery was to turn the child, so as to bring the occipital, or larger end of the head, into relation with the right or more capacious half of the pelvis, instead of attempting to drag it through by forceps with the occipital directed to the contracted side of the pelvis, or of destroying the child.

Mr. Robert Hardey, of Hull, related a

CASE OF ABNORMAL GESTATION.

In this case the unusual character of the tumour and of the symptoms induced the author at first to suppose the case to be one of extra-uterine, perhaps tubal, gestation. Labour supervened, and no change appeared to take place in the lower segment of the uterus. It appeared as if a stricture of some kind separated the body of the uterus, which lay to the left side, from the lower part, which was unlike that of an impregnated uterus. Delivery took place, in the author's absence, of a seven months' child. Afterwards it appeared that this was the third labour; that an injury had been sustained at the end of the third month of her first pregnancy, abortion following next morning; that her second pregnancy terminated by abortion also at the end of the third month; and the author believes that, in consequence of the injury, a band had formed, constricting the uterus, and causing the difficulty of the case.

The President communicated a case of

SPONTANEOUS SEPARATION OF THE PLACENTA IN A CASE OF SEA-SICKNESS,

which occurred in the practice of Mr. W. Hamilton Hopkins, of Prince Edward's Island. The placenta was completely separated, and lay in the vagina. There had been considerable hæmorrhage. The patient had been constantly sick during a voyage from St. John's, Newfoundland, to Prince Edward's Island (of six to ten days' duration). Arrived in port, an examination was made, and the delivery (at term) completed. The mother did well.

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The PRESIDENT communicated particulars of a

CASE OF CRANIAL BLOOD-SWELLING,

with its contents and appearance at the time of birth, which occurred in the practice of Mr. JEFFERY, of Worcester. This case was that of an infant found in a canal. At the inquest held on the body a verdict of "still-born" was returned. The child had never breathed. The labour had been, Mr. Jeffery believed, protracted.

Dr. GEORGE D. GIBB gave particulars of a

CASE OF PELVIC CELLULITIS AFTER A FIRST PREGNANCY,

followed by suppuration of the back and front parts of the vagina. In this case, nearly eleven weeks after the first symptoms declared themselves, the abscess pointed at the lower and back part of the vagina, and spontaneously evacuated itself. By careful management and a liberal diet, the issue of the case was successful.

Dr. J. G. SWAYNE, of Bristol, related a

CASE OF DOUBLE MONSTROSITY.

This was an interesting case of double monstrosity; union between the two fœtuses existed from the umbilicus to the top of the thorax; the left fœtus much larger than the right. Two of the arms were united as far as the wrist. A minute description of the dissection of the monstrosity then followed. Three large drawings illustrated the description.

Dr. TYLER SMITH communicated the particulars of

FOUR CASES OF PUERPERAL PERITONITIS,

in which albuminuria was present, which occurred in the practice of Mr. J. G. LAWRENCE.

THE PATHOLOGICAL SOCIETY.

TUESDAY, DECEMBER 5, 1860.

MR. FERGUSSON, President, in the Chair.

Dr. HARLEY read a report on Mr. Henry Thompson's specimen of

CONCRETION FROM THE STOMACH.

It was one inch in length, and half-an-inch in breadth, and weighed sixty-five grains. On section, it presented a crystalline appearance, and on analysis was found to consist chiefly of cholesterine. Dr. Harley believed it to have been a biliary calculus.

Dr. BROADBENT then showed two specimens of

MALIGNANT DISEASE OF THE LARYNX.

One was taken from a man, aged 48, who died in St. Mary's Hospital. He had had good health until four months before admission, when he had "sore throat." When admitted, he had great pain over the larynx, with great dyspnœa. The day after admission the dyspnœa was so urgent that laryngotomy was performed by the House-Surgeon. The patient lived six weeks after the operation, and died of pneumonia. There was extensive malignant disease (epithelial) of the mucous membrane of the larynx. The second specimen was taken from a man who died at the age of 55. He had had laryngeal symptoms for four years. Towards the end of his life, dyspnœa was very great, and he began to have difficulty in deglutition. He died in a fit of dyspnœa, before laryngotomy could be performed. After death, a tumour (encephaloid) was found originating under the mucous membrane, and extending into the pharynx. One or two deposits of a similar nature were found in the lungs. In this case the laryngoscope was used, but the throat was so irritable that the patient could not tolerate the instrument.

Mr. T. HOLMES then exhibited a specimen, showing the condition of parts after

RESECTION OF THE KNEE-JOINT.

The patient was a man, aged 25, whose knee-joint had been resected seven months ago, in the Royal Free Hospital, by Mr. Gant. When the man left the Hospital, the operation was supposed to have been successful, as there was only one sinus, and he could bear his weight on the limb. He went to Margate, and for three weeks went about on crutches. Afterwards, however, he took to his bed, the knee discharging more, and becoming painful. He applied at St. George's Hospital, wishing to have the limb removed. His health was then so bad that amputation was deferred; but, as he rather grew worse than improved, the limb was amputated. He recovered very quickly after the operation. Mr. Holmes then gave a brief account of the condition of the parts. The tibia and the femur were in apposition anteriorly, and welded together by osseous matter, and there were also small nodules of cartilage. In the posterior part of the head of the tibia was a deep ulcerated cavity containing a piece of necrosed bone.

Mr. Holmes, in conjunction with Mr. Hulke and Mr. Bryant, was requested to make a further examination of the parts.

Mr. BRYANT stated that he had occasionally found small pieces of cartilage in the line of union of fracture, and alluded to a specimen of intracapsular fracture of the femur which he brought before the Society in which this was seen.

Mr. WILLIAM ADAMS then brought forward specimens illustrating the pathology of

CHRONIC RHEUMATIC ARTHRITIS.

They were obtained from the dissecting-room. They showed enlargement and eburnation of the head of the femur, etc. The recent specimens, Mr. Adams said, illustrated the mode in which the above conditions were produced. Rokitansky states that in such cases the bone first becomes spongy and soft, and enlarged, and that the earthy matter is subsequently deposited. Mr. Adams had, however, observed that earthy matter was deposited above the articular cartilage. He believed that this was subsequent to degeneration of the cartilage.

Mr. CANTON exhibited a specimen, showing

ARREST OF DEVELOPMENT OF THE ASCENDING RAMUS OF THE LOWER JAW.

It was removed after death from a girl, aged 16 years. Her cast of countenance was peculiar; the forehead and chin receding, with a remarkable falling in of the masseteric and zygomatic regions on the side of the arrest, together with a malformed auricle, which was placed considerably in advance of its normal position. On dissection, no external auditory meatus was to be found: the zygoma of the os temporis had not been formed, and in the situation of the glenoid cavity was a perfectly plane surface. No condyle or coronoid process existed on this side, and the angle of the jaw was undeveloped: the corresponding horizontal ramus proceeded more directly backwards than natural. Mr. Canton believed that the preparation would seem to corroborate the view brought forward by Kölliker, and worked out by Tomes, in regard to the development of the perpendicular ramus from the original cartilage of the condyle, which in this instance, had either been not formed, or having been so was lost; and hence, in the absence of the formative nidus for the ascending branch of the jaw, this part was, as a consequence, wanting.

Dr. WILKS exhibited specimens of

SYPHILITIC DEPOSITS IN TESTES, LIVER, AND SPLEEN.

These specimens were taken from a man who had long been the subject of caries and necrosis of the cranium, of which he at last died. The testes and liver contained a low form of inorganisible fibrous deposit, such as has several times been brought before the Society, but in addition, in the present case, the spleen was found to be similarly affected, having a deposit in it about the size of a walnut. Dr. Wilks refuted the statement that there was a wish at the present day to discover new forms of syphilitic disease, but explained that the only novelty with respect to the subject was the discovery of like deposits in the internal organs of the body as in the external; that whereas a low form of inflammatory material, such as occurs in a node, had always been recognised, so it was now found that all parts of the body might be similarly affected. This had been admitted to a certain extent with respect to some organs, but Dr. Wilks had shown the same disease formerly in the lung, and now in the spleen.

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Dr. Wilks also exhibited a specimen, showing

INFLAMMATION OF THE SPINAL CORD.

This was taken from a girl, who died after having had symptoms of paralysis for about two years, terminating with complete loss of sensation of the lower extremities, but not complete loss of motion. The cord was found unaffected as regarded its external medullary portion, but the gray matter was quite destroyed, and its place occupied by an inflammatory exudation, extending the whole length of the medulla, and through which again there ran the central canal, the size of the male urethra.

Dr. Wilks also exhibited a specimen of

DISSECTING ANEURISM OF THE AORTA.

This was taken from an old woman, a patient of Dr. Gull's, who had had a throbbing tumour in the abdomen. The aorta was found very much diseased, and at its lower end, just above the division into the two iliacs, was a long slit, through which the blood had passed into the external coat, and thus a circumscribed aneurism had been formed.

WESTERN MEDICAL AND SURGICAL SOCIETY.

Friday, November 16, 1860.

Dr. Seaton, President, in the Chair.

Dr. Fincham related the particulars of a case in which some

ANOMALOUS MUSCULAR AND NERVOUS SYMPTOMS

were the result of the pressure of numerous small abscesses scattered throughout the substance of both kidneys.

A man aged 41, of temperate habits, by trade a carpenter, was brought into the Westminster Hospital on April 9, 1860. It was ascertained that five weeks previously he had been informed that he was likely to lose his sight from cataract, and that this intelligence had so preyed upon his spirits that he had scarcely slept since. This was all the history that could be obtained. On admission, his main symptoms were sleeplessness, a somewhat sighing and irregular respiration, his pulse 100, a warm and perspiring skin, slight giddiness and headache, and, although he had no actual delusions or terrors, there was a strange, indefinable, anxious manner about him. With these data, the case was regarded as one of nervous exhaustion, due to mental shock. He was ordered quinine, chloric ether, and, at the same time, opium in small doses at night. Five days subsequently he was seized with severe cramps in both upper and lower extremities, and also in the muscles of the neck. Those of the jaw were unaffected, and he had no difficulty in swallowing. The following day the spasms had abated, but the extremities, especially the upper, were in a constant state of involuntary flexion, to be overcome by moderate force, but passing again slowly into the same position when the force was removed. On the 16th he was much the same, but the urine was found to be loaded with albumen. He was then purged, to the amelioration of the symptoms, until the 18th, when he became more restless, refusing to take his medicines, singing, and endeavouring to get out of bed. His manner, however, was rational, and he answered questions intelligibly. On the 20th he was seized with the most violent spasms of the muscles of the neck, jaw, trunk, and extremities. These lasted about a quarter of an hour, and were so severe as to make the patient scream with pain. The following day he had another attack, and became rather drowsy, but was intelligent when roused. There was some rigidity of the upper extremities to be overcome by a strong effort on the part of the patient. He had no complaint now except that he could not see. The pupils were moderately dilated, the respiration was sighing, the pulse 92 and regular. The following night he had no sleep, and was every minute screaming out as if in great pain. From this time he became weaker; pulse 120, tongue furred, and the pupils contracted. The urine had been passed or drawn off by the catheter in good quantity, and the bowels had acted freely. On the 24th, although weaker, his manner was more natural. He complained of pain in his head and back. On the 28th the breathing became oppressed, and he died in the afternoon, having had no return of spasm.

The body was examined twenty-four hours after death, and all the organs, including the brain and spinal-cord, were carefully examined. All, with the exception of the kidneys were found perfectly healthy. These, however, were discovered to be the seat of small abscesses, the largest the size of a small cherry-stone, and much resembling secondary deposits. The abscesses contained purulent matter, of a dirty-yellow hue, and were not separated from the natural structure of the kidney by any condensed tissue. That the muscular and nervous symptoms in this case were due to the condition of the kidneys Dr. Fincham had no doubt. They were not, however, those which are generally found in connexion with impaired function of these organs. When this impairment exists in the immense majority of cases, where spasm of the muscle is present, it is accompanied, as is well known, by loss of consciousness,—in other words, the convulsions are epileptiform. Not so, however, in the case just detailed. Here spasms of the muscles, as violent as in tetanus or cholera, were so severely felt by the patient as to justify the use of narcotics. It was this absence of coma in connexion with involuntary muscular action which formed, it was believed, the peculiarity of the case and rendered it worthy of record.

NORTH LONDON MEDICAL SOCIETY.

Wednesday, November 14, 1860.

A Paper, by Dr. J. Part, was read,

ON POISONING BY STRYCHNIA—RECOVERY.

The patient, a domestic servant, aged 31, had swallowed the contents of a paper of Battle's Vermin-Killer about three-quarters of an hour before she was seen by Dr. Part. Each of the threepenny papers averages about fifteen grains of a blue powder, which, according to Dr. Letheby's analysis, contains from twenty to twenty-three per cent. of strychnia, or three grains. When first visited, the patient was just recovering from a severe attack of tetanic spasm caused by lifting her from the floor, on which she had fallen, on to a chair. She was supported on the chair by two men who were employed in the establishment, whom her screams, when first attacked, had brought to her assistance. The trunk and limbs were still in a state of powerful extension, and she merely rested against the back and edge of the chair. The expression of the countenance was wild and anxious, the eyes staring and wide open, and the pupils very much dilated. The face and neck had a dirty bluish aspect, the former being covered with a cold perspiration. A strong emetic of sulphate of zinc and ipecacuanha was administered at once, and cold water applied to the head. On touching any part of the body or limbs, or when any movement of those about her took place, she was thrown into slight tetanic spasms, like those produced by electric shocks, and which were continued at intervals. The legs were continually drawn gradually asunder: this position seemed painful to her, as she constantly requested to have them placed together. As the emetic did not act for nearly three-quarters of an hour, a second was given. About ten minutes after this she became exhausted, and requested to be laid on the floor. This movement brought on a most alarming fit. The arms and legs were powerfully extended, the feet drawn widely apart and everted, the muscles of the back being in a state of the most powerful spasmodic action amounting to complete opisthotonos. The expression of the countenance again became wild, the face resumed its dusky purplish hue, the eyes again became widely open and protruding, the pupils so much dilated that the irides were barely visible. After remaining several seconds in this condition, the whole muscular system appeared at once to quiver, the spasm relaxed, her hands loosed their hold, the arms falling by her side, the angles of the mouth were drawn down, the jaw dropped, she heaved a deep sigh, and she was believed to be dead. After some seconds, another inspiration, apparently brought on by cold affusion to the head and chest, seemed slightly to restore animation, and she gradually began to breathe, after which she gradually recovered from the attack. In about ten minutes after this attack she began to vomit, to facilitate which copious draughts of warm water were given. She continued

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to vomit, at intervals, for more than two hours. As the vomiting continued, so the spasms appeared to abate in their intensity, and in about five hours from having taken the poison she was got to bed without the fits recurring. As soon as the sickness had in some degree abated, a mixture of extract of Indian hemp with chloric ether was given, in order to relieve the spasms, and to counteract the excessive prostration she evinced, but this mixture was quickly rejected. The patient was comparatively well the next morning, and on the third day went home to her friends. Seventeen other cases were then related, in which recovery had taken place, after poisoning by strychnia. One, in which infusion of tobacco had been given; four, in which chloroform had been inhaled; one, where two drachms were taken by the stomach; five were attributed to the use of camphor; one, in which animal charcoal was given; one, attributed to the curative agency of tannin; one, in which tincture of iodine was given; one, where the treatment was said to have had no influence in recovering the patient, but is not mentioned; and lastly, two, in which emetics alone were given. An examination of the treatment adopted in the first fifteen cases showed that free vomiting was obtained in six of the cases by emetics, in every case but one, and in that it is not stated. This showed vomiting to have taken place in exactly one-half of the cases cited. From this the author proceeded to argue that in all the nine cases, the cure was fairly attributable to the vomiting alone. The grounds upon which this theory was based were as follows:—That in some diseases of a paroxysmal character, vomiting is found to cut short or relieve the paroxysm. The natural cure of the paroxysm of whooping-cough, by the action of vomiting was advanced as an instance in point; added to which, the beneficial effects of that agent in relieving convulsions, as well as the paroxysms of hysteria, were brought forward, and lastly, the experience obtained in the treatment of the present case, that after vomiting had begun several incipient attacks of tetanic spasm were observed to be cut short by the supervention of vomiting. Attention was drawn to the fact that, in all the diseases mentioned, during the paroxysm, the breathing is fitful, irregular, and imperfectly performed; and that one of the effects of vomiting was to bring about more perfect performance of the respiratory functions. That the same conditions held good in the tetanic spasms resulting from strychnia, and were also relieved by the vomiting. In further support of the position, the opinions of Dr. Harley were advanced, that strychnia kills by diminishing the capacity of the blood for oxygen. The effect of this would be, that we should have imperfectly-aërated blood circulating through the system, depression of the animal heat, and great interference with the function of respiration. The opinion of Dr. Brown-Séquard that, in many cases of poisoning, the tendency to death depends upon the loss of animal heat, appeared also to favour this view. The curative agency of the vomiting could not depend upon the mere evacuation of the stomach in the diseases above mentioned, and more particularly in poisoning by strychnia, where only the poison already absorbed and conveyed into the circulation exerts its deleterious agency, and not that which is still contained in the stomach. In this paper it was sought to establish the position that, by the maintenance of the action of vomiting, until the poison is eliminated by the kidneys, the tendency to death is prevented by its action in restoring healthy rhythmical respiration, and accomplishing the consequent greater development or restoration of animal warmth; and that, therefore, the physiological action of vomiting is the only real antidote, but that it is an antidote to poisoning by strychnia. That the action will restore animal warmth, has been an axiom for ages, hence the exhibition of emetics in the cold stages of fever. The reflections suggested to the author by the foregoing case lead him to the conclusion that in poisoning by strychnia, vomiting if freely induced and maintained by draughts of warm water, is calculated to save the life of the patient; but that the paroxysms may be alleviated by the inhalation of chloroform, and that as soon as the vomiting has ceased, the exhibition of camphor may be useful. Keeping in view Dr. Brown-Séquard's idea, that lowering the animal heat tends to death, it will be desirable to keep the patient near a good fire, or wrapped in blankets, and in order to avoid the recurrence of the spasms, to observe the most complete quiet, and to avoid, as much as possible, any movement of the patient or the attendants, who may happen to be holding or supporting them. In the case related, cold affusion at the conclusion of the convulsion appeared to restore the then suspended animation.

MEDICAL NEWS.

APOTHECARIES' HALL. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, the 6th inst.:—

Armstrong, John Christopher, Gravesend
Olive, Edward, Hellingly, Sussex
Pitt, William, Willenhall, Staffordshire
Seaton, Daniel, Chester
Tyler, Edward Alfred, 8, High-street, Marylebone.

The following Gentlemen also on the same day passed their First Examination:—

Aggett, Francis, Drewsteynton, Devon
Bendall, James, Trowbridge, Wilts
Cooper, Herbert, Richmond-terrace, Clifton
Gibson, Daniel, Waverley-street, Hull
Harrison, George, jun., 65, Grosvenor-street, W.
Lockwood, William, Gloucester-street, W.C.
Newby, Thomas, London Hospital
Payne, William, Wallingford, Berks
Tyrrell, William James, King's College.

APPOINTMENTS.

HARRISON.—Mr. Alfred James Harrison, M.R.C.S., L.S.A., Resident Medical Officer to the Public Dispensary, Carey-street, Lincoln's-inn.

WINKFIELD.—At a Special General Court, held on December 6, 1860, Mr. Alfred Winkfield, M.R.C.S and L.S.A., of St. Bartholomew's Hospital, was elected House-Surgeon to the Radcliffe Infirmary, Oxford, in the room of Dr. Gray, resigned.

DEATHS.

ANDERSON.—November 26, of fever, at Madeira, George Anderson, of Farnham, Surrey, Surgeon to H.M. Emigration Commissioners, aged 58.

BROUSSAIS.—December 1, of endocarditis, Dr. François Broussais, last surviving son of the celebrated Broussais. He was himself author of many articles in the Medical periodicals.

CUMPSTONE.—November 30, John Cumpstone, of Market Rasen, Lincolnshire, L.S.A. Lond., aged 63.

GATES.—December 2, George John Gates, formerly of Northampton, aged 40.

GRANT.—December 6, suddenly, at Devonport, James Simpson Grant, of Durievale, Fifeshire, M.D., Surgeon 53rd Regiment.

HUNTER.—November 30, at Fermanagh, George Hunter, Lic. and L.M., R.C.S. Ire.

KEMP.—December 3, at Hamburg, Robert Horne Kemp, M.D., aged 38.

LANGSFORD.—December 8, after a short illness, Mr. George Johnstone Langsford, of Hart-hill, near Nuneaton, aged 38.

NUGENT.—December 6, Richard Nugent, L.K.Q.C.P. Dub., F.R.C.S. Eng., L.S.A. Lond., aged 42.

OWEN.—December 2, John Underhill Owen, of Landport, Portsmouth, M.D. Univ. Glasg., M.R.C.S. Eng., M.R.I.A., aged 53.

ROWELL.—August 20, Charles Rowell, late of Langtoft, Assistant-Surgeon in the Hospital ship *Lancashire Witch*, in the Gulf of Pechi'i, China, aged 27.

SHARP.—December 4, Christopher Sharp, of Oldham, Lancashire, M.R.C.S. Eng., L.S.A. Lond., aged 26.

SIMPSON.—November 27, at Brompton, J. W. Simpson, late of the Medical Staff, Malta.

WALL.—November 27, Robert Wall, of Dunmanway, Co. Cork, M.R.C.S. Eng., aged 39.

WOOLLEY.—May 30, at Kensington, New South Wales, George Woolley, M.D.

ACADÉMIE DE MÉDECINE.—M. Jacquemier has been elected into the Obstetrical Section of the Académie, by 44 out of 72 voters.

IT is stated that there are nearly 17,000 Deaf and Dumb in the United Kingdom, of whom about 9000 were females, 6000 of these being totally uneducated.

FUNERAL OF THE LATE SIR HENRY MARSH.—The funeral of the late Sir Henry Marsh took place last week, when his remains were interred in Mount Jerome Cemetery. The funeral was attended more largely than any which has taken place in Dublin for years past. There were upwards of 150 carriages in the procession, and almost all the gentlemen connected with the Profession of which the deceased baronet was so distinguished a member attended the funeral. A number of the tenants from the family estate at Kilkenny came up to Dublin for the purpose of attending the burial. The mace of the College of Physicians was carried behind the mourning carriage. It was the intention of the students belonging to

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the Medical Schools in Dublin to have walked in procession behind the hearse, but the inclemency of the weather prevented this arrangement being carried into effect. A great number of students, however, were in attendance. Since Saturday the principal Schools of Medicine in Dublin have been closed in respect to the memory of the late baronet, and the meeting of the Pathological Society, which was to have been held on Saturday, was postponed in consequence of the melancholy event.

UNIVERSITY OF LONDON.—The following are lists of Candidates who have recently passed the respective Examinations indicated: — SECOND M.B. EXAMINATION, 1860. EXAMINATION FOR HONOURS.—*Physiology and Comparative Anatomy.*—John Easton (University Scholarship and gold medal), King's College; John Harley (gold medal), King's College; Frederick Poynton Weaver, Liverpool Infirmary and Guy's Hospital. *Surgery.*—C. J. Bracey (University Scholarship and gold medal), Queen's, Birmingham, and King's Colleges; Thomas Hiron Bartleet (gold medal) Queen's, Birmingham, and King's Colleges; James Braithwaite, Leeds School of Medicine and Guy's Hospital; John Easton and John Harley (equal), King's College; Charles Grabham, St. Thomas's Hospital. *Medicine.*—Eustace Smith (University Scholarship and gold medal), University College; John Harley (gold medal), King's College; Thomas Hiron Bartlett and Charles James Bracey (equal), Queen's, Birmingham, and King's Colleges; Henry Forbes Winslow, King's College; Edward Woakes, St. Thomas's Hospital. *Midwifery.*—John Easton (gold medal), King's College; Charles James Bracey, Queen's, Birmingham, and King's Colleges, and Washington Lafayette Winterbotham, University College (equal); William Cayley, King's College; James Braithwaite, Leeds School of Medicine and Guy's Hospital, and John Harley, King's College (equal); Henry Forbes Winslow, King's College; Frederick Poynton Weaver, Liverpool Infirmary and Guy's Hospital. M.D. EXAMINATION, 1860.—John Henry Bartlet, University College; Rayner Winterbotham Batten, St. Bartholomew's Hospital; Francis Thomas Bond, B.A., Queen's College, Birmingham; William Henry Broadbent, Royal Manchester Infirmary and St. Mary's Hospital; Thomas Buzzard, King's College; Thomas Armstrong Cammack, University College; Richard Hunt, Guy's Hospital; Philip Sydney Jones, University College; Edmund Symes Thompson, King's College.

PATHOLOGICAL SOCIETY OF DUBLIN.—THE LATE SIR HENRY MARSH.—At the meeting of this Society, on Saturday, the President, Dr. Fleming, made the following observations preliminary to the proceedings: "Gentlemen,—Before commencing, I cannot but feel that it would be an omission on my part to allow the present opportunity to pass without some allusion to the cause of the adjournment of our last meeting. It was to me, under the distressing circumstances, somewhat consolatory that the first act of my presidency should have been to place this Society in the initiative of paying that memorial tribute to one of its former Presidents, to whom it was so eminently due. The interval which has since elapsed has afforded me an opportunity of reflecting on his past labours in the special department of the Profession with which this Society is identified; and intimately associated, as I have been, with him during my earliest professional studies, receiving from him, as a pupil, my earliest professional instructions, subsequently actively engaged with him in many of his clinical researches, and ultimately placed in the position of estimating the value of his unwearied exertions in the cause of his Profession, I have no hesitation in marking the late Sir Henry Marsh as the most prominent, the most efficient, and the most zealous Physician of that day in the pursuit and investigation of pathological knowledge, and in its proper adaptation to clinical study. Upon this solid basis, constructed by himself, he secured the ladder of his professional life, and, advancing step by step, with a steadiness and with a rapidity rarely equalled, he raised himself to a height as elevated as it was merited, and retained his exalted position with unswerving firmness throughout a long and protracted career. In the list of those members of this Society who have the high honour of being its originators, the name of the late Sir Henry Marsh will be found enrolled. He warmly co-operated with them in its establishment, and contributed to its proceedings, and, with them, he had the gratification of witnessing its progressive growth, until it reached its present full maturity, stamping upon Irish Medicine and upon Irish Surgery a celebrity universally acknowledged, and conferring benefits on society at large beyond appreciation as to their value. Here, gentlemen, the brief outline of that portion of the life of the late Sir Henry Marsh which can be said legitimately to fall within my province, as President of this Society, must end. Its limits have been necessarily restricted; I leave to others to extend them. The task will not be found very difficult, as, among social attributes, high moral rectitude, unflinching integrity, and virtues of the first order, stand out in bold relief; while among the professional can justly be tableted those which characterise the eminent and the accomplished Physician."

BOOKS RECEIVED.

Clinical Lectures. By R. B. Todd, F.R.S. Second Edition. London: 1861.

On Diphtheria. By E. H. Greenhow, M.D. London: 1860.

On Hospital Accommodation. By John Robertson, Esq. Manchester: 1860.

Transactions of the Epidemiological Society. London: 1860.

The Social Science Almanack. London: 1860.

The Medical Vocabulary. By R. Fowler, M.D. London: 1860.

Morton's Toxicological Chart. London: 1860.

Lumley's Nuisances Removal Act. London: 1860.

Over de Allantois en hare Vorming en Veranderingen in den Mensch, Door J. L. C. Schroeder van der Kolk. Amsterdam: C. G. van der Post. 1860.

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 8, 1860.

BIRTHS.

Births of Boys, 923; Girls, 891; Total, 1814.
Average of 10 corresponding weeks, 1850–59, 1634·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	597	643	1240
Average of the ten years 1850–59	622·5	622·3	1244·8
Average corrected to increased population ..	..	..	1369
Deaths of people above 90	..	..	6
Deaths in 15 General Hospitals	33	21	54

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	..	13	10	4	4	3	1
North ..	490,396	1	12	9	4	12	3	3
Central ..	393,256	1	13	5	2	14	3	3
East	485,522	1	11	12	2	7	6	1
South ..	616,635	2	9	14	6	15	4	3
Total	2,362,236	5	58	50	18	52	19	11

TO CORRESPONDENTS.

Dr. Petrie's letter shall appear.

Mr. Mant.—It does not appear advisable to enter into any discussion as to the difference between Dr. Cream and Mr. Ray.

Mr. Bennett's Cases of Phlegmonoid Erysipelas inserted on the 1st inst. were not Dispensary Cases.

Dr. Osborn's paper shall appear next week if possible.

Omega.—We should like to hear the *Physician's* statement of the case before giving our opinion, and what ground, if any, A. B. had for complaining of harsh treatment and neglect by the Surgeons.

A Country Surgeon.—A correspondent wishes to know whether we have heard any details concerning the late election of Editor of *The British Medical Journal*, which took place at Birmingham. We can assure him, from what we have heard, that the election may fairly be called a unanimous one. There was nothing like a doubt or difficulty in the selection made. We believe we are quite correct in saying that there were sixteen members of Council present, and that of these thirteen voted for Dr. Markham; the Secretary, who it was understood was also in Dr. Markham's favour, not voting.

DO MEN EVER LIVE A HUNDRED YEARS?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I am acquainted with a woman who is in possession of all her faculties, can even read and sew, and who is upwards of a hundred years

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old. She distinctly remembers the day and circumstances under which her landlord was shot by another gentleman, and this occurred, according to the Church Registry, in 1743, so that she must now be at least one hundred and fifteen.

It will be found difficult to procure authentic proofs of persons living beyond one hundred years, as the laws of Registration had only just come into operation in the middle of the last century. I am, &c. H. W.

P.D.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As Ph.D. is already monopolized by the German philosophers, how would P.D. (Pseudo-Doctor) do for those who call themselves Doctors without having passed any examination? I am, &c. M.D.

December 11.

House-Surgeons *v.* Matrons.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—You may recollect that, some time ago, a few curious revelations were made with regard to the management of the Liverpool Northern Hospital. Since then a new Committee has been appointed, and the following is the way in which they think it proper to treat the House-Surgeon:—

I allowed the friends of a patient to bring her in part of a fowl. The Matron refused to admit it into the ward, and, on my complaining to the Chairman, he informed me that the Matron was quite right, and that I was to consider her superior to me in authority.

I shall be glad if some of your readers can inform me whether the position of a House-Surgeon is usually inferior to that of a Matron in Provincial Hospitals. I am, &c.

WM. WORKMAN,
House-Surgeon to the Northern Hospital, Liverpool.

The Origin of Syphilis.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Every one must be interested in your report of Dr. Simpson's wonderful paper on Syphilis. But he seems to forget that Ricord thinks the disease which spread at the siege of Naples was glanders, not syphilis. When you consider the obscurity reigning on the subject at this day, and how few men know skin diseases at all well, you must allow that the diagnosis of the ancient and Mediæval Surgeons is open to a very wide margin for notes. In other words, there is no ancient nor Mediæval writer whose diagnosis is worth a straw. The acarus of itch is a proof of what I say. How often its existence was affirmed and denied before it was acknowledged. And when you think of syphilis, of John Hunter and Ricord stumbling and groping their way, and even now leaving the subject only on the threshold of fact! I fear I weary you; but permit me to give you a quotation from Flavius Josephus. Speaking of Apion, he says:—"For he was circumcised himself of necessity, on account of an ulcer in his privy member; and when he received no benefit by such circumcision, but his member became putrid, he died in great torment." In the same chapter Josephus says of Apion that he was "of a corrupt life and ill discourses."

I do not attach too much importance to this quotation, but it is worthy of consideration. I am a believer in the antiquity of syphilis, and, therefore, I am not, perhaps, very fit to judge the question. Dr. Simpson's attention to Josephus will repay him, and he will be delighted to find anything Medical in connexion with the great antiquarian Jew.

December 10. I am, &c. R. S.

Chlorodyne.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your correspondent "Inquirer," in the last number of your Journal, asks some questions respecting chlorydyne, which, he observes, "is making some noise in the world," in my opinion most deservedly so. I have for some years constantly employed Dr. J. Collis Browne's Chlorodyne, prepared solely by Mr. Davenport, Operative Chemist, 33, Great Russell-street, Bloomsbury. Its effects are totally dissimilar to those of opium or any other narcotic; no headache or unpleasant effects follow its administration. It is perfectly safe to prescribe. Should an overdose be ever taken, nausea and vomiting would ensue, which may be speedily relieved by twenty or thirty drops of sal-volatile in a little water. I have never seen or heard of a case in which chlorodyne has proved fatal. My experience enables me to testify to its curative effects in severe neuralgia, tic-douloureux, diarrhœa with or without cramp, spasmodic asthma, etc. I should recommend "Inquirer" to be careful in obtaining the genuine chlorodyne, as I am aware there are spurious imitations advertised for sale. I am, &c.

Egham, December 3. C. V. RIDOUT, M.R.C.S.

Dr. Lee on the Hofrath of Graefrath.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I regret to perceive in one whom I have held in high consideration as regards the particular branch of practice to which he has devoted himself, indications of the not very liberal spirit in which his reply to my communication is couched, which contains much that is irrelevant to the question. Mr. Wilde states that he is at no loss to understand "the bearing of the article, though possibly, the public may not be so clear sighted!" My object in sending it, was, however, without any *arrière-pensée*, simply the same which has prompted me on various occasions for many years past, to communicate either by means of the Medical Journals or of distinct publications, such information relating to foreign Medical organisation and methods of practice as I thought might be useful. Having heard a good deal of the celebrity of Dr. de Leuw, and being at the close of last summer in the neighbourhood of Graefrath, I took the opportunity of judging for myself by visiting the place, and believed that a notice of it would not be unacceptable to the Profession, many of whom have heard of the Hofrath, though respecting his practice opinions are divided. The term Hofrath, though literally signifying Privy Councillor, is a title not unfrequently bestowed by German Sovereigns on Medical persons who may have distinguished themselves. Dr. de Leuw is, moreover, the possessor of several orders and other distinctions, which have been conferred upon him. The details which I gave of him may serve to show the sort of person he is, and I think nothing proves his disinterestedness so much as his obliging every one, poor or rich, to await their turn for consultation, and his taking such low fees where he might have much larger ones. Money is no object in cases where sight is concerned, to a large proportion of those who come from a distance to consult him; notwithstanding Mr. Wilde's implication that it is the lowness of his fee that brings him so many patients from other countries; as if patients would for this reason, subject themselves to the expense of a long journey, and to the discomforts of sojourning for weeks or months in a village deficient in ordinary accommodation.

That I stated the Hofrath's diagnosis to be clear and decided in the few cases of which I had an opportunity of judging of it, was merely the expression of my opinion, without any disparagement to the diagnostic precision of other oculists. As regards Dr. de Leuw's work from which he first acquired reputation as an oculist, it must have been published thirty-five or forty years ago, at a period when diseases of the eyes were much less known or studied. The actual title of the book is not material at the present time when Ophthalmic Surgery has made so much progress, it suffices that he obtained his reputation in a Professional manner, from the estimation in which his work was held.

With regard to the operation for entropion, I am not aware that Saunders advocated the excision of the tarsus, or a portion of it, in cases affecting the *lower* lid, which I believe the Hofrath principally referred to in condemning the practice pursued, I believe, by Jungehan of Berlin. As implied in my communication, I could not precisely specify the kind of operation; nor as a Medical visitor, admitted by courtesy, could I press one so much engaged as Dr. de Leuw for details on this or any other point of his practice. Dr. de Leuw like other oculists, does not believe in the cure of confirmed and fully formed cataract by any other means than by an operation,—though he does believe in the possibility of the disease being cured in its incipient stage by other remedial means. If I did not mention the name of the Vienna oculist who had come round to his opinion on this point, it was simply because my notice having been written several weeks afterwards, the name escaped my recollection, (I believe it, however, to be Harless or something like it.) That the Hofrath should choose to keep the means he employs for this object a secret, is doubtless objectionable, but the external application (chiefly to the forehead), is, I have reason to believe, of a stimulating nature, and is certainly not "very pure palm oil." That Mr. Wilde should cavil, and seek to be facetious as regards so trifling a circumstance as the prefix of *Mon* before the name of *Von Walther* (which is in truth, only a misprint). of Munich, (who exclusively advocated the operation keratomyxis in cataract, which I have seen him perform many times,) merely shows that he had in reality very little to say in the way of reply to my communication. I am, &c.

Brighton, November 10. EDWIN LEE.

COMMUNICATIONS have been received from:—

Professor SIMPSON; Dr. CONOLLY; Dr. GOODFELLOW; Mr. LE GROS CLARK; Dr. JENNER; Mr. ROBERTON, Manchester; Mr. BOWMAN; Dr. GRAILY HEWITT; Dr. HOBSON; Dr. MCWILLIAM; Mr. CLAY; Mr. JOHN GAMGEE; Mr. HILDIGE; Mr. J. V. SOLOMON; Mr. J. E. LAURENCE; Dr. KIDD; REGISTRAR-GENERAL; Mr. SHELDON; Dr. BARNES; Mr. COOPER; Mr. WORKMAN; Mr. LUMLEY; Mr. BENNETT; Mr. GROVE; Dr. OSBORN; REGISTRAR-GENERAL, Edinburgh; Dr. HARTLEY; Dr. EDWIN LEE; Dr. PETRIE; Mr. SOMERS; and Mr. JAY.

APPOINTMENTS FOR THE WEEK.

December 15. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

17. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. John Cockle, M.D., "On some Points of the Pathology, Diagnosis, and Treatment of Insufficiency of the Aortic Valves, especially in connexion with Sudden Death."

18. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m. Council Meeting, 7½.

19. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

20. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

CHARING CROSS HOSPITAL MEDICAL SOCIETY, 8½ p.m. Dr. Hyde Salter "On the Stethoscope."

21. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

WESTERN MEDICAL AND SURGICAL SOCIETY, 8 p.m. Practical Evening for the Narration of Cases, and Exhibition of Specimens. Mr. Leggatt "On a Case of Acute Glossitis."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) at 2 o'clock:—

By Mr. Bowman—Removal of Fungus Hæmatodes from Breast; Varicose Veins. By Mr. Fergusson—Staphyloraphy.

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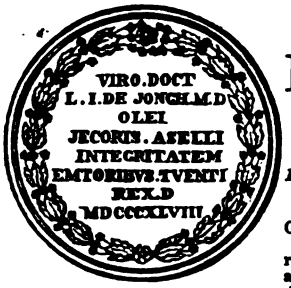

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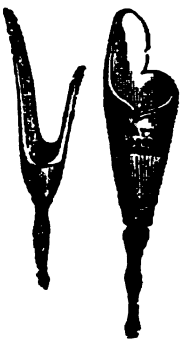

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Security.—The assured are protected from the liabilities attaching to mutual assurance by a fund of a million and a half sterling, of which nearly a million is actually invested, one-third in Government Securities, and the remainder in first-class debentures and mortgages in Great Britain.

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Proposals for Insurances may be made at the chief office, as above; at the branch office, 16, Pall-mall, London; or to any of the agents throughout the Kingdom.
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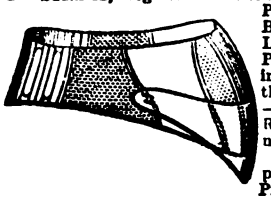
*** Service allowed in Local Militia and Volunteer Rifle Corps within the United Kingdom.

J. & E. BRADSHAW, late

Shoolbred and Bradshaw, 34, Jermyn-STREET, beg to call attention to the various improvements in



PATENT ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE-SUPPORTERS. A new description of BELT invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, &c. —N.B. Every description of INDIA-RUBBER BANDAGE, vulcanized on the newest principle.

Directions for measurement sent by post. N.B. A liberal Discount to the Profession.

A Female to attend on Ladies.

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Oil of Horse-chesnuts. — Caution. —

Messrs. REW and CO. are compelled to Caution the Profession against the purchase of Spurious Oils, which are sold as Oil of Horse-chesnuts.

The increasing demand for their invaluable Oil has caused several imitations to be attempted; the most notable is a compound of Oil of Mustard and Castor Oil, and is of a dark Sherry colour in appearance. Each genuine bottle of their manufacture bears their name and address, as under.

LIQUOR CASTANEA EQUINA.—This preparation of the Horse-chesnut, taken internally for Gout, Rheumatism, &c., is a safe and most efficacious remedy. Dose, 2 to 4 drachms.

LITHIA WATER, LITHIA with AMMONIA, and LITHIA with POTASH, prepared by the directions of Dr. Garrod.—These waters are most agreeable in flavour, and strongly effervescent. 5s. per Doz., with directions. A liberal Discount to the Profession.

Carbonate of Lithia and Oxalate of Cerium at prices according to quantity.

R. M. Rew and Co., Operative Chemists, 282, Regent-street, London.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

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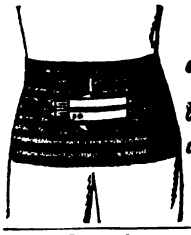
Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c.



When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality. Measures required: Circumference, at *a, b, c*; depth, from *a* to *c*. Priced & Illustrated Catalogues on application to E. HUXLEY, 12, Old Cavendish-street, Oxford-street, W.

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SPIRITS of all SHIPPERS.—Her Majesty's Wine Merchant—(Established 1811)—JAMES MARKWELL,—Cellars, 35 to 40, and 45, Albemarle-and 4 and 5, Stafford-streets, London; and of Bordeaux, Hockheim, Oporto, Xeres, and Pesth. Ports, from 30s.; Sherries, 28s.; Madeiras, 42s.; Moselles and Hocks, 40s.; Sparkling Hocks and Moselles, 48s.; ditto St. Péray, 54s.; ditto Burgundy, 60s.; Clarets, 23s.; Chablis, 30s.; Côte Rotie, 48s.; Champagne, 44s.; Sauterne, 40s.; ditto Yquem, 80s.; Essence of Turtle Punch, 56s.; Old Tom, 11s. 6d. All kinds of Foreign Spirits and Liquors. Particulars and direct shipments of Montilla, Vino di Pasto, Amontillado, Oloroso, Xeres-Viejo, and Manzanilla.—J. M. is Agent for the celebrated American Bitters (Stoughton and Sickle's). Longworth's Sparkling and Dry Catawba; Monongahela and Bourbon Whisky; Schappes; Peach Brandy; Gin Slings; Brandy Cocktails; &c. &c.—J. M. is always ready to give full value for Old Bottled Wines, to any amount.—Stock, 16,000 dozen. Cash or reference. Bankers, Sir Claude Scott, Bart. Price-lists on application.

PULVIS JACOBI VER, NEWBERY'S.

GENTLEMEN,—We beg to call your attention to the following paragraph by "*T. Cheyne, M.D., Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis:*"—

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol.* 1. *p.* 319.

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the Newbery family in St. Paul's Churchyard, it is necessary to prescribe it as "*Pulvis Jacobi Ver, Newbery's*," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*), will be substituted for the original medicine. This, of course, cannot but have an effect other than that expected, and will thereby lead the practitioner totally to discard it from his daily Pharmacopœia, as a preparation whereon no dependance can be placed. We hope the above extract will prove that when the genuine medicine is used, faith may be reposed in it.—Yours faithfully,

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ESTABLISHMENT, 9, YORK PLACE, BAKER STREET, PORTMAN SQUARE, for the extraction of Mercury, and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

A. Silverlock's Medical Label Ware-

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H. SILVERLOCK'S stock of Labels for Dispensing purposes having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, &c., all per book or dozen: a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d. Priced Catalogues of the above may be had, post free, on application. Printing of every Description at Moderate Prices.

Superphosphate of Iron and Super-

PHOSPHATE of IRON and LIME. New Remedial Agents introduced to the notice of the Profession at the Meetings of the Medical Society of London, and now extensively employed by the most eminent members of the Medical Profession. The Syrup is the most eligible mode of administering these valuable Remedial Agents. Mr. GREENISH will be happy to forward a variety of cases which have been furnished to him, where its success has been most marked, and which will serve to indicate where it may be most advantageously employed.

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Oil of Horse-chesnuts. — Caution.—

Messrs. ANDERSON were the first and original Introducers of this preparation into England, the immense demand for which has tempted several spurious imitations to be made, the most flagrant being a compound of potash, ether, and mucilage, which, if allowed to stand, throws down an alkaline deposit. Anderson's Oil of Horse-chesnuts is receiving the approval of the first members of the Profession, who state that it is the most valuable external application in cases of Gout, Rheumatism, Lumbago, Neuralgia, Toothache, &c.

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Both tested and highly valued for their regenerating effects in extreme debility, &c.

The attention of the Medical Profession is also invited to Messrs. Curtis & Co.'s

LIQUOR SECALIS CORNUTI.

(Recognised Preparation.)

Exhibited at the "Obstetrical Society of London," by the President, June 1st, 1859, *vide* the Lancet, June 11th, 1859).

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"DEAR SIR,—I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis, as prepared by you, to *far exceed* all other preparations of the kind.

"HENRY HEMSTED, M.R.C.S."

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"DEAR SIR,—Will you be so good as to deliver to the South London Ophthalmic Hospital two more bottles of your Solution of the Ergot of Rye, as, having met with some rather remarkable results from the first sample you sent me, in some cases of 'OPHTHALMIA,' I wish to give the remedy a more extensive trial. "Yours very truly,

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"To Mr. Curtis, Chemist, 48 Baker-street, W."

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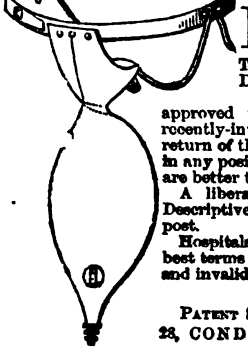

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for MALE and FEMALE RAILWAY TRAVELLERS, INVALIDS, and CHILDREN.

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Pilules de Hogg a la Pepsine, pure ou

unié aux FERRUGINEUX.—These three useful preparations have already been prescribed by many eminent Physicians throughout France, who have reported that the most satisfactory results have attended their administration in such cases and conditions as the following:—

PILLS of PURE PEPSINE, exhibited for Dyspepsia, Diarrhœa, Indigestion, and sense of uneasiness after eating.

PILLS of PEPSINE united with IRON, in Female Complaints, Impoverishment of the Blood, and in most cases of convalescence, to strengthen the system generally.

PILLS of PEPSINE united with PROTO-IODIDE of IRON, in all cases where this latter medicine is indicated: Debility, Chlorosis, Rheumatism, Cutaneous Affections, Tumours, Consumption, &c. &c., and as an excellent adjunct to Cod-liver Oil.

Mr. R. HOGG, 9, Albion-place, Hyde-park-square, is Agent for these three preparations in the United Kingdom, and sold by all Patent Medicine Vendors. In bottles, 2s. 9d. and 4s. 6d. of 50 and 100 Pills, see Pamphlets sent free by post.

Hogg's Lithia Water, Super-

CARBONATED.—LITHIA with POTASH and LITHIA with AMMONIA.

HOGG'S Citrate of Potash, and Citrate of Potash and Iron Waters.

HOGG'S Protocarbonate of Iron Water, and Ammonio-Phosphate of Iron Water.

These Waters are prepared as prescribed by Drs. Garrod, Owen Rees, and Bird; they are strongly effervescent, very agreeable, and contain an ordinary dose of their respective ingredients.

Also Potash Water, containing 20 grs. of the Bicarbonate; Soda Water, 15 grs.; Seltzer, Vichy, and Pullna, from correct analyses.

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The following Waters as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 80 grains; Soda, 15 grains; Ammonia, 10 grains; Seltzer and Vichy from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

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Chlorodyne. —J. T. Davenport

begs to direct attention to the disgraceful and fraudulent practice of certain parties, who apply the term "CHLORODYNE." to compounds of THEIR OWN MANUFACTURE, WELL KNOWING that the word is applied to a remedy SOLELY DISCOVERED and INTRODUCED by Dr. J. COLLIS BROWNE, M.R.C.S.L. (late Army Medical Staff), the formula of which is confided to J. T. DAVENPORT, and NONE other;—hence the assumption of the title, claim to discovery, or manufacture of CHLORODYNE by any other persons is a direct palpable deceit and imposition.

The Medical Testimony, published on the extraordinary properties of this remedy, is exclusively applied to

DR. J. COLLIS BROWNE'S CHLORODYNE.

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6 & 8 oz., any shape, plain or graduated	clear	8s. per gross.	
3 & 4 oz., do. do.	blue tinted	7s. 6d.	do.
½ oz. white moulded phials do.	of a very superior quality.	4s. 6d.	do.
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Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office orders made payable to E. and H. HARRIS and Co., at the Chief Office, London. Bankers: Union Bank of London.

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6 and 8 oz., any shape, plain, or graduated	clear	8s. per gross.	
3 and 4 oz. ditto ditto	blue tinted	7s. 6d.	do.
½ oz. Moulded Phials	of a very superior quality.	4s. 6d.	do.
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PURE SPIRITS FOR THE FACULTY.

S. V. R. 56 O.P., 21s. net Cash.—

This quotation admits of neither credit nor discount, and 1s. per gallon must be added for packages, to be allowed on their return.

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Spratley's Vaccinator, see the "Medical

Times," and "Lancet," November 3rd. The most efficient little Instrument ever invented: made only by W. Matthews, Surgical Instrument Maker to King's College Hospital, 8, Portugal-street, W.C. Catalogues of Instruments and Osteology gratis.

Surgical Instruments, and every

Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), retail as well as wholesale, from the Manufacturer, JAMES ARNOLD, 85, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net bandage, 4d. per yard; Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, Ivory Handles, 15s; best Bleeding Lancets, per dozen, 18s.

Poultices Superseded: Spon gio Piline.

The Profession is respectfully informed, that the WANDLE FELT COMPANY having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 13, Hanover-street Long-acre, London, and also through the Wholesale and Retail Druggists in town and country

Human Osteology from France.

RAGINEL, 38, Ludgate-hill, City, E.C., London. Patronised by the Royal College of Surgeons of England. Illustrated Osteology on the bones themselves. Very large Stock on the lowest possible terms. Disarticulated Skulls, in twenty-two pieces, in box. All the bones of the disarticulated skulls will be fitted in right order in the presence of the purchaser so as to show that every bone of each set belongs to the same Skull; it will be the same for all other disarticulated pieces. Skulls with Sections. Hands and Feet on cat-gut. Disarticulated Skeletons, quite complete, with the Skull same body. Articulated Male Skeletons, the bones very well marked.

STUDENT'S CASE OF OSTEOLOGY, COMPLETE.

Splendid Pieces for Lecturers and Museums.

Blancard's Pills of Unchangeable

IODIDE OF IRON,

Recommended by the Academy of Medicine of Paris,
And authorised by the Medical Council of St. Petersburg,
Extensively tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.
Favourably noticed at the Universal Exhibition of New York, 1853, and Paris, 1855.

"Of all the modes hitherto proposed of administering Iodide of Iron in the pure state, I think Mr. Blancard's the best."—Chemistry applied to Therapeutics, by M. Mialhe, Deputy-Professor to the Faculty of Medicine of Paris, Pharmacien to the Emperor, 1856, p. 319.

These Pills stand now very high in the therapeutics of every country, as may be seen by the above quotations, and also by the numerous scientific articles in medical periodicals and works (a).

Being enveloped in a very thin resino-balsamic coating, they present the great advantage of not being liable to any deterioration, of having no taste, of being small, and not distressing the stomach. As they possess the properties both of iodine and iron, they are especially beneficial in chlorotic, scrofulous, tubercular, or cancerous affections, as also in leucorrhœa, amenorrhœa, anæmia, &c. &c., and they furnish the medical man with an excellent means of modifying lymphatic, feeble, and debilitated constitutions. Dose, 2 to 4 pills a day.

N.B.—Impure or altered Iodide of Iron is an unsafe remedy, and may even prove dangerous. Only such bottles as bear an electro-plated seal fixed to the lower part of the cork, and the signature of the inventor placed on a green label, are to be considered as prepared by Mr. Blancard. The public should beware of spurious imitations.

To be had at M. BLANCARD'S, Pharmacien, No. 40, Rue Bonaparte, Paris. General dépôt in England at M. Gabriel Jozeau's, French chemist, 49, Haymarket, London. In the United States, at E. and S. Fougera, Chemists, 30, North William-street, New York. To be obtained retail from the principal Chemists.

(a) Bulletin de l'Académie de Med. 1850, page 1015; Gazette Médicale-Aug. 17, 1850; Union Médicale, Aug. 15 and 22, 1850; Gazette des Hôpitaux, March 15, 1853, and June 10, 1854; Gazette Hebdomadaire de Médecine et de Chirurgie, Aug. 31, 1855; Revue de Thérapeutique Médico-Chirurgicale, Feb. 15, 1855; Abeille Médicale, Revue Clinique; Repertoire de Chimie et de Pharmacie; Annuaire de Thérapeutique pour 1851, page 199; Orfila, Elements of Chemistry; Mialhe, Chemistry applied to Therapeutics, 1856, p. 319; Quevenne, Essay on the Physiological and Therapeutical Action of Preparations of Steel, page 97, 1854; Bricheteau, Treatise on Chronic Diseases seated in the Respiratory Organs; Soubeiran, Treatise on Pharmacy; Dorvault, Officine, &c. &c.

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Partnerships and Practices valued, and negotiated on Commission chargeable only to vendors; Permanent Assistants provided, without expense to Principals: Professional differences arbitrated; Books investigated and Accounts adjusted; and every information respecting Lunatic Asylums and Homes for Invalids supplied to the Medical Advisers and friends of Patients.

Attendance from 11 till 4.

Army Medical Department.—The next COMPETITIVE EXAMINATION for ASSISTANT-SURGEONCIES in Her Majesty's Army will COMMENCE at Chelsea Hospital, on MONDAY, the 18th February, 1861, at Ten o'clock a.m.

There will be about FIFTY VACANCIES: Candidates, who intend to present themselves at this Examination, must apply at once to the Director-General of the Army Medical Department, 6, Whitehall-yard, for the printed form, which is required to be filled up before any name can be placed on the list. In future no Appointments will be made for special service in India.

December 6, 1860. J. B. GIBSON, Director-General.

Macclesfield Dispensary.—Wanted, a HOUSE-SURGEON in the above Institution,—Term, Three Years from July 1. Salary, £100 per annum, with suitable apartments and attendance. By the Rules of the Institution, it is provided, That no person be admitted a Candidate, who is not a Member of the College of Surgeons in London, Edinburgh, or Dublin, and a Licentiate of the Apothecaries' Hall. Further particulars may be had on application to the Secretary. Testimonials to be produced on or before Saturday, January 26. The Election will take place on Thursday, January 31, 1861.

MATTHEW BURGESS, Hon. Sec.

Finsbury Dispensary, Woodbridge-STREET, CLERKENWELL.—The OFFICE of one of the PHYSICIANS to this Institution having become VACANT by the resignation of Dr. Thomson, the Medical Committee will meet at the DISPENSARY HOUSE to receive applications from Candidates, and testimonials on their behalf, on MONDAY, the 17th day of December, at Six o'clock in the Evening precisely, when it is requisite the Candidates should personally attend the Committee for approval. The Election will take place at a General Meeting of the Governors, on WEDNESDAY, the 19th day of DECEMBER, by ballot, to commence at Eleven o'clock in the Morning, and finally close at Three in the Afternoon, unless sooner closed by the consent of all Candidates. Candidates must be Members of the Royal College of Physicians (not practising Pharmacy). The Gentleman elected will be entitled to a gratuity of £40 per annum. Further particulars may be obtained at the Dispensary House, or of the Honorary Secretary, Mr. Richard Moreland, 5, Old-street, E.C.

Wanted, a Resident Medical Officer for the JERSEY GENERAL DISPENSARY. Salary, £100, with apartments and attendance. Application may be addressed to the Honorary Secretary, the Rev. P. A. Le Feuvre, Oak Walk, Jersey, before January 21, 1861.

A Married Medical Man, of most Active Habits, is anxious to PURCHASE a SHARE in a RESPECTABLE PRACTICE or in a Chemist's Business. West End preferred. Address, with full particulars to W. C., Medical Times and Gazette Office, 11, New Burlington-street, London, W.

To Students.—A Graduate of Oxford rapidly prepares Students, by a well tried and definite process, either in Class or Privately, for Matriculation and B.A. Examinations at the London University, the Middle Class Examinations at Oxford, and Apothecaries' Hall. Terms moderate. References good. Board and Residence offered if required for youth attending the above. Address, Oxonicnsis, care of Mr. Churchill, 11, New Burlington-street, W.

Wanted, for the District Infirmary about to be opened at ASHTON-UNDER-LYNE, a HOUSE-SURGEON and a MATRON. The House Surgeon must possess a recognised Medical and Surgical Diploma. Testimonials of character and ability to be sent under seal to the undersigned, not later than December 25. Preference will be given to a married Surgeon whose wife will be willing to undertake the Matron's duties. Salaries: House Surgeon £100, Matron £30, with residence and maintenance. Applicants to state their ages.

HENRY THOS. DARNTON, Honorary Secretary.

88, Old-street, Ashton-under-Lyne, December 4, 1860.

Dinneford's Pure Fluid Magnesia, now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

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"Sir,—In reply to an inquiry made by your correspondent, who subscribes himself 'Nota Bene,' whether any cases of benefit from 'Chlorodyne' have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebræ of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate Opium, Hyoscyamus, or Belladonna, and in despair almost I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He took only two doses, which acted so well that he compared his feelings to being transported to Paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bed-time, feeling secure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.

"I am, &c.

"THOMAS A. HENDERSON, M.D., L.R.C.P.,

"Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23, 1857."

From JAS. T. O. JOHNSTON, M.D., Staff-Surgeon Major, Principal Medical Officer to the General Hospital, Parkhurst, Isle of Wight.—*September* 6, 1860.

"Sir,—I have much pleasure in bearing testimony to the valuable effects of Dr. J. Collis Browne's Chlorodyne. I have used it for the last six years, and found it most useful as a sedative and anti-spasmodic. In many cases of advanced phthisis it has been of marked service in allaying the cough, and producing tranquility without any of the unpleasant symptoms which generally follow the use of opium. I have also found it very useful in cases of *delirium tremens* and severe cases of neuralgia."

CHLORODYNE.

J. T. DAVENPORT begs to direct attention to the disgraceful and fraudulent practice of certain parties who apply the term "CHLORODYNE" to compounds of THEIR OWN MANUFACTURE, WELL KNOWING that the word is SPECIFICALLY applied to a REMEDY SOLELY DISCOVERED and INTRODUCED by Dr. J. COLLIS BROWNE, M.R.C.S.L. (late Army Medical Staff), the formula of which is confided to J. T. DAVENPORT, and NONE other;—hence the assumption of the title, claim to discovery, or manufacture of CHLORODYNE by any other persons is a direct palpable deceit and imposition.

The Medical Testimony published on the extraordinary properties of this Remedy is exclusively applied to

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ORIGINAL LECTURES.

LECTURES
ON THOSE DISEASES OF THE KIDNEY
GENERALLY KNOWN AS
BRIGHT'S DISEASE.

DELIVERED AT

The Middlesex Hospital.

By S. J. GOODFELLOW, M.D.
Physician to, and Lecturer on Medicine at, the Hospital.

LECTURE XI.—TREATMENT.

GENTLEMEN,—It is impossible, in the two Lectures which I have allotted to myself for the description of the Treatment of these diseases of the kidneys, to discuss in detail every minute particular. I do not know, indeed, that, under any circumstances, such a course would be profitable; it would probably lead to confusion and mistakes. The general principles of treatment ought to be your guiding lights, and if you keep these clearly in view, especially in connexion with the causes of the disease, the symptoms and signs, and the constitution, natural or acquired, of the individual, you ought not to have any great difficulty. As with the treatment of disease in general, so it is with the treatment of these diseases; no description, however minute, will remove the necessity of watching its effects at the bed-side. How to detect and prescribe for minute changes in the symptoms, which require sometimes one appliance and sometimes another, can only be learnt there. You will there learn how long a time is necessary, in the chronic forms of these diseases more especially, before any appreciable results from the treatment are obtained, and yet how necessary it is to persist in it from week to week, and even from month to month. Young Practitioners expect an immediate result from their remedies, and are disappointed if they do not meet with it, and are, therefore, induced to change their mode of treatment far too often. The consequence is, that every remedy and every plan of treatment fails. In chronic diseases it requires (what one may call) an obstinate persistence in the remedies and treatment, even although we do not immediately observe any very apparent effects. The disease has become obstinate (if one may use a word expressing a voluntary perverseness with reference to an unconscious and involuntary agent), partly from organic changes, and partly from habit. The symptoms may persist merely from habit alone, even after the Pathological conditions upon which they originally depended have been removed. This is especially the case in the chronic forms of these diseases, and a long, and even apparently fruitless, persistence in what, on general principles, is evidently the proper line of treatment to be pursued, is necessary, in order to arrive in the end at any beneficial results. In most of these diseases there are organic changes more or less permanent from the slow and insidious working of the several causes, and therefore it remains alone for us to restore those parts of the organ that are still capable of being brought to a state fit for their proper function, imperfect though it may be. In many of the cases all we can do will be to remove, to some small extent, the secondary effects of the disease, and to correct as far as we can the morbid action of distant organs, produced by the supplementary function imposed upon them by the imperfect secreting power of the kidneys. This part of our treatment is a very delicate and difficult one. If you stop this action, although an abnormal yet a necessary one, you will place the life of your patient in imminent peril. For example, if you suddenly put a stop to the vomiting, or arrest the diarrhœa, the gastric and intestinal mucous membrane acting at the same time as an emunctory for the urea, and other excreta of the urine, your patient will almost inevitably be cut off by convulsions, apoplexy, effusion in one, or more, or even in all of the great serous cavities, or in the ventricles of the brain, or in the parenchyma of the lungs. In all the chronic forms of these diseases you should always endeavour to discover the organ or tissue which seems in each particular case to be acting vicariously. In the account of the symptoms you will find it is stated that the skin is usually dry; but this is far from being always the case. Sometimes the perspirations are profuse, and in these cases the skin is, from the clearest evidence, the organ supplementary to the kidneys. This is by far the safest, indeed the only safe emunctory for the elimination of the urinary constituents, and in all cases it will be your duty to promote by every means in your power, the action of the skin if it be defective, and encourage it even when considerable. In other cases it may be the gastro-intestinal mucous membrane, as I have already said, but in others, it may be the serous membranes, or the subcutaneous areolar tissue. As in the two former cases, it will be your duty to promote with due caution this supplementary action, so in the two latter, you will endeavour to divert it to the skin, and partly and cautiously to the intestinal mucous membrane. You must bear in mind that these are not simple effusions, like those produced from merely mechanical causes, as from obstructive disease of the heart and lungs; they are more than these, they are, in a manner, secretions; for, as I have already stated, urea and other constituents of the urine are found in them in large proportions. Then again, when the effusion is in the areolar tissue, forming the general anasarca, and this be very considerable, it is recommended in books to bandage the legs by a flannel roller. Useful as this bandage is in some cases, for it is calculated to assist in the removal of the œdema and promote absorption by gentle pressure, yet at other times it may produce very disastrous—or even fatal—consequences, and at all times it should be very cautiously applied and the effects closely watched. These effusions in Bright's disease afford great temporary relief to the more important symptoms. They are in fact a physical necessity, in consequence of the great distension of the vessels, and the almost stagnant condition of the blood in them. Absorption is all but arrested under these circumstances. To apply, therefore, a roller to the lower extremities, will have for its effect only to remove the fluid to parts, the function of which is much more important, and even immediately essential to life. Great caution, therefore, I repeat, should be observed in the application of this bandage in all cases of dropsy, but especially in dropsy depending upon these diseases of the kidney. As a general rule, it is never justifiable, so long as the anasarca seems to be on the increase. Under such circumstances, it is far better, and less dangerous, that vesication should take place, or even acupuncture be resorted to, and the serum allowed gradually to ooze away. It is singular, but, nevertheless, true, though not easy of explanation, that spontaneous vesications, indeed actual sloughing sores, on the lower extremities, are much less liable to spread than acupunctures, or similar small punctures made with the lancet. It is not an uncommon occurrence to see patients brought into the Hospital with enormous unhealthy-looking vesications, and even sloughing sores of various sizes, from which there is a constant and copious discharge of serosity, and they generally do well; while punctures, however minute, made with the lancet, or with the grooved needle, are very often followed by rapidly-spreading erysipelas, notwithstanding that every precaution is taken to keep up the temperature of the limb, and to absorb the serosity as it flows out, by enveloping the limbs in cotton-wool and flannel.

Bearing in mind that the skin, and the mucous membranes, chiefly those of the stomach and intestines, and even of the bronchial ramifications and pulmonary air-cells, are, for the time being, acting as supplementary kidneys (one may say), it is necessary to pay great attention to the temperature, and the hygrometric condition of the atmosphere of the rooms, and also to the clothing. An exposure to a current of air even for a few moments, or of the body to cold air, so as to produce the sensation of a chill, has often been followed by rapid effusion into some internal cavity or organ, and serious disturbance, and even death, been the result. Even breathing a sharp raw air for a short time has given rise to bronchitis, or changed the chronic bronchitic state into acute capillary bronchitis, with the same fatal result by suffocation. As a general rule, also, when the strength will admit of it, patients generally do better when sitting up and walking about in a suitable atmosphere, and at the same time clad in flannel or other woollen clothes, than in bed. There is no doubt that muscular exercise, if regulated according to the

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patient's strength, is favourable to secretion and absorption. It is sometimes difficult to make patients, and still more, patients' friends, sensible of this. The common remark is that the swelling goes down when the patient is in bed. They do not know that the effusion goes elsewhere, where it is much more hurtful and embarrassing. In bed these patients mostly lie on their backs, and the integuments around the loins, and covering the buttocks, become enormously œdematous, and are very liable to slough. I am disposed to think, also, that the kidneys are more embarrassed in performing the small amount of function of which they are still capable, by the pressure of the œdematous lumbar integuments and muscles upon them. But whatever the cause may be, there is generally more urine passed when patients are allowed to go about in the ward than when they are in bed, the skin at the same time acting quite as much as when in bed. They complain much less of cold. But whether lying down or sitting up, let them be covered with flannel, and clothed also with woollen garments; for you will recollect with regard to this, what I said in my Lecture on Cold as a Cause of Disease, the layer of serum (such as it is) in the subcutaneous areolar tissue produces the same effects as the application of a resinous varnish; it in most cases partially, if not completely, stops transpiration, and the temperature becomes gradually reduced to that of the surrounding atmosphere. Œdematous limbs are almost invariably cold. And with reference to this, I wish to say a few words as to baths, especially the moveable vapour, or hot-air bath. At the onset of the disease, in the acute forms, baths of all kinds are of great service. The common hot-water bath is indispensable in some cases, and affords very great and immediate relief. Of this I shall have to speak more at length by-and-by. But in chronic dropsy, when the anasarca is very considerable, and there is some difficulty of breathing, they almost invariably increase this difficulty and produce great exhaustion and disposition to faintness. Patients frequently complain of general discomfort and distress, and, in the case of the vapour, or hot-air bath, of a burning heat on the surface whenever the temperature is raised to the proper degree, so as to produce the effect upon the skin which we desire. It is also important as early as we can to ascertain how far the kidneys, or some portion of them, are still capable of secretion, by measuring not only the quantity of urine passed daily, but also the quantity of urea (by Davy's process), in the urine. By doing this we in a manner test what the kidneys can do, and by carefully regulating the diet, and adopting other measures, we shall be able, to some extent at least, to reduce the quantity of urea and other constituents of the urine formed daily, to the capacity of the diseased organs for secretion.

Early ascertain how far the disease in question is acute, how far chronic. That treatment which is beneficial and called for by the one, will be more or less injurious for the other.

And, lastly, as a general rule, carefully endeavour to discover the precise form of kidney disease with which you have to deal. Without keeping the several forms of these diseases before us, the same confusion will be apt to arise with reference to the treatment, but more lamentable in its consequences, as we have seen to exist with respect to the true nature of Bright's disease. The large white, or those complex forms in which it predominates, will require somewhat different management, from the small hard and contracted, or those forms in which it constitutes the largest element; and so also with the fatty and the amyloid varieties.

Having made these general observations, I shall now proceed to describe the mode of treatment for the several forms, and as closely as I can, according to the following arrangement.

First, the acute forms:—*a.* that due to scarlatina; *b.* to cold; *c.* to alcohol (an excessive and long-continued debauch); and *d.* that due to the action of other irritants, whether general or local.

Secondly, the chronic forms, according to the same arrangement.

First, then, with reference to the Acute Forms (a), when apart of Scarlet Fever.—As prevention is, by common consent, better than a cure, a few words on the treatment of scarlet fever, more especially with reference to the prevention of kidney-disease, will not be without their value. Besides, such a mode of treating the subject will be in strict accordance with the general plan upon which I have proceeded all along, and that is, to consider these affections of the kidney like other morbid affections of the system. I wish these lectures to be a constant protest against specialism. You know that I commenced them at your request, without any special preparation, or more particular attention to these diseases than to others. There is nothing, in fact, specific in these diseases. They are referrible, as I have endeavoured to show, to the same causation, and it is only an accidental circumstance which determines the operation of the particular cause to the kidney; or, as with many of the causes indeed, the kidney-disease is only a part of a general disease, affecting more or less, and with greater or less intensity, according to circumstances, other organs of the body. The treatment must be guided, moreover, by the same general principles. In a mild form of scarlatina but little treatment is necessary. To secure a moderate but efficient action of the bowels, and of the skin and kidneys, and protect the patient against exposure to cold is all that is necessary. The action of the bowels is best secured by a dose of castor-oil, or the saline draught, that of the skin and kidneys by the haustus ammoniæ acetatis. As long as the disease has every appearance of remaining mild, I do not, as a rule, use any other treatment. If, however, there is the slightest indication of its assuming a more severe, or a malignant form, I immediately prescribe iron and quinine, or iron alone, and always in the form of the tincture of the sesquichloride. In all cases of scarlatina (and the same remark is applicable to all diseases which are the result of the action of some animal poison), you should not discontinue your observation of the case until you have the strongest grounds for believing that all the poison has been eliminated from the system, and that the action to which its development and increase were due, has entirely ceased. This is not always—indeed, scarcely ever—the case in that state which we describe by the term Convalescence. In all cases, however mild, this is not accomplished for some weeks after this. There are very few in the Profession who have had any great experience of this disease, who would consent to a person recently recovered from the feverish tumult, and the more obvious symptoms of the disease, to return to and mix with other children and young persons whose blood is always in an active state of change from the rapid nutrition and waste at these periods of life. No one, however experienced he may be, would undertake to say when such a person may with safety hold communication with such susceptible persons. It may in some cases be some weeks before he can be permitted to do so without risk of imparting the disease. The poison still continues to be developed in him, something like the fermenting process is still going on, although the quantity of the poison generated is not sufficient to produce the febrile and other evident symptoms. As long as this is the case, any cause which will increase this process on the one hand, or diminish the resisting and restraining influence of the living body on the other, will lead to a return of the feverish and inflammatory condition of the system, in which the kidney is unusually prone to participate. In severe cases, or in the malignant form, the state of the patient will necessitate all these precautions, and this necessity will be apparent to persons who might not see it in the mild cases. But even in severe cases there is one way by which you may moderate the disease, and diminish the liability to kidney affection. Nothing has been more clearly proved in Medicine than that the feverish and other obvious symptoms in those diseases which are the result of an animal poison in the system, are not due directly to the actual dose which was received from without, by exposure to the emanations of an infected person. This poison is in a state of active molecular change, and seems to excite the same active condition of change in the proximate principles of the blood, developing, not like the action of a ferment, a product *unlike* itself, but one exactly of the same character and properties—in fact, identical in all respects; and the extent of this change and development evidently depends upon two conditions: one is the excessive activity or virulency of the thing introduced; the other is the resistance to it offered by the blood (a). So

(a) In making this difference between the action of the scarlatinal poison, and that of an ordinary ferment, I do not wish to imply that all morbific agents engender disease by producing an action like this. On the

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long, therefore, as there is any poison in the system, it is important that no impediment should be interposed to prevent its exit from the body, nor its dispersion and dilution afterwards, so that the patient may not inhale it again and again, and so be continually poisoned by his own emanations. This interruption it is—either from arresting the action of the skin, by exposure to cold, or by the patient's breathing an atmosphere highly charged with impurities, but more especially with that derived from his own emanations—which gives rise to a fresh increase of the poison, a second feverish tumult, a second inflammatory condition of the internal organs and tissues, and, above all, inflammatory congestion and all the concomitant conditions of the kidney, and even anasarca.

During convalescence, with the view of getting rid of the poison altogether, and during the active stages of the disease to favour its elimination from the body, and prevent its further development and increase in it, it is of great consequence that the atmosphere should be changed often. During convalescence, if the weather be mild, the patient should go into the open air, at the same time being warmly clad. If in winter, the air of the house or chamber should be entirely changed once or twice a-day. If he be still in bed, and the fever is of a severe or malignant form, this change becomes essential for the patient's safety. Now, the atmosphere of a room cannot be freed from impurities while the walls remain standing. Don't be startled. New walls, for my purpose, can be built with lime. All animal poisons certainly, all atmospheric impurities probably, have a great attraction—an *adhesive* attraction for surfaces. The rougher they are the greater the attraction. The following fact, among many others of a similar although less striking character, will show this:—When I was a resident at the London Fever Hospital, a patient was brought to the Hospital suffering from erysipelas of the face and scalp, which had come on during an attack of fever. In this ward (which was in the form of an oblong parallelogram) were thirteen beds, six on one side, and seven on the other, the space that should have been occupied by the seventh bed being taken up by door-ways leading to, and partitions separating, the latrines, and sculleries, and bath-rooms. The patient was placed in the bed next but one to the end of the ward opposite to the scullery, and on the side on which there were seven beds. The patient in the end bed, on the same side, was attacked, then the patient in the next bed (the third from the end), and then in succession in every bed, until it had attacked the one in the last bed at the bottom of the ward. It then attacked the patient in the last bed on the opposite side, and so on in succession up to the fifth bed, and as far as the offices above mentioned. The only patient who escaped was in the bed *beyond* the offices. From this circumstance, and others like it, I determined, on my own responsibility, to have the walls lime-whited every month or so, according to the number of patients constantly in the ward. The records of the Hospital will show that previously, erysipelas, pyæmia, and a peculiar form of laryngitis attacked great numbers, and were very fatal; but afterwards no case occurred, up to the time of my leaving the Hospital, which was some two or three years, notwithstanding that during that time several cases of erysipelas were admitted.

Another fact interesting with regard to the prophylactic treatment of these diseases of the kidney is of sufficient importance to justify my occupying a few moments of your time in relating. From want of sufficient accommodation for male convalescents, a ward was made on the ground-floor running parallel to the main building above, and throughout the whole of its length, where arches existed before. The height of this ward was 9½ feet, and the floor 1½ feet below the level of the surrounding ground; but under the floor free ventilation was supposed to be secured by openings in the walls on each side, and an area outside. The convalescents removed there frequently became anasarcous, which was previously an extremely rare occurrence. After the occupation of this ward this occurrence became so frequent, and the number of relapses also, that no doubt was entertained that the ventilation was defective, and the further use of the ward was all but abandoned, and the convalescents replaced in the old wards. The anasarca and relapses were at once reduced to the same proportion as before their removal. Since this experience I have been in the habit of insisting, in severe cases (and save in the Hospital it is only severe cases that I have an opportunity of seeing), that the patient, where practicable, shall change the room at least once a-day, and that the walls of the room daily vacated shall be washed if painted, well brushed if papered, and lime-whited if distempered, and at the same time the windows and doors left open, and, if in winter or damp weather, a fire constantly kept up. This daily removal entails no fatigue on the patient. He may be carried on the bed from one room to another without any exertion on his part, and the effect of the change, even in malignant forms of the disease, is often very striking. In some malignant cases, where the children are in nurseries, and a change of room is impossible, the walls, during the disease, should be daily lime-whited. It may be done, by a careful workman, without any noise sufficient to annoy the patient. I verily believe that by these simple precautions you may save many valuable lives and prevent, in many cases, attacks of the most serious forms of these diseases of the kidney.

There is one other point connected with the treatment, which I feel bound to refer to, because I think that it is influential as a preventive of these diseases, as well as eminently curative of the scarlet fever itself. I allude to the practice of giving tonics, such as quinine and iron, or iron alone, in tolerably large doses, proportioned to the severity or malignancy of the disease. I have been in the habit for many years past of prescribing these tonics in bad forms of scarlatina, securing, at the same time, a moderate but still efficient relief to the bowels once or twice daily by castor-oil or some other mild aperient, with the most favourable results; nor (which is of more interest in connexion with our subject) has any patient become affected with dropsy, so far as I have been able to ascertain,—certainly not in consulting practice. In Hospital practice one cannot be so certain, for it is possible that some may have been attacked after they have been dismissed; but as most of the patients come from the neighbourhood of the Hospital, it is most probable that they would have returned if they had been attacked with dropsy. But suppose, in spite of all your precautions, a patient is attacked with this acute form of diseased kidney, accompanied by inflammatory anasarca, what steps are we to take, first, to prevent a partial or complete suppression of urine, and our patient from being carried off by convulsions and other modes of death under these conditions; and, secondly to restore the organ to a perfectly healthy state, and so avoid its merging into the chronic, or large white kidney? This treatment must be modified according to whether the disease follows a malignant form of scarlatina, or is a sequel to a mild form of the fever. If in the latter case the patient will bear and will require a far more active treatment than in the former, and as a general rule, those of you who may settle in the country will find it necessary to treat it more actively by depletion, than those whose future labours may be in London or other large towns. I can most confidently inculcate this from a somewhat large experience in both. In the acute form, then, it may be necessary to take blood from the arm, the quantity being regulated by the urgency of the symptoms. Whenever the patient is threatened by convulsions soon after the commencement of the attack, this should never be omitted. I know no exception to this, except in the case of one who is anæmic, or who has been much weakened previously by the scarlet fever. In this case we must be satisfied with abstracting blood from the loins by leeches or cupping. This local abstraction of blood is of great service. Generally speaking, patients labouring under this form of kidney disease bear bleeding well. Next in efficacy, as in order of action, is the warm bath, great care being taken to prevent a chill after the removal from the bath. To avoid all risk of this the patient should be well rubbed by dry and warm towels, immediately that he rises out of the water, then placed in warm blankets, and put to bed. The warm bath is far more efficacious than the vapour or air bath, and the patient should remain in it until he makes complaint of a feeling of fatigue or of faintness. In country practice, and with the poorer class of persons, except in the case of children,

contrary, I am induced to think that many morbific emanations may act as true ferments, giving rise to products definite in their composition and properties, and to those phenomena which we observe in fevers and other diseases generally supposed to be contagious. There are strong grounds for believing that even the scarlatinal poison may at times be engendered in the body from inhaling or being otherwise exposed to some mephitic emanations totally unlike itself.

this important remedy is not attainable. Under these circumstances a very efficient substitute can be extemporised, if the symptoms be such as to lead the Practitioner to think that this mode of equalising the circulation, and of securing a free transpiration through the skin is called for,—let the patient's bed be brought near a fire, or if he be strong enough, let him sit on a chair, and well supported. In either case he should be closely enveloped in flannel—for example, a blanket, and over this, two or three other blankets are to be loosely thrown, so that a sort of chamber may be formed between them. Make a tube of about one inch or one and a-half inch bore, by rolling two or three newspapers, or other large sheets of paper; introduce one end into the chamber so constructed, and place the other end over the spout of a kettle half filled with water in an active state of ebullition, and a most efficient vapour-bath is thus formed. The only precaution to be observed with respect to this extemporaneous vapour-bath is, not to place the end of the tube too near the patient's person, or too long in one situation, but to let the jet of steam fall in different parts. An early administration of an efficient aperient is always called for, even if the bowels have been moved spontaneously before your visit. The only circumstance prohibiting the administration of a purgative is actual looseness of the bowels—or rather actual diarrhœa. In some instances mere looseness may be co-incident with a loaded state of the bowels; if, therefore, you find the belly tumid and not very resonant, you will do well, even in the case of there being a slight looseness, to give a dose of the compound jalap-powder; for example, from a scruple to half a drachm or even two scruples according to the strength of the patient; if with children, the dose must of course be smaller. It is better that you should be called upon to administer a warm stimulant for the weakness, and to support the strength, than that a free action of the bowels, and of the skin, should not be produced, and due depletion resorted to. I could relate many cases where patients—chiefly young persons—have been seized with convulsions a few hours after being attacked with this form of kidney disease and anasarca, and have been placed out of danger in a few hours by a full abstraction of blood from the arm, followed by leeches at the loins and the warm-bath. If the compound jalap-powder be not at hand, or there be a disposition to vomiting, I see no objection, as some appear to do, to the saline aperients. If there be any nausea or vomiting, a dose of Epsom salts, with plenty of water, not only quickly produces several loose and even watery evacuations from the bowels, but also allays the disposition to sickness. These, then, are the great and immediate remedies that will be called for in most cases. The extent to which they should be carried, or whether one or more need be resorted to, will depend on the urgency of the case. This must be left to your own judgment. Bear in mind, as a golden rule, in the treatment of all diseases that it is better to err on the side of too little activity in the treatment, than on that of too much. Now, in most cases you will have to continue your treatment. You may not have had an opportunity of attacking the disease with these remedies at a sufficiently early period, or at the onset of the attack. Well, then, it is necessary to keep up the action of the bowels daily, either by the compound jalap-powder, or the saline draughts. Two or three loose motions at least should be secured daily. You have seen in my practice at the Hospital that in almost every case I order the haustus magnesiæ compositus of the Hospital Pharmacopœia, every four, six, or eight hours, according to the effect, (Magnes. carb. gr. v.; magnes. sulph. ʒj.; aquæ menth. pip. ʒxij. Misce.) with the most favourable results. You can bear witness that we have not lost a case in this acute form of the disease. Some recommend, and I have tried, the antimonial treatment,—either ten, fifteen, or twenty minims of the vinum antimonii potassio-tartratis in the haustus ammoniæ acetatis, every three, four, or six hours; or antim. pot.-tart. gr. ¼ to ½ in a pill, with ext. hyos., grs. iij. to iv. From an experience of both of these medicines, I must confess I prefer the former, more especially as the patients are generally troubled with nausea, and, frequently, with vomiting. When this symptom is urgent, recollect that it is most probably (in the early stage of the acute affection) due to sympathy with the kidneys; and is an index, one may say, of the severity of the process going on there. In many cases it will be better under these circumstances to allow the stomach to remain at perfect rest, and not to administer any internal remedies. You will find that the application of a few leeches to the loins, followed by the warm bath, and, if the bowels are confined, a laxative enema, a much more efficient means of arresting the vomiting than the internal administration of any medicines, the presence of which the irritable stomach will not tolerate, and a persistence in which is, therefore, calculated rather to keep up this embarrassing and exhausting symptom than to allay it. This symptom is often associated with severe headache, and tendency to convulsions, especially in children and young persons, and the same treatment will be equally appropriate for both. The constant application of a large linseed poultice, with which a few grains (a pinch or so) of mustard may be mixed, or of a large Markwick's epithem, or a piece of flannel, previously dipped in hot water and well wrung, will be of great service. If the flannel is used, it should be covered with gutta-percha, and over that by a thick layer of cotton-wool. If the haustus magnesiæ comp. after a few days produces great flatulency and intestinal distension, which it sometimes does, you may then give the haustus ammoniæ acetatis, with one, two, or three minims of the dilute hydrocyanic acid, and a drachm, or two drachms, of the infusion of digitalis. In children the dose must be regulated accordingly, or these latter omitted. The last will be a safe diuretic at this period of the disease, and the hydrocyanic acid will tend to quiet the irritability of the stomach. With respect to diuretics in general especially the stimulating diuretics, they are altogether contra-indicated: they are calculated in these acute forms to do a great deal of mischief. This does not apply, however, to the haustus ammoniæ acetatis: it acts as a diuretic, as I conclude from experience, and from the results of Poiseuille's experiments, by the rapidity with which it passes through vessels, not seemingly by stimulating their walls, but by some other property. As a general rule elaterium, and other drastic purgatives, are not advisable in these acute affections. It is true that during their action they produce several loose and watery evacuations, and may afford temporary relief to the system, yet they unduly stimulate the mucous membrane, and render it, or its capillaries, unfit for the continuance of profuse secretion. The Epsom, or what is better, although undeservedly but little used, the Glauber's salts, act even more efficiently in the first place, and do not leave the membrane and capillaries (so to say) exhausted.

At first, the severest antiphlogistic diet should alone be permitted. In general, but little diet is wanted. The patient ought to be restricted to gruel, arrowroot, and such articles of food, and no nitrogenous matters allowed,—such as beef-tea, animal broths, and so on. It is impossible, however, to decide for every case. You must exercise your own judgments, and be guided in this respect by the symptoms and state of your patient. After the acute stage is over, and the urine has become abundant, the tube casts—epithelial and bloody,—and the blood-corpuscles have disappeared, the skin has become cool and soft, and the pulse reduced to nearly the natural standard, and the other feverish symptoms subsided; if there be still anasarca, and there be very evident anæmia, you may prescribe the tincture of the sesquichloride of iron in doses of five, ten, or fifteen minims (according to the age and condition of your patient), three or four times daily, in a small wineglassful of water, and you may cautiously increase these doses. I seldom, however, find it necessary in these affections and under these circumstances, to give more than fifteen minims even to an adult. This preparation (most probably by its styptic properties) will, generally, lead to the disappearance of the albumen, at the same time that it improves the quality of the blood, and gives tone to the system generally.

b. When the disease is produced by cold, the same general principles of treatment are to be acted upon. The only difference is, that the patients, when affected from this cause, bear depletion better than after scarlatina, and the warm baths should be more frequently repeated.

c. When it is the result of alcoholic poisoning, or any other direct irritant of the tissues of the organ, the cause acting more locally, general depletion will rarely, if ever, be called for. But local depletion ought to be more freely resorted to, and the action of the bowels promoted by enemata, in preference to purgatives by the mouth.

This, then, is the plan of treatment which I have found most successful in the acute forms of these diseases. In all

cases you must be guided by the symptoms. In scarcely any will stimulation be justifiable.

In my next Lecture I shall describe briefly the treatment for the chronic forms.

LECTURE

ON A CASE OF CYANOSIS.

DELIVERED AT

The Grosvenor Place School of Medicine,

ON SATURDAY, DECEMBER 8, 1860,

By Dr. RICHARDSON.

[Reported by Mr. SCHOFIELD.]

GENTLEMEN,—The subject to which I have to direct your attention this morning is Cyanosis. By this term we indicate a condition of body in which the surface is universally blue, and which depends on the circumstance that the auricular septum remains unclosed after birth.

This condition, therefore, is one presented in infancy, and it usually causes death in the early periods of infantile life; nevertheless some cyanosed infants live on from infancy, through childhood, and even to the adult period. I have known one example myself of this latter kind.

On the present occasion I lay before you the heart of a patient who died from cyanosis. This patient was a female child five years old, and some of you may remember that I took the opportunity, a long time back, while she was still alive, to bring her before the class and to explain the general features of her case. At that period the symptoms she presented were as follows:—The body externally was blue and cold over the whole surface, the features were placid, the fingers were clubbed at their extremities, the toes also were slightly clubbed. The history given of the child was, that from the time of her birth the same condition of body had always been preserved, she had constantly been cold, and frequently expressed on her own part a sensation of chilliness, but it was observed that the cold was rather an objective than a subjective phenomenon. If there were ever a period when the temperature of the surface was increased, it was after brisk exercise, on which occasion the face would assume a faint redness and a gentle warmth. The child's appetite was reported as usually good; and I dwell on the following fact, as one of great interest, that her intellectual faculties were more than ordinarily active and clear. For a child in her station of life, indeed, for she was born and bred in the lowest stratum of London society, there was something surprising in her aptitude and her knowledge; her mind was calm and she was of a gentle and happy disposition,—not mirthful like other children, but quiet, contented, and thoughtful.

She was well nourished, although the fare on which she subsisted must have been very simple and not large in quantity, yet what she did take had apparently been assimilated, and when we saw her here, her limbs were plump and firm, and the skin everywhere well filled out. The reason why she was brought to me, was, that she was beginning to suffer from cough and sleeplessness at nights; when I first saw her, which was only three or four days before bringing her here, I detected symptoms of tubercle in the apices of both lungs. I directed attention to this fact while she was under clinical examination, and also to another fact that notwithstanding the cyanosis and the inference deducible from it that there was free communication between the two auricles, the two sounds of the heart were perfectly clear and were delivered with precision, as regards quality, order, and time.

From the period at which this examination took place, in spite of all that could be done medicinally, the tubercular mischief gradually increased over both lungs; there were none of the general signs of phthisis developed, however; there was never any sweating, never any signs of cavity, never hæmoptysis, not one hectic flush. The ultimate symptoms by which death was ushered in, were those of asphyxia, terribly laboured breathing, and marble coldness of surface; but the mind was clear to the end. After she was dead, I found in the body three obvious abnormal conditions:—1. Each lung was literally charged with tubercles, the tubercles were of the size of millet seeds, were distinct one from another, cut soft and cheesy-like through their centres, but involved no neighbouring structures in purulent degeneration. 2. The blood was fluid both in the arterial and venous side of the circulation; a portion of it retained and exposed to the air remained fluid for several days, but coagulated on addition of milk of lime with evolution of ammonia. The blood was of the same colour in both systems, namely of a dark venous colour. 3. The heart, as you will observe, for it is now before you, was large, the enlargement being chiefly marked on the left side. The right auricle is distended and more capacious than natural, the right ventricle is small, and the calibre of the pulmonary artery is diminished; the left auricle is perhaps a little smaller than natural, while the left ventricle is large and capacious; note these facts for yourselves from the specimen.

The aorta is of full size, proportionate with the left ventricle. All the vulvular apparatus is healthy, but in the septum auriculorum we find the deficiency upon which the disease depended. There are here two openings, each of which will admit the insertion of the point of the little finger; the outline of the foramen ovale is distinctly seen, and it is clear that the presence of two openings is due to the formation of a vertical septum across the centre of the foramen. At a right angle from this vertical septum, and extending across the posterior opening, there is another firm thread of membrane stretching across; so that the original foramen ovale is in fact split into three openings; the edges of the openings are almost tendinous, they are so smooth, firm, and sharply defined.

Commenting on the physiological and pathological relationships of this case, we are first led to ask, What is the reason that the foramen ovale is left open in the manner depicted in these cases? Is it that there is congenital malformation? I think not. I look upon it as due to the deficient formation of that membrane, which, after birth ascends from the lower margin of the foramen, and closes up, in the majority of cases, the foramen altogether. Why, in certain rare examples, this membrane should not form according to rule, it is not easy to explain at once; but I have given the subject considerable attention, and will narrate to you the matter of my researches. I would premise by stating, that the formation of the membrane is by no means a rapid process. In nine infants who died between the eighth and fourteenth days after birth, I found the foramen perfectly closed in no one instance, while in some the opening was not closed to a sixth of its extent; these children, nevertheless, were quite free from cyanosis. I followed out the subject further in inferior animals, especially in young pigs, and I deduce as the mean of those experiments, that, for the first three days of life, the foramen ovale remains patent, and that the closure is never completed under fourteen days. The last point that remains unclosed is a spot in the superior posterior border of the foramen. I show you a specimen where the membrane remains imperfect at this point, although the animal from which the heart was taken lived in perfect health for five weeks.

We may accept, therefore, this view, that, for the first few days of life, the circulation is carried on, I may say normally, with a distinct opening between the right and left auricles.

Is it strange that the two bloods do not intermix during this period? No; for if they did, no membrane would ever be formed in the presence of the intermingling currents; but the truth is, such intermixture is prevented by a simple hydrostatic law. You will remember that during fœtal life, owing to the fact that the lungs are impervious, a very limited quantity of blood passes by the pulmonary artery, and virtually none from the pulmonary veins into the left auricle; but the same current of blood before as after birth flows into the right auricle by the superior and the inferior cava: the result is, that as there is opposition to the current of blood through the right ventricle and pulmonary artery, while there is no opposition from the left auricle, the volume of the blood received by the right auricle is driven at once over from right auricle to left auricle, and then into left ventricle and aorta, when meeting with the little blood that flows from the pulmonary artery through the ductus anteriosus, it makes its way round the body to return to the placenta. But when the child is born, and the previously inactive lungs undergo expansion, then there is an immediate large demand of blood from the right ventricle and pulmonary artery for the pulmonic

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circulation, and with this there is an immediate supply of blood from the pulmonary veins to the left auricle.

Thus there is established, on the one hand, a diversion of blood from the right auricle to the right ventricle, and on the other hand, an opposition to the entrance of blood from the right auricle to the left auricle, by the fact of an independent current from the pulmonary veins being poured into the left auricle. In a word, a balance is established between the currents in the two auricles, and each current takes its course towards its respective ventricle. The two streams run side by side, but do not intermingle, and the membrane, which is ultimately to separate them, meets no opposition to its formation. The membrane itself is produced as an additional protection; for although in the first days of existence, the risk is little of pulmonary obstruction, yet as time advances this risk increases; and were there no membrane there, any cause producing arrest in the pulmonary circulation would immediately lead to a diminished current of blood through the pulmonary veins, and to a transference of blood over from the right to the left auricle through the foramen.

I once made a little instrument, of which I give you a drawing, in which the conditions of the fœtal circulation were imitated, by placing a diaphragm having a small hole in its centre through a glass tube. When fluid was pumped through the right side of this tube only, and the lower part of the right division was closed, a current of fluid passed freely through the hole in the diaphragm; but when the lower part of the right division was opened, and a free current of different coloured fluid was pumped through the upper part of the left tube, then the currents flowed independently of each other, and without admixture.

If, then, we apply the above physical facts to the cause of cyanosis, I think that we are driven to the conclusion that the continuance of the patency of the foramen ovale is due in cyanosis to the persistence of the current of blood from the right to the left auricle; and that the continuance of this current is due, in its turn, to persistent obstruction in the lungs.

The mode in which cyanosis terminates is a point of considerable interest: death ordinarily takes place, I believe, from pulmonary congestion, and unless there is some other lesion of the heart, such as valvular thickening, not from any other cause. Cyanotic patients are, by their peculiarity, almost exempt from inflammatory disorders, but they suffer readily from every depressing influence; nevertheless, with the impure condition of blood to which they are subjected, with a portion of venous blood passing into the arterial capillaries, with deficient oxidation everywhere, and, *ergo*, with deficient warmth, they are supplied with nutritive force, with sensational force, and, as we have seen, with excellent mental faculties.

In our patient, death took place from tubercle, but I would not attribute the tubercular deposit directly to the cyanosis. I would rather conceive that it arose from the imperfect hygienic conditions under which, from necessity, the patient was placed.

Mark, however, how the cyanotic state modified the phthisical symptoms, took from them, if I may use such a term, all their activity, suppressed the hectic, prevented the local development of inflammatory products around the tubercular masses, and yet allowed the tubercular plasma to be deposited over a surface much larger than is met with, according to common experience, in ordinary cases of consumption.

I fear I have omitted to comment on one diagnostic point in the case before us, which of all others should not be overlooked, I mean the physical diagnosis of the heart. In this child, notwithstanding the three openings in the septum, we learn that the heart sounds were normal, and when no valvular lesion is present to produce an abnormal sound, this is, I believe, the case in all examples of cyanosis. It has been assumed certainly, that there is something remarkable in this absence of abnormal sound in simple cyanosis; but if we accept the rational view that the normal cardiac sounds are produced purely by valvular tension, we can understand at once that the mere presence of an opening in the centre of the auricle can in no way modify the natural sounds when the valvular machinery is perfect.

So far I have described to you an example in which a patient with an open foramen ovale, existed with venous blood passing into the arterial system. But what should you say of cases in which this condition is reversed, and in which through an open foramen, arterial blood passed from the left auricle into the right auricle, and made its way twice or more times round the lungs. Well, these are remarkable cases truly, but they have occurred. If I mistake not, one was recorded by Cruveilhier, and another by Meckel, but the best case of all is supplied by Dr. Mayne, in the *Dublin Journal*, for 1848, at page 46.

Few records of disease which I have read have been put together with so much skill and care as this. Dr. Mayne's patient was a woman, 27 years of age. She came before him in 1845, she was pale and had never at any time shown signs of cyanosis. Her symptoms were those of heart-disease, but from their obscurity the exact nature of the disease was not suspected.

She was teazed with cough, and suffered much from hysteria; dyspnœa and palpitation occurred on the least exertion; she had the greatest dislike to change her position, and refused to dress herself or to rise from her bed. The sitting posture was very irksome, and she declared that her death would be the consequence of any attempt at exercise. In bed her countenance was not expressive of heart disease; the respiration was tranquil, the pulse regular, small, and from 80 to 90 per minute; but when she attempted to walk, palpitations were induced, the pulse became frequent and irregular, and the breathing hurried and distressing. There was no pulsation in the jugular vein, nor any dropsy. One remarkable feature was constant sweating; unlike that of hectic, it was unceasing, so that her linen was at all times saturated with moisture.

The cutaneous secretions were also most offensive, the odour exhaled from her person being nearly insupportable. The appetite was wretched; she seemed to have little desire for nourishment; yet emaciation proceeded slowly, considerable muscular development remaining even to the end of her life. Her bowels were always torpid, the uterine functions defective, and the catamenia rare and scanty. The cerebral functions were sluggish, and she seemed lost in despondency. She would relate nothing of her previous history, but appeared as incapable of mental as of bodily exertion. Her chest was clear on percussion, but the respiratory murmur was feeble; a loud *bruit de soufflet* accompanied the first sound of the heart, and was never absent; the second sound was distinct and clear.

She lingered on until July, 1846, when, at one of Dr. Mayne's visits, she was sitting up dressed, having taken a fancy to walk across a court-yard. This was too much for her; during the ensuing night she was observed to breathe heavily, and she expired suddenly. Twenty-four hours after death, the brain was found a little soft, the pleural cavities contained a pint of dark bloody serum, the lungs were congested, and the air-passages filled with frothy sero-sanguineous fluid. The heart had its right side enlarged; the apex, preternaturally rounded, lay more to the left side than usual; and the long axis of the organ had undergone a change of direction, being very horizontal and lengthened.

The cavity of the right auricle was of double size and the walls were hypertrophied. Between the auricles a large aperture existed, circular, and of the size of half-a-crown, the margin of the aperture was regular and almost tendinous.

The right auricular ventricular opening was considerably increased in size, allowing four fingers to traverse it; the tricuspid valve was thicker than usual, but otherwise healthy.

The right ventricle greatly increased in capacity, and its walls hypertrophied resembled a left ventricle; the pulmonary orifice was of large size, admitting three fingers; its valves were healthy. The left auricle was of natural size and healthy: the opening into the left ventricle was contracted; the left ventricle was not larger than that of a child eight years old. The mitral valve was thickened, and the posterior flap shortened so as to allow of regurgitation. The aortic orifice was small, admitting only one finger; its valves were healthy. The ductus arteriosus was impervious, the aorta was contracted; the pulmonary artery and pulmonary veins were very large.

Here, then, was a case where the blood passed from the left to the right side of the heart,—and what a contrast it presents to our case. The skin was pale, not blue, moist constantly, not dry and cold. The appetite was "wretched," not good like our patient's. Exercise produced embarrassment and even death; and, pay especial attention to this, the mental faculties

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were reduced to the lowest possible manifestation. In our case a brain fed always with blood largely impure, was active; in Dr. Mayne's case the brain fed always with an arterial blood, was inert.

And yet, if we analyse the facts of Dr. Mayne's case, we can read off the cause of the symptoms pretty correctly. We may dismiss the cardiac murmur, for that was caused by the valvular thickening, and might have occurred, had the foramen been closed; but on the other symptoms we must rest for a moment.

The absence of cyanosis is explained by the circumstance that no venous blood found its way into the arterial capillaries. The depression, mental and bodily, is accounted for by two processes. In the first place, there was never, at any time, an excess of blood thrown into the arterial system, but a diminution; for, observe, that the left ventricle was small and the aorta contracted, while the right ventricle was large and the pulmonary artery and veins dilated,—conditions precisely opposed to those in our case. There was at all times a small systemic with a great pulmonic current, and the balance between the two systems was deranged. In the second place, while there was a disproportion of the amount of arterial blood making the round of the system, there was at the same time no necessary increase of oxygen carried by this blood; for as I have explained in the physiological course, the blood in the lungs is only capable of taking up a certain portion of oxygen, and this in exact amount to the proportion of carbonic acid that is exhaled. As a consequence, Dr. Mayne's patient, while she received no excess of oxygen, must have exhaled at all times a minimum quantity of carbonic acid; hence, in her, those systemic changes leading to the formation of carbonic acid, and which are essential to healthy nutrition were suppressed, and languor and depression were constantly present. The ready embarrassment of the breathing on exertion admits also of an explanation, when we remember that whenever the right side of the heart was stimulated to undue activity, a temporary congestion of the lungs was at once established, while the palpitation of the heart is also easily explained as a result of the pulmonic congestion.

We have in this way taken in review two opposite classes of symptoms, arising from the same structural deficiency. The contrasts I have endeavoured to establish have, I believe, never before been made. They may supply you with matter for very useful thoughts on the great subjects of life and the phenomena by which life is represented.

Returning for a moment to cyanosis, I would remark that, although nothing can be done in the way of treatment to effect a cure, yet much may be done to prolong existence and make it bearable. The sufferers from cyanosis should always be well clothed and well fed; too much air they cannot have; with this there must be a rigid avoidance of exposure to alternations of temperature. If we can carry out these rules we shall do all that the Physician now, or at any time, can ever do for this specific disorder.

ORIGINAL COMMUNICATIONS.

ARMY MEDICAL REPORTS.

No. XXXVII.

CASE OF DEATH FROM HÆMORRHAGE AFTER FRACTURE OF A RIB, WITHOUT MARK OF EXTERNAL INJURY.

By J. TURNER, M.R.C.S.

Surgeon Bombay Horse Brigade of Artillery.

It is seldom our lot to witness a case similar to the one I am about to record.

Charles E., gunner, Horse Artillery, aged 30, a German, 5 feet 9 inches, well developed frame, and healthy, admitted soon after midnight, complaining of acute pain extending from a point over last rib (anteriorly) to the shoulder on right side, said to have been caused by the accidental thrust of a walking-cane, less than a pound in weight, while fencing four hours previously, yet neither external bruise nor mark were visible. Soon after admission the patient exhibited symptoms of collapse; heavy drops of perspiration from face and whole body bathed in cold sweat. Face, fingers, and toes livid. Breathing cold; constant emesis. Pulse small, toneless, 130; at times scarcely perceptible. At eleven a.m., after brandy, ammonia, and champagne had been given, he rallied for a short time, but the old symptoms speedily recurred, and the man died at half-past four p.m., just seventeen hours after the injury.

Stethoscopic Signs.—Puerile respiration and rough vesicular murmur, subsequently scarcely audible.

Autopsy, Fourteen Hours after Death.—Body that of a muscular, well-made man. No external mark nor sign of injury. On opening the chest found the right cavity filled with dark blood, about five pints. Several large clots. Lung collapsed, healthy. Left lung congested. Heart empty, normal size and healthy; vessels carefully examined. No rupture discovered. On clearing out the right cavity, and sponging the parietes, a small abrasion was discovered over the eighth rib, which, on pressure from without, was found fractured—its internal surface only,—a small spicula from which had, doubtless, ruptured one or both intercostal vessels; but as I am sending the specimen to the Museum, I preferred leaving further dissection and preparation to the curator, from whom I shall be glad to learn the exact nature of the laceration.

The above case, physiologically viewed, abounds with much that is both interesting and instructive, and opens to discussion a variety of questions; and pathologically, but for the accidental pressure over the rib from without during the process of sponging internally, the real nature of the injury and cause of death would have remained a mystery, and we are therefore first led to the questions,

First. Was the rupture of the vessel simultaneous with the fracture? That the man did not complain either of pain or debility till some period—an hour or more—after the accident, and then only of the former, is, I think, in favour of a negative assumption.

Secondly. Did the rupture take place prior to the deceased leaving the barracks to walk a distance of 200 yards to the Hospital?

The evidence given by his comrades who accompanied him is, that he complained of excruciating pain, and this was the only circumstance to which the particular attention of the Apothecary, who first saw him, was roused and the collapse subsequently following, it is a fair conclusion, as suggested by Dr. Chapple, Royal Artillery, the Medical member at the inquest, to arrive at that the motion during the walking, caused a spicula of bone to pierce the coats of the vessel.

Thirdly. Had a correct diagnosis of the nature of the accident, prior to deceased's leaving barracks, been possible, would the ordinary means resorted to in fractured ribs, have been attended with success? My opinion is in the affirmative. It has been further suggested by my friend Dr. Chapple, that injuries producing fracture of one or more ribs, are usually the result of great violence, so as to cause the injured person to seek immediate aid, and thus escape the chance of further mischief from friction, whereas the deceased thought little of the supposed trifling injury at first, yet, in the instance of my own person, we have an exception, for in indeavouring to save myself when thrown from a carriage, the effect of muscular action was a fracture of a rib, and which, though pain was excessive, I did not discover till eighteen hours subsequently, and then walked to my friend Dr. Tice's (H.M's 8th Queen's) bungalow, nearly half-a-mile, to find my surmise confirmed, after which, I returned the same distance, applied a broad roller, and continued my Professional duties as usual, nor did I change my accustomed generous style of living. The union was perfected after ten days, and no inconvenience resulted.

Neither before nor after death was the slightest external mark to indicate the nature of the injury visible; and so small and masked was the abrasion that but for the accidental circumstance referred to above, the nature of the injury would most likely have escaped notice. As a record in jurisprudence I regard this case as most valuable.

EXTRACT OF LETTER FROM THE CURATOR OF THE GRANT MEDICAL COLLEGE.

Grant Medical College, Bombay,
September 19, 1860.

My dear Sir,—The preparation referred to in your note of

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the 14th inst. having arrived at Bombay, I am enabled to send you the following memoranda :—

There appears to be no mark on the outer surface of the ribs of contusion or other injury. On the internal, or pleural, surface is a small oblique, irregular rent in the pleura, half-an-inch in length, and corresponding in position to the inner surface of one of the ribs, which has here undergone a partial fracture. This is placed about two inches from the anterior extremity of the ribs ; no other abnormal appearance is visible.

In order to find out the exact relations of this imperfect fracture of the ribs and the small laceration of the pleura resulting from it, it was necessary to trace the intercostal vessels and nerve to the part, and this being carefully done, it became evident that the nerve was not injured, nor, apparently the vein, nor, indeed, the intercostal artery itself ; but singularly enough, precisely at the seat of injury the vessel gave off a small branch which ran obliquely upwards, directly into the rent in the bone and could hardly have escaped rupture.

The dissection was not continued further. With these facts in our possession, and supposing that no injuries of the large vessels of the heart or of the lungs (a) were produced by the blow at the same time as the fracture of the rib, it is hardly possible to avoid the conclusion that the source of the very copious hæmorrhage into the pleura in this case was the small branch of the intercostal artery referred to above ; but the little vessel being no larger in diameter than a piece of ordinary copper wire, *e. g.*, it seems hardly possible that its rupture could have given rise to so much bleeding. Still, the situation of the injury is so near to the main trunk of the intercostal artery that probably no clot would form to stop the hæmorrhage ; and hence, although slight in amount, this might continue for some time, and so a large quantity of blood be lost.

I am, &c.

J. Turner, Esq. H. V. Carter.

(a) No rupture (after careful examination) could be discovered, and had such occurred, death would, in my opinion, have taken place earlier.

DETECTION OF LEAD IN THE CALCAREOUS DEPOSITS OF KETTLES AND BOILERS.

By HENRY OSBORN, M.D.

In making an examination of water for the presence of lead, it is seldom requisite to reduce the water by evaporation, but simply to test it by means of the ordinary tests, and should there be no indication of lead, we infer that the water is free from the poison. Whenever water is capable of acting upon lead, we generally find the earthy matter, which is held in solution, so small that no concretion takes place in the kettles or boilers; and the carbonic acid, which the water contains, exists in a free state, or nearly so.

Until a very recent period I was induced to believe that whenever the carbonic acid held carbonate of lime in solution it was incapable of taking up the lead. I was aware, however, of the liability of such water to corrode the metal into holes, even when a sufficiency of sulphates, etc., were present to act as protecting agents.

In carrying my investigations a step farther, I found, by evaporating to dryness one gallon of water (which, on previously testing, did not appear to contain lead) and analysing the residue, a small quantity of lead was present. I then examined the calcareous deposits taken from a number of kettles and boilers, by treating the earthy matter with acetic acid, and found an appreciable quantity of carbonate of lead to exist in a few grains of the crust. The proportion, however, varied in different samples, owing to the length of the one-inch leaden pipes which transmitted the water from the main, and the length of time in which the water is permitted to rest in contact with the lead.

The next point was to determine whether this accumulation of carbonate of lead, combined with carbonate of lime, organic matter, etc., was liable to be re-dissolved by boiling water in the incrusted kettles ; but I failed to prove that the lead was re-dissolved, on applying the tests, without concentration. Hence, we may conclude that there is but little risk of being poisoned by such accumulations, though it is advisable to avoid the insoluble lead as much as possible, because the particles of the crustaceous matter may become detached by ebullition and suspended by the water.

It is evident, then, that water may take up so small a quantity of lead as to escape detection by our most delicate colour-tests prior to evaporation; but, by boiling such water, the carbonic acid escapes, and minute quantities of carbonate of lead are daily thrown down, and may thus accumulate to a considerable extent (a).

The house in which I now reside is supplied with water from two sources,—one from a pump and the other from the town water-works. The former is most delicious water, containing but a very small quantity of solid contents, and leaving no deposit in the kettles. Its free carbonic acid and purity, however, render it capable of forming carbonate of lead ; and, if I were to permit its use for domestic purposes, my constitution would soon succumb to its enervating influence. The latter water supplied from the town is the water which yields the deposit now under consideration ; but as it passes through a small iron tube from the main, instead of lead, I find no insoluble carbonate of lead in the concrete matter in the kettles.

Whilst engaged in making this investigation, my attention was drawn to a singular and simple method of preventing the incrustation from taking place. I was informed that a schoolboy's marble, when placed in a kettle, would prevent the crust from forming, and the interior of the vessels never required cleansing. Being unable to account for the action of a marble, in preventing such a formation, I was referred to a person who had kept a marble in her tea-kettle for five years. On inspection, I found a very little deposit except in the spout of the vessel, which part only was thickly incrusted. On examining the marble, I found that it had increased in size, but the surface of it was perfectly smooth, and so hard that I could scarcely scrape it with a knife ; but when cut it presented fine concentric layers, resembling the most compact calculus. When split asunder, the marble was found in the centre measuring three-quarters of an inch in diameter, and the concrete matter enclosing it, only one-eighth of an inch in thickness, which had been about five years forming. The interesting part of this formation is the resemblance which it bears to a calculus, and shows that an artificial calculus may be formed in a tea-kettle as well as in the bladder of the human body, though not composed of the same constituents.

It would be folly to conclude that the marble prevents the precipitation of organic and inorganic matter from water ; but it appears to prevent, to a considerable extent, the consolidation on the sides of the vessel by overcoming the attraction of cohesion ; while the marble itself forms the centre of attraction, precisely the same as the introduction of a foreign body into the bladder. Had the marble been composed of organic matter it would probably have been displaced like a vegetable substance in the formation of iron pyrites ; which formation takes place in some parts of England, and may be seen at Bognor, on the coast of Sussex. Iron, sulphur, and silica unite in definite proportions, and, by the law of attraction of cohesion, become fixed upon ligneous substance which once adorned the forest and the garden. The formation has taken place to a considerable extent, but, for some years past, it has been collected and removed for manufacturing purposes. When I first watched the formation of pyrites, nearly thirty years since, I was astonished to see a production so beautiful subjected to every surge of the ocean without disturbing the force of attraction.

The phosphatic degeneration of tubercles and of arteries appear to obey the same law of attraction ; and in the first subject which I had to dissect, on entering the Profession, the radial artery was nearly displaced by phosphatic degeneration. The observation then made took me back to the seacoast where I had watched with so much interest a similar displacement taking place ; but I was much at a loss to account for either of them.

The ferruginous, rocky soil, and the running streams of fresh water over the sands on the receding of the tide, may account for the production of the materials ; but to unite

(a) I have in my possession a mass of calcareous deposit containing lead, weighing about two pounds. It was taken from the corner of an iron boiler of a kitchen range, and the deposit took place in a strata-like form of about one-tenth of an inch in thickness, which may be separated from each other in small pieces, having smooth surfaces.

them beneath the waves, or during their retirement, and to place the particles, so definitely arranged, upon so rough a structure,—to form, as it were, a garment of many colours, and ultimately to become a solid inorganic body,—shows the work of an invisible Hand.

The conversion of an organic tubercle, or an artery, into inorganic matters within the human body is even more interesting; because the living structures must lose vitality, like vegetable substances; ere they can be displaced by inorganic matter, obedient to a law opposed to vital force, but in accordance with the attraction of cohesion, which consolidates the primitive rocks of the earth.

Petrifaction is a process allied to the formation of pyrites, but the former process is much more simple, because the vegetable substance is infiltrated by submersion in a solution of silica, and displacement takes place as the particles of silica are attracted together. In the latter process no infiltration appears to take place, and, as already stated, the materials must be first united and brought in contact under every apparent disadvantage. The two processes, however, are allied to one another as relates to the organic matter forming the centre of attraction, and when disintegration is complete the mineral takes the form and size of its parent of the Vegetable Kingdom.

The study of morbid processes in connexion with natural processes, external to the human body, is one of extreme interest, even if we fail to prove similarity. The term Displacement, which I have used, is synonymous with degeneration or the conversion of an organic into an inorganic body; and although the observations which I made so many years ago by the sea side, still impress me with the belief that no organic substance, whether a tubercle, artery, or ligneous substance, can possess the power of attracting to itself inorganic matter until it has acquired a state, inherent in itself, peculiar for attraction. The ligneous substance, having this power, appears first to undergo a change allied to carbon (b); but whether a tubercle or the higher organised tissues degenerate into a similar carbonaceous state (chemically speaking) I am not prepared to assert.

If we inspect an inorganic tubercle situated on a bronchial tube or at the bifurcation of the trachea, where it may have attained some magnitude, we cannot say that the organic matter was removed by absorption, and the phosphate and carbonate of lime is left, because the quantity of earthy matter contained in an organic tubercle is too small to admit of it. The process of absorption, then, is allied to displacement when the inorganic matter is attracted simultaneously and takes the form and size of the original tubercle as near as can be determined. In like manner the living structures appear to have their own inherent power of self-supporting attraction and disintegration, but the displacement is not discernable, since no transposition takes place from the organic to the inorganic kingdom.

Turning again from whence I started—What relation does the morbid displacement process bear to the formation of calculi? We know how readily an artificial calculus may be formed by the introduction of a foreign body into the bladder,—such as a piece of slate-pencil, bougie, etc., which form the centre of attraction, with, or without, displacement, as in the instance of the marble. But in order to account for the natural production of a calculus, we may conjecture that organic matter may be lodged in the pelvis of the kidney or bladder until it acquires that inherent power of attraction and displacement.

Southampton.

DEATH OF AN INFANT FROM SUCKING LUCIFER MATCHES.—An inquest was held at Bristol, on Tuesday, on the body of Arthur Webb, aged 16 months, whose death was occasioned by sucking the phosphorus from off lucifer matches. The child, in the absence of his mother, was found sucking lucifer matches, which had been given him by a little companion. Shortly after this the mother fetched it downstairs, and was in the act of suckling it, when it suddenly began to vomit. Medical aid was procured, but the child never rallied, and died at half-past six on the following morning. The jury returned a verdict of "Accidentally poisoned by sucking lucifer matches."

(b) It presents the appearance of charcoal, and when dry falls into a black powder.

REPORTS OF HOSPITAL PRACTICE
IN
MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

UNIVERSITY COLLEGE HOSPITAL.

DISEASE OF THE KNEE-JOINT—PHTHISIS—AMPUTATION—RAPID RECOVERY FROM THE OPERATION.

(Under the care of Mr. QUAIN.)

[Reported by Mr. VINCENT JACKSON.]

IN our Journal for November 24 will be found a clinical lecture by Dr. Richardson on a case in which amputation of the foot was performed on a patient who, at the time of the operation, had well-marked symptoms of pulmonary phthisis. He had been ill nearly four years with symptoms of tubercular disease of the lungs, and since July, 1857, disease of the ankle-joint following an injury had been a serious complication of his case. As no treatment seemed to control the disease in the ankle, amputation was several times contemplated, but the symptoms of phthisis were so marked that the operation was not performed until February, 1860, when Mr. William Adams removed the foot by Pirogoff's operation, the patient being under chloroform. The result not only was that the patient recovered satisfactorily from the operation, but he improved considerably in health. His chest symptoms were so much improved that Dr. Richardson states that "the removal of the diseased foot has not only averted the course of the phthisical symptoms, but has virtually produced a cure." Dr. Richardson also alluded to the fact that the patient bore the chloroform very well. The following case is another illustration of the remarks made in the lecture alluded to:—Mr. Vincent Jackson writes, in reference to the case he relates,—"Such is the history of an individual who came into the Hospital apparently about to die very soon, and who leaves it again, in five weeks after the removal of a limb, in comparatively fair health." Mr. Quain, in a clinical lecture, stated that the recovery of the patient after amputation through the thigh was the most rapid (eighteen days) in the annals of operations at University College Hospital. Another point of interest was that, as in Mr. W. Adams's case, the patient bore the chloroform well and recovered quickly from its influence.

T. S., aged 21, was admitted, under the care of Mr. Quain, on October 2, 1857. He was a banker's clerk, and had lived in London seven years. He had four sisters and two brothers all in good health. When six years of age he had inflammation of the left knee-joint which was supposed to have been caused by an injury. It was very much swollen and painful, and was treated by leeches and iodine plasters. The joint got apparently well, and he was not again troubled with it until he was ten years old, when, having again hurt it, it became painful and troublesome. About seven yerrs ago (when at the age of 14) the knee became contracted, and an iron splint with a screw was applied. The tendons of the knee-joint, as well as the tendo Achillis, were divided. The limb subsequently became straight, and he could put the heel to the ground. In October, 1856, one year before, he first had marked symptoms of phthisis (hæmoptysis, etc.), and at this time, too, the knee again became troublesome, an abscess formed below and a little to the inner side of the patella. This was opened, and subsequently several other openings were made to let out matter. The joint got worse, and there was a good deal of discharge from the sinuses. On admission the ends of the bones at the joint were enlarged. The natural contour of the joint in front was lost, and the popliteal space was as if filled with indurated tissues. There were several ulcerated openings, one just above the articulation on the outer side, and one on each side of the head of the tibia; one was situated behind over the head of the gastrocnemius muscle. There was also an ulceration over the upper part of the tibia. The limb was much wasted.

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Dr. Walshe examined the chest, and found that the lungs were the seat of extensive tubercular disease.

On October 22, chloroform having been given, Mr. Quain removed the limb by amputation through the middle third of the thigh.

On November 3 he was about on crutches, and on the 9th the wound was quite healed. The patient recovered quickly from the operation.

On examining the joint after removal no synovial membrane was found. The cartilage over the lower end of the femur was gone, and the cancellous structure was exposed, but appeared free from infiltration. The surface of the tibia corresponding to it was ulcerated and soft, the cartilages having been destroyed. The whole of the shaft of the tibia and of the fibula were much softer than natural, and appeared to be infiltrated with oily matter. The inter-articular cartilage was entire, and the crucial ligaments sound. The opening in the popliteal space was the only one which communicated with the interior of the joint.

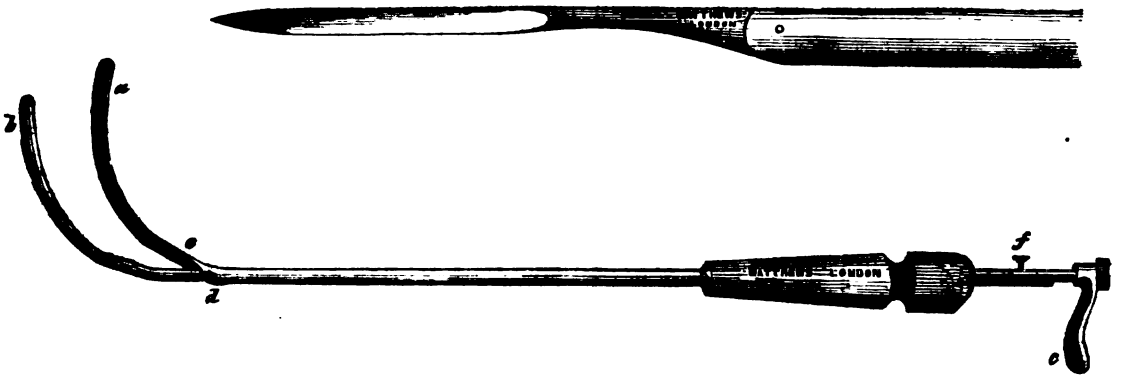
KING'S COLLEGE HOSPITAL.

LITHOTOMY—USE OF A NEW FORM OF STAFF FOR DILATING THE PROSTATIC URETHRA.

(Under the care of Mr. WOOD.)

The patient was a boy, aged 9 years. The stone was small, and the contact with the sound was somewhat obscure. In the performance of the operation, Mr. Wood introduced to the notice of the class an instrument devised by him, which combined the uses of the staff and a dilator of the prostate,—a Dilating-staff. In the subjoined woodcut it is given on a diminished scale. It consists of a staff mounted with a stout handle, and opening at the commencement of the curve into two blades, which pass into the bladder and act on the prostatic urethra as dilators. The anterior blade (*a*) is immovable, and fixed at the end of the steel tube upon which the handle is placed, and which forms the shaft of the instrument. The posterior blade (*b*) is connected by a rod passing through the before-mentioned tube, with a small lever (*c*) projecting to the right side of the handle, and works (on the application of the thumb of the hand holding the staff) by a double motion. One part of the motion is antero-posterior—by a piston-like movement; and the other lateral—on the axis of the connecting-rod, in such a manner as to lay the blade flat upon the base of the bladder, holding it downwards towards the perineum, and preventing it from yielding before the dilating finger. At the end of the tube whence the anterior blade springs, is a slight bulbous enlargement (*d*) capable of being felt in the perineum when introduced and placed in the bulb of the urethra, just anterior to the deep perineal fascia. Beyond this the blades open, and for the length of an inch are straight in themselves, but inclined upon the shaft at an angle of about 30°. This part is intended to lie in the membranous urethra. The blades are then curved sharply for about three inches, so as to hook well over the pubes. On the inner surface of the straight part of the anterior blade, where opposed to its fellow, is a deep groove (*e*) an inch long, which is fully exposed by the opening of the blades. Upon this groove the membranous urethra is opened to admit the finger of the operator while it is stretched tightly by the divergence of the blades. The internal or opposed surfaces of the blades open upon each other diagonally or obliquely, and are smooth, even, and flat. Between them, when opened, the dilating finger of the operator slides through the prostate into the bladder. The pin (*f*) prevents the locking of the blades by turning, when open, in the wrong direction.

The Operation.—The patient being placed in the usual position,



but without being tied, and the staff introduced, the operator first placed the bulb of the staff accurately in the bulb of the urethra, as far down as it would pass easily. The shaft of the instrument was then exactly at right angles to the axis of the body. The assistant then opened the blades by pressing the lever from him with his thumb. The operator next placed the left forefinger upon the projection of the staff at the bulb, and the thumb upon the right tuber ischii,—stretching the perineum, and sliding upwards, as far as possible, the superficial part of the bulb of the urethra. Then, with a long, narrow lithotomy-knife (drawn in the woodcut of the real size), with an inch and a-quarter of cutting edge, a lunated incision was made in the perineum, commencing about two lines to the right of the median raphè, just posterior to the bulb, at about one-third of the distance between it and the anus, and carried round the latter, terminating opposite its anterior margin, midway towards the tuber ischii, thus describing the quadrant of a circle, having the anus for its centre. This incision passes through the superficial fascia and central tendon at the anterior margin of the sphincter ani, without dividing the muscle, and avoiding the chief perineal vessels and nerves. The membranous urethra being thus exposed, it was then felt by the left forefinger and opened upon the cleft and groove in the staff a little to the left of the median line. The tense and widened condition of the urethra rendered this proceeding very easy and certain. The finger then entered the cleft between the blades of the staff. A slight touch with the knife upon the urethral edge of the posterior layer of the deep fascia then enabled the finger to pass fairly between the blades, into the prostatic urethra, which was slowly dilated by rotation of the finger upon its axis. The prostate gave way easily, the stone being immediately reached and removed with a small scoop. A very small quantity of blood escaped from the wound.

The remarks after the operation were illustrated by a drawing of the natural size, made from a careful dissection of the perineum, and by a diagram showing the relative positions of the pelvic viscera as seen by an antero-posterior vertical section of the trunk. These had been carefully obtained by measurement of the distances and angles in forty dissected subjects, young and old, during the last ten years. Mr. Wood called particular attention to the arrangement of the posterior layer of the deep perineal fascia, its connexion with the recto-vesical, obturator, and anal fasciæ and capsule of the prostate posteriorly, where it separates the urethra and its muscles from the levator ani; and with the anterior

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layer or triangular ligament and deep layer of superficial fascia below, where it is blended with the central tendon near the anterior margin of the anus. He attaches great surgical importance to this strong fascia, and classified all the perineal operations for stone into—First, Those in which the incisions are made entirely anterior to it, aiming at the membranous urethra; and, Second, Those in which the knife is carried behind it into the ischio-rectal fossa, dividing more or less of the levator ani muscle and capsule of the prostate with its large venous plexus. The objections which he entertained towards the latter class of operations are based upon the high rate of mortality resulting from their performance:—1st. From pyæmia, the risk of which he considers to be greatly increased by opening the prostatic venous plexus, connected as it is intimately with the large vesical and hæmorrhoidal plexuses; 2nd. From diffuse pelvic cellulitis and consequent peritonitis, which he believed to be mainly owing to section of the pelvic fascia above the levator ani, especially when the muscle is not at the same time divided freely so as to allow the urine a free escape. If the levator ani, or its sheath, be cut at all, it ought to be divided freely. The ureter was in some cases cut off by a free incision, over which accident the Surgeon often had little control, with the point of the knife in the bladder so deep from the surface. The accident was rendered the more likely to happen by the spasmodic contraction of the muscles of the trigone approximating the ureters to the urethral orifice, directly in the oblique line of incision into the neck of the bladder, on the contact of the knife with the highly sensitive surface of the trigone. It had happened that, when the bladder was empty at the time of the operation, the point of the knife had passed through its superior wall. 3rd. From hæmorrhage. This is more frequent after a free use of the knife in the prostate. In old persons it is often extensive from an enlarged and varicose venous plexus. Sometimes it proceeded from an irregular deep-seated pudic artery, and occasionally from the inferior hæmorrhoidal vessels, or from the artery of the bulb.

Of the operations performed in the anterior perineal region, that which had commended itself the most was the median operation as proposed by Allarton. To this method there were some objections, which Mr. Wood considers important. In a boy aged nine years, (the age of the patient operated on,) he had found the distance of the bulb from the anal bend of the rectum in the median line to be half-an-inch. The mean distance in adults was only an inch and a-quarter, from the greater prolongation of the bulb backwards in the median line. The bulb being closely adherent to the triangular ligament by its deep surface, it was impossible to push the whole of it upwards, as some suppose. Consequently, in the median operation, the bulb is invariably more or less cut, to get room and to avoid the rectum. It was thought by many that section of the bulb was of no great consequence: with this opinion he could not agree. Free section of the erectile tissue and venous cells of the bulb for stricture of the urethra had frequently been followed by pyæmia. If avoiding the bulb increased the chances of the patient but 1 in 100, he felt strongly that it ought to be done. Without wishing to over-estimate the dangers of bleeding from this source, he might mention that a very experienced lithotomist had told him that he had had alarming hæmorrhage from the bulb in several of his cases. Mr. Wood also thought that stricture might very likely follow an extensive cicatrix in the contractile tissue of the bulb in children.

Another serious objection, was the want of room to work the forceps round the bladder, especially if the stone were large and the perineum deep. In one case difficulties of this nature had been followed by the death of the patient. The means adopted in Allarton's method were not powerful enough to overcome an indurated or tough prostate. Hence the invention of dilators and modified gorgets. In the loose tissues of the child, the slipping of the finger from between the staff and the probe would carry it directly between the bladder and rectum, and forcible attempts at entrance into the former, would even endanger the entire separation of the membranous urethra from the prostate. The like objection applied to the limited use of the knife in section of the prostate, and attempts to enlarge the opening by dilatation with the finger only upon the staff. If the median incision were necessarily or accidentally continued into the prostate, the ejaculatory ducts were sure to be cut off.

From these dangers Mr. Wood submitted that the operation he had just performed was free. The external incision gave ample room, and was capable of extension in the usual site of the lateral operation if necessary for a very large stone. It avoided the bulb, its artery, the rectum, and larger perineal vessels, and corresponded closely to the plane and lower border of the deep perineal fascia, which he felt it to be so important to avoid cutting. By opening the membranous urethra on one side, he got a greater length between the bulb and prostate in which to insert the point of the dilating finger, and avoided the danger of cutting off the ejaculatory ducts. The advantages of the dilating staff he considered were as follows:—

First. Its extending action upon the membranous urethra renders it easier to make a clean cut into the tube, and to place the point of the finger fairly in the urethral canal. Second. It guides the finger in the prostatic channel with the almost absolute certainty of a double conductor, one on each side. Third. It aids powerfully in the dilatation, acting from above in concert with the action of the finger from below, to which it permits, at the same time, more complete tactile perception of the resisting tissues than in the use of gorgets or dilators. Fourth. It renders the passage of the finger between the pubis and bladder almost impossible, by the pressure of the anterior blade, and diminishes to a minimum the danger of getting between the bladder and rectum. Fifth. It holds the base of the bladder firmly downwards to the rectum and perineum against the dilating force from that direction, which it thus renders more effective, and entirely removes the danger of tearing off the urethra from the bladder. Sixth. It removes the necessity of an extra instrument for getting through the prostate; and lastly, there is that positive certainty of avoiding section and exposure to the urine of the layers of the pelvic fascia, which cannot be obtained by the use of the knife or gorget in the prostate.

These reasons Mr. Wood considered strong enough to justify the introduction of another method of operating in the face of the many methods in vogue.

He concluded his remarks by pointing out the different axes of the urethra and bladder, and their relation to the central tendon, the rectum, and the two planes, anterior and posterior, in which he showed the surface of the perineum to lie.

Up to the present date the patient has not had a single bad symptom. The wound is contracted to about an inch, and covered by healthy granulations. There are appearances indicating the occasional passage of the urine by the meatus externus.

WARTY ULCER ON THE TONGUE—EXCISION—RECOVERY.

(Under the care of Mr. FERGUSSON.)

[Reported by Mr. CHARLES MATTHEWS, House-Surgeon.]

W. C., aged 52, a printer, residing in the country, was admitted under Mr. Fergusson's care, November 26, with a large growth on the tongue, which had existed for eighteen months. Seven months ago he consulted a Surgeon in the country, who applied nitric acid and potassa fusa, but without any benefit. On admission there was a large oblong excrescence, hard to the touch, extending from the tip of the tongue as far back as the position of the second molar tooth. It had increased much in size during the previous seven months, and had caused him a great deal of pain, and interfered with mastication and deglutition. The growth reached nearly as far as the middle line of the tongue, and had been caused, he thought, by the irritation of the stump of a tooth. He had been obliged to live lately entirely on fluid diet.

Mr. Fergusson removed the growth on the same day (November 26,) in the following manner:—The tumour was grasped by a pair of hooked forceps, and the tongue drawn forwards. An ordinary scalpel was then carried round the growth, which was thus quickly removed. Very little hæmorrhage occurred, only one small vessel requiring ligature.

Mr. Fergusson remarked after the operation that he did not consider the case one of epithelial cancer, but simply a species of warty excrescence, which, however, if left alone generally led to a fatal result by exhausting the patient. Some little bleeding occurred on the evening of the operation, which, however, was controlled without difficulty. The patient has progressed very favourably since the operation, his strength having been sustained by enemata of brandy

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and beef-tea. The wound is, however, now (December 1) looking quite healthy, and the patient is able to take a fair amount of nourishment by the mouth.

December 12.—Mr. Matthews informs us that the man went on without a bad symptom, and was discharged on December 8, the wound in the tongue having very nearly healed.

HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

EPILEPSY DEPENDING ON DISORDER OF MENSTRUATION.

(Under the care of Dr. BROWN-SEQUARD.)

We select the following case of epilepsy as of special interest, as illustrating the connexion between the frequency of the fits and the state of the uterine functions. The fits first commenced not only during amenorrhœa, but at the time when the flow should have taken place; or, as the patient fancied, "they took the place of her being unwell." Another point of interest is the occurrence of bleeding from the nose at a menstrual period, the natural flow being suspended. As might be imagined, a case of epilepsy of this kind was complicated with hysteria, or, at least, with symptoms which are generally associated with hysteria, as globus, crying, etc.

For the notes of the case we are indebted to Mr. Smith, the House-Surgeon.

Martha B., aged 21, unmarried, was admitted in July, 1860, for epilepsy. Menstruation commenced at the age of 15, and has continued irregularly ever since. Shortly after the commencement of menstruation, about six years ago, she had her first fit. It occurred at the proper period of menstruation, but no flow took place, this being the second period that had been passed. She had also, it appears, an attack of pain in her joints, which had been very much swollen a little before the fits. The fits subsequently occurred at this time for six or seven periods. She says that she used to have a fit instead of being unwell. She had also a sort of delirious attack with what she calls "like fits," etc., but attended by complete insensibility. She has no immediate warning of the fits, but for a short time before she has well-marked hysterical symptoms, globus, fits of crying, and twitchings of the face. Three years ago, when under care in a metropolitan Hospital, she had several fits every day. From that time the fits have got worse, being still clearly associated with derangement of the uterine functions. On her admission, under the care of Dr. Brown-Séquard, she had as many as ten or eleven fits every day. She had not been unwell for ten weeks, and was very much depressed in spirits and much reduced in health. Strychnia, in doses of one-thirtieth of a grain twice a-day, was prescribed, with steel wine. Wine and porter also were given. About one month after admission menstruation was again established. The fits gradually declined in number, the intervals becoming as much as two or three days, and for the last month (August) of her stay in the Hospital she had only one. On August 13, the strychnia was omitted, and bismuth was given, and a pill, containing half-a-grain of extract of opium, two of extract of hyoscyamus, and ten of extract of lettuce, was given every night. From the time of the re-establishment of menstruation this function has been performed properly, until one week ago, and she has had only one fit. She, however, felt much better in health, and did not suffer much after the fit. At the last menstrual period she had no natural discharge, but lost blood from the nose and mouth (vicarious?). She had no fit, but severe headache. She is wonderfully improved in every respect, not only in the fits being very much diminished in number, but her health is much better, and her aspect of cheerfulness is a marked contrast to her former appearance. She is now taking quinine only.

EPILEPSY—AURA STARTING FROM THE LEFT ARM—PREVENTION OF THE FITS BY THE LIGATURE.

(Under the care of Dr. BROWN-SEQUARD.)

The following case is one of those in which the application of the ligature to the arm was followed by complete arrest of epileptic fits. In many cases the ligature does not prevent the fit, but, as in another case now in the Hospital, it appears somewhat to diminish their severity. It is certainly a fact of great importance that a measure so simple, will, in some cases, however few, break the chain of morbid phenomena, the ordinary result of which is so serious as a fit of epilepsy,—for not only does the patient suffer from the individual fits which might thus be prevented, but each fit, by the disturbance of the nervous system, increases the liability to future attacks. There are other parts of the body from which an aura arises. In one case we have related, they started from a small tumour on the forehead, and in another, below the left breast. Both these patients were much benefited by the application of the actual cautery. We also alluded to another case in which the aura started from the foot. In this case too very great benefit resulted from the actual cautery locally applied, and also from the ligature.

The following very brief account of some few points connected with Dr. Brown-Séquard's experimental research on epilepsy may perhaps be interesting to some of our readers in relation to this case. He found that certain injuries to the spinal cord in animals (of which section of one lateral half was the most certain) were followed by epileptiform convulsions. The convulsions would come on either spontaneously or after certain "excitations." One mode of producing them by excitation is to prevent the animal from breathing for a short time. Another (and this is the excitation to which we wish to draw attention) is by pinching the skin in certain parts of the face and neck, supplied by part of the trigeminal and second and third cervical nerves, no other part of the body having this faculty. The part of the face and neck which has this power is very limited. The parts supplied by the various branches of the ophthalmic division of the fifth have not this property. It appears to be limited to some of the filaments of the auriculo-temporal and suborbital, and to a few of the second and perhaps of the third cervical. Dr. Brown-Séquard proves clearly that the fits are not consequent on the pain. When one lateral half of the cord is divided, irritation of the same side of the face only produces the fit,—the same amount of irritation on the other side producing no such effect; and again, the most violent irritation of the hind limb on the same side as the section, and which limb is in a state of hyperæsthesia, does not produce convulsions. Often even a touch or even blowing on the part of the face mentioned is followed by a fit. It is of great consequence also to note that it is in the *cutaneous* ramifications of the nerve, and not in the trunk of the nerve, that the faculty of producing convulsions resides. "If," writes Dr. Brown-Séquard, "we dissect a large piece of the skin of the face, so as to let it be in connexion with the nervous centres only by the suborbitary nerve, we find that the irritation of the piece of skin is still able to produce convulsions, while the irritation of the very nerve connecting it with the brain does not produce any." These experiments show "that even where the primitive cause of the epilepsy is in the nervous centres, some *cutaneous* ramifications, not directly connected with the injured parts of them, have a power of producing convulsions, which other nerves, even directly connected with them, have not." "There is a great analogy between the aura epileptica in man, and the pain originating in the skin of the face of any animal."

Dr. Brown-Séquard gives many cases in which the power of the ligature in preventing the passage of an aura during its use entirely kept back fits of epilepsy. He shows also that cauterisation of the part from which it proceeds, or the section of a nerve, or where the aura appears to proceed from the ramifications of nerve in muscles, that the elongation of these muscles often prevents the fit. Dr. Brown-Séquard believes that the existence of a particular spot, capable of producing fits when irritated, is not rare in epileptic patients. He gives several cases in which such local irritations were followed by fits. He writes also:—"Probably in many cases, without the feeling of an aura epileptica, and even without the feeling of pain arising from any part of the skin, the fits are caused by a peculiar and unfelt kind of irritation, originating from some part of the skin or from the sensitive nerve of a muscle."

He points out the mode of detecting the seat of such an aura in the arm by the application of localised and powerful galvanic currents, or by the application of ice, or of a wet sponge, etc. We refer our readers to his work, ("Researches on Epilepsy," Boston: 1857,") from which we have condensed the preceding particulars.

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The following account of the case under comment is obtained from notes by Mr. Smith, the House-Surgeon:—

Caroline S., aged 12, a girl of healthy family, and healthy looking, and in whom no hereditary tendency could be traced, was admitted as an in-patient for epilepsy. When three years old she had two "fits," but they did not occur again until the age of ten. For two years after the first fits she lost flesh, but she afterwards improved again. The present series of epileptic seizures commenced two years ago. For two or three weeks before the fits came on, the left hand was spasmodically twitched. It occurred frequently, perhaps three times a-week. Her health was impaired; she complained of chilliness, and became cross and peevish. In two or three weeks after these symptoms, she was found in a fit. She was much convulsed; but her mother does not remember on which side she was the most affected. Some weeks elapsed before the next fit, they then occurred once or twice, sometimes three or four times in a week. She was under treatment by several Medical men. The fits always commenced by an aura starting from the finger of the left hand. While in the Hospital she had many warnings of approaching fits, but they were always staved off by the application of the ligature. She was in the Hospital for about one month. During this time she took the extract of belladonna and extract of hyoscyamus twice a-day. Three days after she left the Hospital she had a fit, as her mother did not know how to apply the ligature. Dr. Brown-Séquard directed a blister to be applied round the arm, in the hope of, by this means, preventing the aura from passing upwards.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF HYDROCEPHALUS—PUNCTURE—DEATH.

(Under the care of Mr. PAGET.)

[Reported by Mr. ROGERS, House-Surgeon.]

Mary A. G., aged 15 months, was admitted on August 31, for hydrocephalus. She was a badly-nourished child, emaciated and feeble. She was said not to have been born with a large head, but that it commenced to increase two months after birth. It was also ascertained that her parents were first cousins, that her mother was paraplegic, and her father phthisical. Four months before her admission, her head was found to measure twenty-seven inches round, but on admission the measurement was only twenty-six. The orbital plate of the frontal bone was much pushed forwards, and hence more nearly in the perpendicular. The eyeballs were displaced inwards and forwards. The bones of the skull were at the anterior fontanelle widely apart, the fissure extending for some distance betwixt the frontal and parietal bones. She was quiet in the day, seemed pretty comfortable, but cried most of the night. The thumbs were constantly drawn in on the palms of the hands. She still showed some signs of intelligence, and knew the nurse and sisters. Her appetite was voracious. On September 1st Mr. Paget introduced a capillary trocar by the side of the anterior fontanelle, and allowed six ounces of fluid to escape. Except the trifling pain of the introduction of the instrument, no particular uneasiness was produced by the presence of the trocar. On the 8th, sixteen ounces of fluid were pumped out by means of a small stomach-pump with a gutta-percha tube attached. After each of these operations the child was sick for about two hours, but next day it took food, and seemed as well as usual. On the 15th, Mr. Paget drew off eight ounces of fluid, and injected one ounce of an aqueous solution of iodine and iodide of potassium (ten grains of iodine, one scruple of iodide of potassium, and an ounce of water). The operation was borne well, and no unusual effects were produced. No iodism. On the 18th (three days after the injection of the solution), the head measured twenty-seven inches. After each of the first two operations the head collapsed slightly, the space in the anterior fontanelle becoming depressed, and the skin being looser than before. Next day, however, it had regained its previous size and appearance, the fontanelle being as tense as ever. After the third injection, however, the head did not regain its previous dimensions for ten days. On September 20th a fourth operation was performed. Eighteen ounces of fluid were drawn off, and three ounces of the solution injected. The fluid drawn off was rather more coloured than usual, being somewhat like that of hydrocele. No iodine or iodide of potassium was detected in it. We may mention that Professor Langenbeck, of Berlin, was present at this operation. He suggested that the trocar should be introduced through the orbital plate of the frontal bone, in order to avoid puncturing the corpus callosum. Mr. Paget, however, preferred to puncture by the side of the anterior fontanelle, as he did in the three previous operations. The operation was performed at about half-past two o'clock in the afternoon. At five o'clock the child became convulsed, and continued so until six or seven o'clock, when the spasm became more permanent, and the child seemed quite rigid. The next morning the eyes were quite bloodshot, and the eyeballs more prominent and drawn in. During the whole of the night the child's limbs remained quite rigid. She did not cry, but she had no sleep. She was very sick. The thumbs, as previously, were spasmodically contracted on the palm, and both the great toes were also spasmodically flexed. The next day (22nd) the jaws were quite stiff, the eyeballs sunken. There was less stiffness about the extremities. With the exception of a little milk, she had taken no food since the operation. She died at two o'clock, being just three days after the operation.

Autopsy.—September 24.—An incision was made into the more depending portion of the head, and about four pints of turbid serum were let out. The brain, which was not very adherent to the parts around, was very soft, and at the back was softened to a pulp. The cerebellum was moderately firm, and was pushed towards the right side. The lining membrane of the general ventricular cavity (the septum lucidum being broken down) was found exceedingly vascular, quite scarlet, the vessels presenting almost a varicose appearance. At the anterior part of the ventricular cavity were deposits of flabby puriform lymph, the fluid being very turbid. The fourth ventricle was carefully examined, and was found to be quite blocked up. The lungs were studded with tubercle, as was also the costal layer of the pleura. The bronchial glands were tuberculous. The liver and spleen were also the seat of tuberculous deposits. The fluid drawn off was examined for iodine and iodide of potassium; the latter only was detected.

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Medical Times and Gazette.

SATURDAY, DECEMBER 22.

LICENTIATES AND MEMBERS OF THE ROYAL COLLEGE OF PHYSICIANS.

A NUMBER of Medical gentlemen having a certain official connexion with the Royal College of Physicians, which they believed had been correctly defined as that of "Membership," were in the course of last week not a little surprised by receiving a private letter, signed by Dr. Pitman, the Registrar, of which the following is an accurate copy:—

"Royal College of Physicians of London,
"December 11, 1860.

"Sir,—I have the honour to inform you that, by recent Bye-Laws of the College, it is enacted that:—

"I. Licentiates of the College who shall have been admitted

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Licentiates before the 1st day of October, 1859; and Extra-Licentiates of the College who shall be admitted Licentiates of the College under the Bye-Laws enacted February 16th, 1859; and Graduates in Medicine who shall be admitted Licentiates of the College before the 1st day of March, 1860, under the Bye-Laws enacted February 16th, 1859, shall, from and after the 1st day of October, 1859, be styled Members of the College, provided always that they have, since their admission as Licentiates, obeyed the Bye-Laws, and do engage henceforth to obey the Bye-Laws of the College.

"II. The Members of the College shall be alone eligible to the Fellowship. They shall have the use of the Library and Museum, subject to the Regulations relating thereto, and shall be admitted to all Lectures, and shall enjoy such further privileges as may from time to time be defined by the Bye-Laws; but they shall not be entitled to any share in the government, nor to attend or vote at General Meetings, of the Corporation.

"I am instructed to request that you will signify your acceptance or refusal of such Membership, in order that your name may be printed as 'Member' or 'Licentiate,' as the case may be, in the College List now about to be transmitted to the Registrar of the Medical Council, in accordance with the provisions of the Medical Act.

"Should you accept the Membership of the College, you are required to sign the enclosed Form, and return it to the Registrar of the College; if you omit to reply, I shall assume you refuse to accept such Membership; but, to prevent mistake, it is particularly requested that you will signify your determination, in writing, to the Registrar of the College with the least possible delay.

"From an insufficient consideration of the effect of the Bye-Laws above set out, and from forgetfulness that your formal acceptance of Membership was requisite, your qualification was returned last year as being Member of the College. If you refuse the tendered Membership, that Form of Return must now be corrected.

"I have the honour to be, Sir,
"Yours obediently,
"HENRY PITMAN, Registrar.

"To ———
"Licentiate of the Royal College of Physicians of London."

This letter was accompanied by a Form of Declaration, to be filled up by the person to whom it was addressed. Struck by the novelty of seeing themselves styled "Licentiates," some of these gentlemen had the curiosity to refer to the documents containing the terms upon which they had been admitted to the honours of the College, and they among other papers found the following (printed or lithographed) letter:—

"Royal College of Physicians, London,
"Pall-mall East, S.W.
(Here follow the day of the month and the year.)

"SIR,—I have the honour to inform you that you were elected a MEMBER of the College at the Comitia Majora held on the (here a day is named) inst.

"A Meeting will be held for the admission of MEMBERS, of which due notice will be given.

"I remain, Sir,
"Yours obediently,
"HENRY PITMAN, Registrar.

"Dr. (Here the name of the person to whom the letter is addressed, is filled in)."

While the body of the letter is a printed formula, the dates, the words "Member" and "Members," and the name of the Registrar are in writing.

We have now accurately stated the case, which amounts to this:—That persons were admitted by the College formally as Members, and are now suddenly, and without explanation, styled Licentiates, and as such required, under the penalty of disqualification for the Fellowship, to sign a declaration, and thus to commit an act which implies that they are *Licentiates* while they were received as *Members*—an act which, to say the least of it, is fraught with danger to their legal relations with the College.

The real Licentiates can have no hesitation in accepting the tendered Membership, but before doing so they have been advised to "closely examine, in conjunction with their legal advisers, their relations to the College, and ascertain whether or not the College has a right to make a retrospective bye-law, (such as the second one given at length in the letter,) and to deprive them of the qualification for the Fellowship, to which as Licentiates they were hitherto undoubtedly entitled. They should also require the Council of the College to withdraw the unsatisfactory letter, and to substitute for it a polite explanation of the position of affairs, and a request for the assistance of all Licentiates."

All persons received as *Members* by the College, and now for the first time termed *Licentiates*, should (so say the Lawyers), "without hesitation, return to the Registrar the Letter and Form of Declaration, as both containing an inaccurate description of their qualification in connexion with the College; and should the Registrar attempt to make any alteration of the entry of their qualification as 'Member of the Royal College of Physicians of London,' on the Medical Register, they should immediately institute proceedings to compel the Medical Registrar to retain the term 'Member' on the Register, under which they were received by the College." It has been further recommended, that "those persons who were received as *Members*, and are now addressed *Licentiates*, who may have incautiously signed and returned the Form of Declaration, should well consider the legal effect of their step; and if they think proper, retract the declaration, which no doubt they made under a misapprehension, and for the sake of maintaining friendly relations with the College."

We are sorry to hear that legal measures have been thought necessary in this matter, which we believe to be merely an instance of want of tact or business habits on the part of the Executive of the College, and we trust that all gentlemen concerned will gladly assist the College in any steps which it may be willing to take.

The precise legal difficulty under which the College labours with regard to the transition of Licentiates to the Membership has been explained to us. It may be impolitic to divulge this difficulty at a moment when the Apothecaries' Company is endeavouring to retard the just and necessary progress of the College; but no such difficulty could justify the letter we have printed, which will give adversaries new heart, by showing divisions in the Physicians' camp, and raising disputed questions between the various orders of the College.

A QUESTION OF MALPRAXIS.

WE have received several letters, and a long account of a trial in the Gainsborough County Court, in which some important medico-legal questions are raised. As we have not yet heard any explanation of the case from Mr. Skey, we shall this week simply give such an account of the case as we gather from the newspaper reports. There is a question in dispute as to whether the father of a servant, or the employer, is liable for the payment of Dr. Duigan, who attended a servant for a fractured thigh. With this we have nothing to do; but as payment was resisted by the father on the ground that Dr. Duigan had treated the case badly, we must give some account of the case from the evidence:—

Dr. Duigan said that, on the 20th of June last, he was called to a boy who had fallen from a tree. "On examination I found that he had sustained a compound fracture of the thigh, the bone protruding, and there was a wound in the skin leading down to the bone. This wound was large enough to admit of the entrance of my two fingers. I reduced the fracture, and the limb was put up in the straight position; but, owing to excessive discharge from extensive suppuration all down the thigh, and to enable me the more conveniently to dress the wound, I found it necessary, on July 9, to put him upon the double inclined plane, on which he lay till August 22. At that time union had taken place, and I was

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enabled to apply the usual apparatus with the view of his being got upon crutches—viz., mill-board splint, moulded to the leg, an opening being left for the escape of the discharge, which now only existed to the extent of a teaspoonful in the twenty-four hours. It is a common thing to put patients up at once in this apparatus, but where union has taken place it is quite safe to do so. I saw him the next day, and observed that there was no uneven pressure about the apparatus, and the case going on as well as any case could do, I left orders for him to be got out of bed. I did not call again till August 31, and then I found that he had never been got out of bed. As a matter of course, I was very cross. I saw no more of the case myself after this; but, on September 4, I sent Mr. Spouncer to see the case, telling him to take the pliers with him to tighten up the bandages if necessary. On the 7th and 8th he called upon me to say that the father had taken away the splint and bandages from a portion of the limb, and that the knee of the patient was swollen in consequence of the unevenness of the pressure of the remaining portion of the apparatus, caused by the removal named. On the 10th Captain Lawson called upon me to say that he thought the lad had better be taken home, and further informing me that a common quack of the town, named Adams, had been called in to see to the case. On hearing this, I told him I should have nothing further to do with the case. In order to avoid all mischief, however, from the journey home, Mr. Spouncer, at my request, saw him safely through the removal. This was on September 11, and here my connexion with the case ceased."

Mr. Spouncer, Surgeon at the Gainsborough Dispensary, in every respect corroborated Dr. Duigan's evidence. It was his opinion that the case had been very much delayed by the cutting away of the splint and bandages by the boy's father, and several days elapsed before the swelling of the knee caused by the removal could be sufficiently reduced to admit of the re-application of the common starch bandages, etc. Thos. Purday, butler to Captain Lawson, proved seeing the father take away the bandages on September 4, and the quack Adams, who was a shoemaker by trade, coming on the 9th. Dr. Mackinder, of Gainsborough, deposed to the correctness of the treatment adopted by Dr. Duigan in every particular. Mr. Fairchild and Mr. Cook, Surgeons, of Gainsborough, gave similar strong evidence.

The substantial defence was that the case had been ill-treated by Dr. Duigan, and this defence was supported by the evidence of Mr. Skey, who, it appears, had been sent for by a Mr. Le Warner, of Gainsborough, "who had consented to pay the eminent Surgeon the reduced fee of eighty guineas." The following is a short report of the Medical evidence given for the defence:—

Mr. Drust, a Medical student in Middlesex Hospital, saw the boy sometime between September 20 and 25. He found the leg considerably shorter than the other, and it appeared to him that it had not been properly attended to. He went up to London on October 1, and came down with Mr. Skey on the 16th. After the limb had been re-set it went on well. It was left in his charge by Mr. Skey, to whom he had to report.—In cross-examination, witness admitted that he had only been in any way connected with the Medical Profession about four months, and had had no experience in Anatomy and Surgery as yet. Previously he was a printer, then an assistant at the Grammar School, Gainsborough.—Mr. Skelton, a student in St. Bartholomew's Hospital, saw the boy the last week in September, when the limb appeared to be shortened to the extent of about two inches, as near as he could tell. He found a wound, the upper portion of the thigh protruding, and an abscess in the lower part of the leg. He saw it was a case of life and death, and accordingly got Mr. Skey to come down. In his (witness's) opinion there had been malpractice, for the leg would not have been in the state in which he found it if it had been properly attended to.—On being cross-examined, witness admitted that, previous to going into the Hospital, he had gone about the country lecturing on lock-jaw being a curable disease, etc.; he was also the compounder of various kinds of vegetable pills and medicines.—Mr. Skey, one of the Surgeons at St. Bartholomew's Hospital, etc., said: "I came down to see the boy on October 16. I examined the condition of the thigh, and found the limb shortened to the extent of from three to four inches, the lower portion of bone lying at an angle with the upper portion of 40°. There was a large collection of matter on the outside corresponding with the situation of the original fracture, and there was an open wound in front, leading down, apparently, towards the bone. Taking the limb into my hands, I found portions of bone firmly united to each other. I then stated to the gentlemen who were with me (Messrs. Skelton and Drust), but with whom I was not in consultation, that, as it was necessary to make a vigorous effort to restore the bone to its original position, I must even break it again. I accordingly had the boy taken up-stairs, and put into a comfortable bed. He was then put under the influence of chloroform, and, taking the limb in my hands, I made an effort—a very great effort—and the bone separated. I then turned it round in all directions, in order that the uniting material might be entirely separated. That was the first part of the proceeding; the next was a more difficult one still. I was provided with pulleys—powerful pulleys—and applied them to the boy's leg, and, fastening the opposite end in a staple in the wall, he was kept under chloroform for three-quarters of an hour, and I made such extension by means of these pulleys as I dared, considering that the soft structures about the fracture were in a very unhealthy state. I got the bone down at the end of three-quarters of an hour to 1¼ in. or 1½ in. short of the original length. The long splint was then applied to the outside of the thigh; the boy appeared comfortable, free from pain, and I left him, understanding that one of the gentlemen who was with me, who is a student in the Middlesex Hospital, would look at the case, and report to me as to its progress. He did not report to me, however, but to Mr. Skelton, through whom I learnt how it was progressing." In answer to questions from both the learned gentlemen who were engaged in the case, Mr. Skey said that from the force required to break the limb he was of opinion that it must have been united many weeks—in fact more than five weeks. There could be no doubt every facility should be given for the escape of the matter from the wound. They would not like to bind up a wound for three weeks at St. Bartholomew's so as to prevent an escape of matter; the leaving of an opening in such cases was one of the first principles of the profession. He would rather not give a direct answer to the question whether or not the union was an improper one in the first instance: he simply stated facts. He did not think the taking away of the bandages by the father in the first instance, nor his subsequent attempts to make the lad walk round the room with no support to the limb, did any harm, for union had then taken place; nor did he attribute the swelling of the knee to this removal.

The Judge, in summing up, said that he could not think Mr. Skey's evidence sufficient of itself to put on one side the united opinion of the Medical men of Gainsborough, and therefore his verdict would be for the plaintiff, for the full amount charged. His Honour further remarked, that he had never given a verdict with more satisfaction to his own feelings. Dr. Duigan publicly announced to his Honour that arrangements had been made for placing the whole facts of the case before the Medical world, in order that upon the points which had been raised that day the opinion of those eminent in the Profession might be obtained.

And here the case must rest for the present.

THE WEEK.

The following passage from the Fourteenth Report of St. Mark's Hospital, Dublin, just published, gives, in a few words, both sides of the argument for and against Self-Supporting Hospitals or Dispensaries:—

"The system of partial payments adopted at this Institution eighteen years ago—so as to render the Dispensary department partly self-supporting, and thus relieve the charity and encourage a spirit of honourable independence among the people, as well as to conduce to habits of order and regularity—still continues to work well. While the pauper is never denied the benefits of the Dispensary, those who are able to afford a trifle cheerfully pay the 6d. a-month required by our rules. The objection to this system consists in persons

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in good circumstances availing themselves of it, and thus defrauding the charity, by occupying the time and consuming the medicine intended for the pauper, the labourer, or the artisan, as well as doing injury to the General Practitioner or the vendor of medicines."

We are not told how "the objection to this system" (which applies quite as strongly to Free as to Self-Supporting Institutions) is met at St. Mark's; nor have we ever seen any plan proposed by which it could be met effectually. We are not the less convinced, however, that it is to be met, and that he who points out a plan by which the good results of the self-supporting system may be secured, while the objections may be avoided, will deserve well of his Professional brethren and of his country. But a very broad line of demarcation must be drawn between CHEAP PHYSIC on the one hand, and SELF SUPPORT on the other, which may be regarded as the watch-words of two apparently similar but really diverse parties.

The following Memorial, addressed to the Council of the Royal College of Surgeons of England, is well worthy of the consideration which will, we trust, be accorded to it:—

"We, the undersigned, Students of the Manchester Royal School of Medicine and Surgery, beg to call the attention of the Council of the College of Surgeons to the injustice which we labour under owing to the regulation concerning vaccination, issued by the Council in August last.

"By this regulation, all who present themselves at the examination for the Diploma of the College are required to possess a certificate of proficiency in vaccination. This certificate can only be obtained by attendance for six weeks at an Educational Vaccination Establishment, which, in Manchester, is situate at a considerable distance from the Hospital. In addition to the time spent in this attendance, all Students are obliged to pay an extra fee for the certificate, an expense which, since the regulation is made retrospective, those who commenced their education previously to the present Session by no means anticipated.

"We beg to submit to the consideration of the Council, that by far the greater proportion of us have already been instructed in the theory and practice of vaccination by Surgeons with whom we have been resident, many of us throughout a period of several years, and that these Surgeons, both from their general Professional education, and from the number of vaccinations they perform annually, may be considered fully qualified to give this instruction. The Student who has for years been constantly engaged in the practice of vaccination under the superintendence of such a Surgeon can hardly be expected to derive much benefit from six weeks' teaching by the Educational Vaccinator.

"The only advantage which this regulation affords to those who obtain the Diploma of the College is, that they are thereby rendered eligible as Poor-law Medical Officers, and as Contractors for Vaccination; but as, with the present scale of remuneration, few of us are likely to become candidates for such appointments, we beg to submit to the Council that it is unjust for all to be obliged to spend time and money in obtaining this Certificate.

"Your Memorialists therefore pray, either that the regulation in question may be rescinded, or that a Certificate of proficiency in Vaccination from a duly-qualified Surgeon may be recognised by the Council, as is the case with the Certificate of Practical Midwifery."

The question as to the contagious nature of diphtheria is again raised in Dr. Thomson's last "Monthly Report on the Health and Climate of St. Marylebone." He says:—

"I have to report that a case of diphtheria was introduced into this parish from Brighton, and has fortunately terminated favourably. The parent of the child, an able member of the Medical Profession in this parish, has considered it his duty to complain publicly of the unsanitary condition of that town, after in vain attempting to induce the authorities there to set the sanitary laws in action. A more serious case of diphtheria has been imported, apparently from Clifton, into the Clergy Orphan Asylum, in St. John's-wood. From the information kindly communicated to me by Mr. Lucas, the Medical attendant, and Mrs. Jones, the matron, it appears that the patient, a girl of twelve years, was affected in the railway train, on her way to town, with febrile symptoms. She died on November 21, after six days' illness. The disease attacked fourteen of the inmates of the school, six of them very severely, when it was considered advisable to dismiss the children to their homes. No other fatal case has occurred. The asylum appears to be in an excellent sanitary condition, and there seems no doubt that the epidemic was imported, and cannot be attributed to any infringement of the laws of health within our boundary."

The tribunal of Provins has condemned a somnambulist, for having illegally practised Medicine, to a fine of fourteen times ten francs, for having fourteen times infringed upon the rights of Medicine; to pay the expenses of the process; and to pay two hundred francs damages to the local Society of the Doctors of the *arrondissement* of Provins, which had acted as prosecutor on the occasion. These are somethings, at all events, which we may safely say, with the sentimental traveller, that "they manage better in France!"

We find in the *procès verbal* of the French Academy of Medicine the following instructive Reports on the Prizes which have been offered for 1860. For the Prize of the Academy, 1000 francs,—on the question, As to the best Means of avoiding Accidents from Chloroform,—five memoirs were sent in by competitors,—no prize given; but M. Faure is encouraged by a sum of 600 francs. For Baron Portal's Prize of 600 francs,—on Vascular Obstructions in the Circulatory System of the Lungs,—one memoir was presented: the said memoir was not adjudged worthy of the prize; but its authors, Drs. Charcot and Benjamin Ball, were presented with 600 francs. Next comes the prize of Madame Bernard de Civrieux; the subject, "The Influence of Chloro-anæmia on Nervous Excitement,"—value 2100 francs. For this prize sixteen athletes struggled,—but, alas! still in vain. The Academy could adjudge the prize to none of them. But still it recompenses the struggles of the competition, by decreeing to Dr. Simon 900 francs; to Dr. Mordret 900 francs; and to Dr. Zurkowski 600 francs; and it also makes honourable mention of four others. Baron Barbier's prize of 2000 francs elicits two MS. and three printed memoirs; but, not one of the authors having fulfilled the prescribed conditions, they are summarily dismissed from consideration, "without any kind of recompense." At last we arrive at a successful candidate—Dr. Semelaigne,—who carries off the triennial prize of 1500 francs of Dr. Lefèvre; his subject being "The Diagnosis and Treatment of Melancholy." One of M. Capuron's prizes of 1000 francs is carried off; but the other not. M. Orfila's prize, on the subject of Poisonous Fungi, elicits two memoirs, but their authors get neither prize nor encouragement. If we might draw any conclusion from the above rather remarkable facts, it would be this,—that men cannot work at Science by the piece or the yard, and do things to order with great *éclat*. Men's genius finds its own particular bent; and operates most effectually in that one direction. Might we not therefore venture to suggest that prizes would be more wisely given if distributed to those who, working *con amore*, at their own selected subject, have produced a work useful to the Science of Medicine?

DEATH OF DR. JOLIT.—On Saturday, the 15th instant, a few minutes after twelve p.m., and in the vestry of the French Protestant Church, St. Martin's-le-Grand, died suddenly, at the age of 70, Dr. Jolit, M.D., of London. Dr. Jolit had followed his Profession in many parts of the East, and particularly at Malta. He subsequently returned to London, and devoted much of his time and talent to the relief of the French Protestant poor, by whom he was much beloved.

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REVIEWS.

A Practical Treatise on Diseases of the Urinary and Generative Organs. By WILLIAM ACTON, M.R.C.S. Third Edition. 8vo. Pp. 608. London: 1860.

MR. ACTON'S book is so well known to the Profession that it is hardly needful to do more than announce the issue of another edition, but as there is a considerable amount of new matter in the volume, and some important points connected with the very extensive subject under notice have been discussed at greater length than before, we shall draw the attention of our readers to them. To the present edition are added several new chapters, and the illustrations, which before were published in a separate form, are now to be found in the body of the work.

In addition to some interesting points connected with the treatment of stricture of the urethra, the questions connected with the unity or duality of the syphilitic virus and the real significance of induration of a chancre, are discussed. There are also additional tables of the mortality from syphilis, and the latest views on the subject of rape.

The following is Mr. Acton's estimate of the value of the practice recently propounded for curing gleet:—"Within the last few years a distinguished Surgeon has given a clinical lecture on treating gleet with stimulants, and he advanced the doctrine that our cases do not get well in consequence of our keeping patients too low, and that tonics and stimulants are all that is necessary to effect the cure. In consequence of these remarks I followed out the indications then given with great assiduity, but I have been greatly disappointed. Indeed, I can say that, as a general rule, no modern treatment has met with less success at my hands. In almost all cases the disease was aggravated by it, and I have accordingly abandoned the method."

There is a short chapter on Rape in this edition and it is chiefly interesting from the plates which show the normal varieties of the Hymen as well as the varied condition of the parts after defloration has been effected.

With regard to the question as to whether there is in chancre only one virus, or a plurality. Mr. Acton says:—

"For myself, after carefully weighing the latest facts and arguments upon this obscure subject, I see no reason to change the opinion expressed in former editions of this work. . . . . My opinion is still, as I have stated above, that there is but one virus which is modified in its action by the idiosyncrasies or diathesis of the constitution into which it is introduced."—P. 292.

With respect to the treatment of primary syphilis, we find that the author's views are clear and precise. He distinctly states that in the simple unindurated chancre, mercury is not necessary and indeed is productive of harm; whereas to the indurated chancre the use of this powerful agent is as proper as it is necessary, both for the cure of the primary form (although an indurated chancre may get well in some cases without it) and also for the prevention of secondary manifestations. His remarks upon the point in question may be read with much advantage.

With respect to the use of iodide of potassium in secondary symptoms of this disease, the author places great reliance on the remedy in certain forms.

"Although in the first attacks of secondary symptoms, little dependence can be placed on the administration of iodide of potassium, I have found great benefit from it in cases of relapses. In fact, when a patient has taken large doses of mercury for secondary symptoms, and yet relapses occur, I now almost invariably prescribe iodide of potassium with evident benefit, or at least I try it before again having recourse to mercury."—P. 423.

We are glad to find that Mr. Acton has not had reason to withdraw his confidence from this valuable remedy, in dread of certain ill effects which have been said to arise from its use. Sir Benjamin Brodie and others have imagined that among the ill effects of large doses of this salt, softening of the brain has occurred. Of this dreaded result, however, Mr. Acton evidently has no fears.

"I may say that after giving iodide of potassium in considerable doses in a number of private cases, whose history I have traced for many years afterwards, I have no cause to regret or fear the consequences of the remedy."—P. 481.

The tables of the mortality from syphilis are interesting, and prove, so far as they go, Mr. Acton's assertion that syphilis is by no means a fatal disease. In the year 1858, only twenty-five deaths occurred among adult women, and fifteen among men. Of course it must be borne in mind, in studying these tables, that a considerable number of deaths, which are really due to the more remote effects of syphilis upon certain organs,—as, for instance, the brain or the lungs,—are not registered as such, and, therefore, implicit reliance cannot be placed upon those Mr. Acton has furnished, valuable though they be.

We can strongly recommend every Surgeon who has much to do with the treatment of venereal diseases, to master the facts and weigh the opinions set forth by Mr. Acton in the present edition of his work.

Over de Allantois en hare Vorming en Veranderingen in den Mensch. Door J. L. C. SCHRŒDER VAN DER KOLK. Uitgegeven door de Koninklijke Akademie van Wetenschappen. Met eene Plaat. 4to. Pp. 36. Amsterdam: C. G. van der Post, 1860.

(*On the Allantois and its Formation and Changes in the Human Subject.* By J. L. C. SCHRŒDER VAN DER KOLK. Published by the Royal Academy of Sciences. With a Plate.)

IT is well known that in the human subject the allantois disappears so rapidly, that the opportunities of observing it are extremely rare, so that even its existence therein was for a long time doubted. Its presence has now, however, been placed beyond dispute. The first good and indeed very beautiful drawing of the allantois in the human subject, was given by R. Wagner, in his "Icones Physiologicæ," published in 1839, and another representation, though of an abnormal and morbid specimen, has been given by Coste, in the "Histoire générale et particulière du Développement des Corps Organisés." (Paris, 1850.) The best and most perfect specimen of the human allantois on record, is, however, that described and represented by Professor Schrœder van der Kolk, in his work upon the structure of the human placenta (a).

"As I subsequently had the singular good fortune," observes our author, "to procure some very beautiful human ova at this early period, I thought it would be useful by accurate drawings of the same to illustrate more exactly the course of the formation and disappearance of the allantois in the human subject; particularly as in consequence of their different degrees of development, these ova together constitute a series, in which the several periods of this vesicle in man are tolerably perfectly indicated."—P. 3.

The drawings alluded to are copied in a very beautiful lithographic plate accompanying the present volume. They were taken from nature by the author himself, and represent,—1. The smallest ovum observed by him, rather injured by remaining too long in spirits, diameter eight millimètres. 2. A very remarkable ovum of about fourteen days, with the amnion, still for the most part open, and the allantois in their earliest stages. 3. An ovum with the allantois in its highest stage of development (copied from the author's work on "The Structure of the Placenta"). 4. Gravid uterus in the first month of pregnancy, the ovum containing the embryo with its vesicula umbilicalis and allantois. 5. The fœtus magnified fifty times with its parts in the cavity of the ovum. 6. Very small ovum, long opened and kept in spirits, with a very shrivelled little fœtus, one-eighth of a millimètre in length.

From the examination of the specimens represented in his drawings, the author infers that the allantois begins to form very early, before the intestinal canal as yet exists. He enters into many details, but for these we must refer those interested in the subject to his excellent monograph, which forms a valuable addition to the numerous contributions of Professor Schrœder van der Kolk to Physiological Science.

DROGHEDA CORPORATION.—ELECTION OF CORONER.—At a meeting of the Corporation held in the Tolsel on Monday the 17th, Surgeon Fulham was elected Coroner, pursuant to the provisions of the Act xxiii. and xxiv. Vict. cap. 87.

(a) "Verhandelingen van het Kon. Ned. Instituut, 3de Reeks, dl. IV. 1851, pp. 105 et seq. Pl. 2, Figs. 13, 14, 15.

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON CHANGES IN THE RETINA AND OPTIC NERVE IN SOME CEREBRAL AFFECTIONS.

By Professor A. VON GRAEFE.

Professor A. von Graefe, during a recent visit to Paris, communicated to the Biological Society the results of his investigations concerning certain changes in the retina and optic nerve, observed in connexion with different cerebral affections. An individual suffering from hemiplegia and partial dementia, together with paralysis of the seventh pair and periodical epileptiform convulsions, was also affected with complete blindness, his pupils being markedly dilated. Ophthalmoscopic examination furnished the following results: The papilla of the optic nerve was rounded (*bombée*), forming in front of the retina an irregular hemispheric projection. Its substance seemed opaque, red, and injected, having minute apoplectic deposits scattered through it here and there. At the edge of the pupil, to an extent of two or three millimètres, the retina was opaque, and as much injected as the papilla. After death, a sarcomatous tumour was found compressing the hemisphere on the side opposite to that on which paralysis existed. The trunks of the optic nerves were perfectly healthy, but the papilla had undergone alteration, there being serous infiltration and hypertrophy of the interstitial cellular tissue. The nervous elements having undergone compression, exhibit, consequently, very decided atrophy. The same ophthalmoscopic appearances, and the same changes in the optic papilla, have been observed by Professor von Graefe, in three other cases, in which, as in this case, large intra-cranial tumours compressed and forcibly flattened the cerebral mass. He believes that it is to such compression, and to the resulting venous stasis, should be referred the serous infiltration, and later the hypertrophy of the cellular elements of the papilla, and adjacent parts of the retina. Changes in the retina and the optic nerve, which have nothing in common with the preceding, but which (like them) may rapidly give rise to blindness, are met with in certain cases of cerebritis, even when this affection runs the rapid course proper to acute affections. The lesions of the optic nerve and retina are those of an inflammatory kind, not only the papilla but the entire trunk itself, throughout its whole course being affected. The inflammation appears to commence at the cerebral extremity of the nerve, which, so to say, receives it from the brain, and transmits it successively along its trunk until the retina is reached, the central portion of this first being invaded, and then its periphery. This diffuse retinitis, consecutive to a "descending neuritis," rapidly gives rise to blindness, either double or unilateral, according to the case. As long as the changes are confined to the encephalon, and do not directly involve the optic nerve or the retina, there is no blindness properly speaking, a mono or bilateral hemiopia being the only disturbance of vision. The same happens in the cases when a hæmorrhagic deposit, or any other circumscribed lesion, has its seat in a corpus striatum, or in one of the optic thalami, without directly involving the optic nerve or retina. Under such circumstances, there is never blindness, while hemiopic amblyopia, whether mono or bilateral and symmetrical, is very commonly observed. This last fact has long since led Professor von Graefe to agree in opinion with Wollaston concerning the semi-decussation of the optic nerve.—*Gazette Hebdomadaire*, No. 44.

THE RECENT CASE OF DEATH FROM CHLOROFORM IN PARIS.

The particulars of the case, to which we recently alluded, have been since communicated to the French Medical Journals, by M. Fano, the operator.

A man, 26 years of age, applying to be relieved of the intolerable suffering caused by an in-growing nail, M. Fano proposed to him the inhalation of chloroform, in consequence of the very painful character of Dupuytren's operation for this, which it was intended should be performed. To this the man cheerfully agreed, bearing in mind the terrible pain caused by a similar operation performed upon him, without anæsthetics, some time since by M. Jobert. The patient was operated upon at his own house, with the aid of his ordinary Medical attendant. He was laid horizontally upon his bed in front of a widely-opened window, looking into a spacious court-yard. A sheet of note paper was rolled into a triangular receptacle for charpie, upon which some drops of chloroform were placed. This was applied to the nares, the mouth being left completely free, and the condition of the pulse being most carefully watched. No effect having been produced after two minutes, some more drops of the chloroform were added, and the respiration became slower. Soon after this he became restless, tossing his limbs about, rising on end in order to get away, and repeating unconnected words. Pinching of the arm showed that sensibility remained; and as the pulse continued good, some chloroform was again dropped on to the charpie. The agitation soon disappeared, and a state of resolution followed. The inhalation was discontinued, and the division of the nail and the wrenching off of the two portions were rapidly executed. As this was finished, a moan was heard, and the patient was found to be pale and pulseless. Cold water was thrown into the face, the forehead was washed with vinegar and water, and interrupted compression was applied to the thorax, in imitation of the mechanical phenomena of respiration. At the end of some instants the patient performed some respiratory movements, without the pulse becoming anywise sensible at the wrist, or there being any return of feeling or consciousness. The respiratory movements soon ceased, and M. Fano, opening the patient's mouth widely, passed his finger into the pharynx, tickling the uvula and drawing forwards the base of the tongue, so as to raise the epiglottis. The movements of artificial respiration were also again practised, the patient also executing a few inspirations—neither the pulse or heart's action becoming sensible. Mouth-to-mouth artificial respiration was now executed, and frictions were diligently persevered in, but all in vain. The autopsy exhibited old adhesions of the lungs to the thorax, and pulmonary apoplexy.—*Gazette des Hôp.*, No. 142.

EXCERPTA MINORA.

Vaccination in Nævus.—M. Nélaton strongly blames the ordinary mode of performing this, which consists in vaccinating with the point of a lancet. Scarcely has the instrument penetrated the epidermis, than a considerable flow of blood takes place from the surface of the erectile tissue, effectually washing away most or all of the virus. To obviate this inconvenience M. Nélaton resorts to one of the following procedures:—1, He takes the finest insect needles which can be procured, and charges the point with virus direct from a child's arm, and having passed it in, he leaves it *in situ* for some instants, until the tissues have had time to become thoroughly impregnated with the virus, after which he withdraws it. In this way it has acted as a plug, preventing the exit of either blood or virus. The needles inserted should be separated by a space of one or two centimètres from each other; 2, This is a somewhat longer and more complicated procedure, but it has the advantage of not leaving cicatrices. Setons are first applied at the base of the tumour, and left *in situ* for a week. In this way fistulous tracks are obtained, through which threads are passed charged with virus, the cutaneous apertures being protected by small canulæ.—*Revue Méd.*, November, p. 565.

State of the Vessels of the Brain in Epilepsy.—Professor Virchow exhibited to the Berlin Medical Society a portion of brain taken from a man who had been insane for twenty years, but had never been epileptic. Considerable teleangiectasis was observable at the pons, at the junction with the medulla, which, according to Schroeder van der Kolk, should bear a relation to epilepsy. There was also much colouring of the pia mater from pigment formation. Virchow cannot call to mind having ever seen a dilatation of the cerebral vessels in the epileptic, although he has often met with the appearance in other post-mortem examinations. In all these cases the smaller arteries were affected with some aneurysmatic enlargement, which was often continued to the capillaries, the dilatation being accompanied by thickening of the walls of the vessels. As the production of these changes in the vessels must be a very slow process, the effect on the brain is also very gradual, and need not be attended with any sudden disturbance of its functions. As to the pigment

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formation in the pia mater, it is of such frequent occurrence, that Virchow attaches it to no special pathological condition. —*Deutsche Klinik*, No. 38.

Supernumerary Fingers during Five Generations.—A well-developed child was admitted into the Long Island College Hospital, having a superfluous finger on each hand, attached by a thick pedicle to the outer side of the little finger, at about the middle of the first phalanx. This was the fourth child of the same parents, all having these supernumerary fingers, except the second. The first child had but one, and the third child had two supernumerary fingers. The mother had one attached to the same point as those of her children. The grandmother had two, and the great grandmother also two. The grandmother's brother had supernumerary fingers on each hand, as also had one of his nephews. The great grandmother states that her father had the same deformity.—*American Medical Times*, No. 16.

Instance of Late Dentition.—M. Carre relates the following case:—A lady, aged 85, who exhibited surprising activity for her age, found, in January, 1859, after a week's irritation of the mouth, a canine tooth springing up in the upper jaw. This grew very rapidly, and is now firmly implanted in the alveolus, possessing all its natural characters and dimensions. Two months afterwards, the second left incisor appeared, this tooth being small and solid, and presenting asperities. Some months later, the first small, right, lower molar appeared, and in January, 1860, the corresponding upper molar. The first of these molars scarcely projects beyond the gum, but the second has almost its natural dimensions. Thus within a year this old lady has cut four teeth, the first and last having about their normal dimensions, while the other two are rudimentary and unequal. The gums are firm, as in the aged toothless, and have no remains of teeth throughout their whole extent.—*Gazette Méd.*, No. 37.

Oil of Sabine in Gonorrheal Ophthalmia.—As the result of its trial in sixteen cases, Dr. Lunda strongly recommends the application of the oil of sabine to the conjunctival surface of the upper eyelid as the best means of removing the diseased condition of this part resulting from gonorrheal ophthalmia, the acute inflammation having subsided. It causes great smarting and hyperæmia, but these soon pass off, and the rapidity of the cure obtained is great.—*Wien Wochenschrift*, Nos. 30 and 31.

GENERAL CORRESPONDENCE.

SIR C. LOCOCK ON SPECIAL HOSPITALS.

LETTER FROM MR. IKIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—In order to prevent any misconception as to the real opinion of Sir Charles Locock (whose name appears in the list of protesters against Special Hospitals) with regard to Hospitals for Diseases of Women and Children, I beg to annex for publication in the *Medical Times and Gazette*, letters from him on the subject. It will be seen that they are published with his sanction. We all admit the abuse that has recently arisen with regard to the establishment of Hospitals for Special Diseases; but this is no argument against Hospitals for the Diseases of Women and Children in a country like England, where, in all our large cities and towns, such large numbers of females are employed in the various manufactures, trades, and arts. The Medical and Surgical Staffs of the old Hospitals may not think any new Hospitals requisite, but the public, as well as the Profession, must be allowed to decide the question.

I am, &c.

Leeds, December 14. J. INGHAM IKIN.

"Holmewood, Tunbridge Wells,
"August 14, 1860.

"My dear Sir,—Having left London some time since, your letter has followed me here. Mr. Erichsen sent me the protest against Special Hospitals about a month ago, accompanied by Sir B. Brodie's letter, already in print. I signed the protest, but at the same time sent a letter to Mr. Erichsen, saying that I did so only because I considered that there had been, of late, a great abuse in starting and maintaining Special Hospitals to a most unwarrantable excess; but that the same exceptions which Sir Benjamin Brodie had made in regard to Ophthalmic Hospitals, I still more emphatically made in respect to Lying-in Hospitals, and those for the Diseases of Women and Children. They did not choose, it appears, to print and circulate my letter of exceptions, as I suppose they thought many others would also have their own pet exceptions.

"Yours very faithfully,

"J. I. Ikin, Esq." "C. LOCOCK.

"Brighton, December 13, 1860.

"Dear Sir,—Your letter has followed me here. You are quite at liberty to make any use of my letter of August last, public or private, and my sentiments on the subject remain as then. "Yours very faithfully,

"J. I. Ikin, Esq." "C. LOCOCK.

DEATH FROM CHLOROFORM.

LETTER FROM DR. PEREIRA.

[To the Editor of the Medical Times and Gazette.]

SIR,—There is scarcely a week in which is not to be found, in some one or other of the Medical periodicals, a notice of death taking place by the inhalation of chloroform; besides, I have reason for supposing that many such cases occur which are never made known to the public. As far as I know, all who have written upon the use of anæsthetics by inhalation ascribe the cause of death so occurring either to the quantity or quality of the agent, or its poisonous effects on certain organs; to the mode of its exhibition, or to the state of body or mind of the patient; but none, I believe, to the position of the body at the time when administered; and yet to me it has been obvious for a long time that these cases of death under Surgical operations have arisen frequently from the position of the patient, which is most generally prone with the face turned upwards, and in consequence of which, when the insensibility is complete, and irritability no longer exists, the tongue by its own weight falls back, carries the epiglottis close down on the top of the windpipe, and so closes the glottis, when inspiration ceases, and asphyxia is the result in a very short time.

Although I have employed ether and chloroform extensively as anæsthetics by inhalation, both in Hospital and private practice, ever since their introduction in the beginning of 1847, yet I have never witnessed a fatal case from their use, and never even a dangerous or untoward symptom, except in one case, about four years ago, when I was giving chloroform (as I uniformly do by means of a silk handkerchief) to a young woman with a necrosed tibia, which my colleague of the Southern Hospital was chiseling out. The operation being a tedious one, I had left the patient for a minute or two without chloroform, but still unconscious, and had gone to see the progress made by the operator, when one of the House-Surgeons anxiously called my attention to her condition, which was one obviously of imminent danger, but from which she quickly recovered by adopting the ready method of Dr. Marshall Hall,—namely, her tongue, which had sunk deeply into the fauces, was drawn out; she was turned on her side, and her chest was compressed intermittingly, when she began to breathe, and the pulse returned to the wrist. After a little time the chloroform was resumed in the altered position without the recurrence of any bad symptom. I have, more especially since this accident, taken care to give the chloroform in a position to obviate any casualty from closure of the glottis in this way.

In a conversation with my friend Professor Simpson, when here about a couple of months since, on this subject, I expressed my opinion to him that the very few deaths which apparently occurred in parturient cases from chloroform might be ascribed to the position of the woman. He told me certainly, among some thousands to whom he had administered chloroform (and the majority of those must have been in labour), he had had no fatal case in his practice. Making allowance for the tact with which he no doubt gives it, there, however, can hardly be a question that the immunity from

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accidents which he has experienced must have arisen mainly from the position of the patients.

My object, it will be perceived, is to bring to the notice of the Surgical operator the particular position necessary for avoiding a certain course of danger under the use of anæsthetics; therefore, I would have this matter looked upon as a preventive of untoward effects rather than, as hitherto, one of the means of their removal when they have supervened.

I am aware that in a great many operations on the human body we are obliged to place the patient on the back, but yet, when the lateral position is inconvenient for the performance of an operation, a sitting posture may be adopted, or the head may be turned awry and the tongue thus be prevented from falling back by its own gravity so as to impede respiration. I am, &c.

JAMES PETRIE, M.D.

13, Upper Parliament-street, Liverpool, December 7.

REMOVAL OF THE WHOLE TONGUE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The publication of Mr. Hutchinson's interesting Report on Epithelial Cancer having directed attention to the operative surgery of the tongue, may I beg the favour of a few lines to discuss some of the bearings of the subject.

Partial removal of this organ for the above-mentioned affection, though occasionally successful, are more frequently followed by a very speedy recurrence of the disease, and are denounced as unjustifiable by most of our first surgical authorities. A consideration of these circumstances, induced Mr. Syme to undertake his bold operation of removing the entire organ at the hyoid bone, a previous division of the lower jaw having been effected at its symphisis to facilitate the application of the knife. The result of these cases is well known,—one having died on the fourth, the other on the seventh day after operation, from the result of a low form of secondary pneumonia.

Your readers may not, however, be aware of the fact that a perfectly successful case of this operation has since been reported by Mr. Fiddes, of Jamaica, undertaken by him without the least knowledge of similar proceeding at home (*Vide Edinburgh Medical Journal*, June, 1859, p. 1092.)

The patient, a woman, aged 35, affected with well-marked malignant disease, made an excellent recovery, and seven months after the date of operation continued to enjoy the best of health. This instance, then, gives satisfactory proof that such a procedure, though not devoid of danger, may be undertaken with reasonable hopes of success, and that Mr. Syme's unfortunate results must be attributed to some atmospheric, accidental, or constitutional cause, in both instances the wound having continued throughout in the most perfectly healthy condition.

In these days, then, of bold Surgery, it seems to me that this operation deserves a more extended trial, as, indeed, would any practicable scheme to relieve suffering humanity from the torture of a tedious disease, and the certainty of a painful death. I am, &c.

December 5. CHIRURGICUS.

DR. TURNER ON SCARLATINA.

[To the Editor of the Medical Times and Gazette.]

SIR,—In his very practical paper on Scarlatina, published in your Journal of November 24, Dr. Turner states his belief that the kidney, in common with the brain, is primarily and specifically affected by the scarlatinal poison. Now, that the brain is obnoxious to this direct influence there can be no doubt. All poisons of this class have the same property, some more certainly, if not more severely, than that of scarlet fever; small-pox, for instance, being almost invariably ushered in by severe head symptoms. Here, as in many cases of scarlet fever, the affection of the brain exhibits itself as soon as the poison is formed, and is clearly owing to its direct influence. But, with regard to the kidney, the proof that its morbid condition, as evidenced by scarlatinal dropsy, is owing to a specific action of the disease, seems less conclusive.

In the complications of disorders of this class, where viscera are implicated, there is generally some obvious reason why such complication takes place; for instance, continuity of surface in the bronchitis of measles; but, in the alleged specific affection of the kidneys in scarlet fever, no such cause can be adduced. The late period of the disease at which dropsy takes place, and the circumstances—as exposure to cold, etc.—which frequently precede it, seem to show that the history of scarlatinal dropsy much resembles that of acute anasarca, No doubt Dr. Turner's opinion is that adopted by many other Pathologists, and I confess that I have not yet read with sufficient attention Dr. Goodfellow's remarks on the subject, lately published in this Journal; but the impeded action of the skin seems to afford so simple and rational an explanation of the phenomena attendant upon this form of dropsy, that surely stronger arguments than those advanced by Dr. Turner, are necessary to subvert it. It is asked why, if the kidney affection is owing to the state of the skin, dropsy does not follow small-pox and measles, where the skin is equally affected? and why all cases of scarlatina are not followed by this symptom? The fact, that the urine in scarlatinal dropsy contains albumen, is adduced as evidence that the kidney is specially affected. In answer to the first of these objections, it may be much doubted whether, in the severest attacks of small-pox or measles, the function of the skin is so much impeded as in an ordinary case of scarlatina. In the former diseases, however severe, there are intervals of unaffected skin; whereas, in scarlet fever, as evidenced by the universal desquamation, the whole surface is more or less inflamed. As regards the second objection, it is by no means necessary that every case of a disease should be attended by all the possible symptoms of that disease. With respect to the presence of albumen, not only that, but blood also, to which the smoky appearance of the urine, so commonly seen in these cases, is due, is perhaps invariably present; but this shows only that the kidney is congested, and proves nothing as to whether its condition is owing to specific influence or otherwise. Unless something more convincing can be urged against it, let us continue in our old belief, that either the function of the skin, being mechanically obstructed by the desquamation of the cuticle, or the newly-denuded surface being exceedingly susceptible of cold, perspiration is arrested; the kidneys being overtasked, become congested (assume, no doubt, the condition of an early stage of Bright's disease), and in their turn become incapable of sufficient action. Hence, dropsy, and, in many cases, hyperæmia of the brain, effusion into the ventricles, and uræmic poisoning.

This is a question of some practical importance; because, if the morbid condition to which dropsy is owing is an essential part of the disease, and does not depend on an arrest of the function of the skin, attention to the state of this organ after scarlet fever is of less importance as a preventive measure.

It is conceded that the brain symptoms which accompany scarlatinal dropsy, depend on the defective action of the kidneys, whether or not this be owing to a specific cause. Does not Dr. Turner's treatment, then, appear to be unduly directed to the affection of the head, which is a symptom, to the overlooking of the state of the kidney, which is the disease? In the case of the young lady related, the head and stomach are severely disciplined. Surely, according to his own view of the poisoned state of the whole mass of the blood, these measures would afford no great prospect of relief. The kidney disease, from which this poisoned state of the blood results, remains unattacked. We hear of no depletion, general or local; of no epithems, no exhibition of hydragogue cathartics, by which renal congestion is so frequently relieved, etc.

I have seen these dropsical cases almost invariably yield to the free exhibition of jalap and cream of tartar, with warm baths—and in severe cases, with head affection, the beneficial effect of abstraction of blood is frequently almost immediate, the kidneys resuming their normal function, convulsions being arrested, and sensibility restored. Even the cautious repetition of bleeding, in spite of the anæmic aspect, is occasionally justifiable. A most able provincial Physician, Dr. Paley, of Peterboro', who will perhaps allow me to mention his name as an authority, has carried out this treatment during many epidemics of scarlet fever, and I have seen it eminently successful in his hands.

York, November 27. I am, &c. M.D.

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REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 11, 1860.

MR. SKEY, F.R.S., President, in the Chair.

A Paper, by C. T. RICHARDSON, M.B., was read, on

A CASE OF ELEPHANTIASIS OF THE LEG AND FOOT.

The subject of the above affection, born in the county of Tipperary, and the eldest of five living children, came under my observation, in October last, as an out-patient at the Metropolitan Free Hospital, suffering from acute bronchitis, cough, and palpitation of the heart, accompanied with symptoms of general debility and cachexia. Upon questioning her more fully as to the nature and duration of her ailments, she made known to me the existence of the diseased condition now presented by her leg and foot, and she was admitted into the Hospital, when subsequent opportunities enabled me to obtain the following general history, not only of her case, but also of the antecedents of her parentage and the present condition of other members of the family. Her parents are Irish. The father, as a youth of fourteen years of age, enlisted into an infantry regiment, and after being kept upon home stations for four or five years, was ultimately sent to the West Indies, and passed the last seven years of his sojourn there in the island of Jamaica continuously, enjoying very good health, and indulging in only occasional irregularities. Upon his return home he very soon married (at the age of twenty-eight), and my patient, the subject of this disease, was the first issue thereof, being born a healthy child at the full period, without spot or blemish, and so continued to be until she attained the age of fourteen years, at which time she came from Cork to London by sea to live with her parents who had then located here. A second child (a son) was born in due time after the first; and the father, having then entered into the service of the Queen of Spain, left for that country, accompanied by his wife, who during her residence of two or three years there gave birth to a third child (a girl). The first notable interruption to the patient's health was the manifestation of an abscess upon her right arm shortly after she came to London, quickly followed by several others in various parts of the neck, trunk, and arms, for which she was under treatment at the Ailie-street Dispensary. She was then one day suddenly seized with severely acute pain in the great toe of the left foot, followed quickly by heat and redness, and considerable swelling, so much so as to induce the father to think it was a severe attack of acute gout. This condition continuing to increase, admission was obtained for her into St. Thomas's Hospital, where she remained under treatment for five months, ultimately leaving the institution greatly improved in the general conditions of health, with the exception of the foot. During her residence therein, suppuration to a considerable extent had taken place in the toe; the pain had ceased, but the swelling had extended over nearly the whole upper surface of the foot, and the integuments had become considerably thickened and indurated. In this state she left; from which time to the present the foot and leg have been wholly without treatment; the disease has been entirely neglected, and suffered to increase gradually during a period of fourteen years, and to develop itself into the condition it now presents, involving not only the foot but the leg also. When first presented to me, the foot was a mass of filth and dirt, the result of neglect and the accumulation of a thick, tenacious, yellow discharge, issuing and oozing from almost all parts of it, and emitting an intensly disagreeable odour. Upon the removal of most of this, the foot was found considerably enlarged, although symmetrically so. The plantar surface was smooth and natural, sensitive to all external impressions, and of natural temperature, being free from the condition of the dorsum. This latter consisted of a state of considerable thickening and induration of the integuments, commencing from the very margin of the plantar surface on both sides of the foot and round the heel, extending over the entire upper surface of the foot to about three or four inches above the instep upwards, and involving the whole of the toes with the exception of their nails. The toes are all considerably enlarged, and, like the foot, symmetrically so; and each is separate and free. This thickened integument is then covered generally with a mass of hard, semi-horny nodular masses, more or less covered and interspersed with wart-like papillæ and plates. There are two fissures interrupting it, one corresponding to the flexure of the instep, bounded above by a fold of thick indurated integument, the margin of which is similarly horny, and separates it from a deeper and broader fissure above. This latter is capable of admitting three fingers within it, having also a fold of thickened, indurated integument at its upper boundary; while the floor and sides of both these are smooth, and more natural in appearance. The scaly or warty condition extends only about two inches above this upper fold, when the leg assumes, from the heel upwards, a condition of uniform and symmetrical enlargement, extending to the knee. To the eye, the integument is of a pearly white colour, glistening and tense; and, to the touch, conveys an idea of hardness and solidity, unlike the doughy and resilient condition of anasarcous œdema. The girth round the calf is now 18 in., and 14 in. at the ankle; the healthy leg being, in corresponding situations, 11 in. and 9 in. respectively: the above being an increase of one inch and more since her abode in the Hospital. The disease is perceptibly advancing, as thickening and induration are commencing above the knees; but there is no enlargement of inguinal glands. She does not complain of pain or inconvenience from it, beyond that which arises from its bulk interfering with rapid progression, and the results of over-fatigue or long-standing. She is now twenty-eight years of age, and has never had any indication of the approach of the function of menstruation; nor has she the slightest development of mammæ, there existing only two very small integumentary representatives of nipples, without areolæ, to mark their usual site. She is of tolerable intelligence; dull, apathetic, and inactive in general character; and possesses a hoarse, harsh-toned, nasal voice. The tonic treatment by steel, and the adjuncta thereto of nutritive diet and domestic comforts, have materially improved her general constitutional health and appearance. The general strumous condition and diathesis is peculiarly manifest in her, and also in the two children born in immediate succession to her, both the boy and girl already referred to having been the subjects of very extensive and continuous manifestations of it ever since the period of their puberty. The girl has been under long-continued treatment, and is at the present time, for repeated chronic and diffuse abscesses in various parts of the body; but, unlike her sister, has regularly menstruated, possesses large and natural development of mammæ, and is of remarkably fair complexion, with light hair. The parents, aged fifty-eight and fifty-one, are still living, and apparently healthy people, as also are their two youngest children. The question I would wish to raise is, as to how far this disease may be referred to some special taint or power acquired by the system of the father during his long residence in the poisonous Tropics, then imparted to this girl, his earliest offspring, after his return, and that remaining dormant and undeveloped in her until conditions suitable for it arose, in her being transferred from her former home of pure air to the densely crowded neighbourhood of Eastern London. Measurement of leg on December 11—Round the leg just above the ankle-joint, 14½ in.; at the calf, 20 in.; below the knee, 19 in.; above the knee, 18 in.

Dr. WEBB (late of the Calcutta Hospital) adverted to the fact that he had, during many years' residence in India, enjoyed very large opportunities of acquiring familiarity with various features of elephantiasis, and stated that, in Lower Bengal, it was customary to distinguish two forms of elephantiasis. In one the disease was of intermittent type, and liable to fortnightly aggravations, which the natives themselves attributed to lunar influences. In this the skin was smooth and tense, and never became rugose and warty, as was usual in the other form. There could be no doubt that this variety was due to endemic malarious influences. It was curable by change of residence from the marsh to the hill districts, and the influence of quinine upon it was also decided. It generally began suddenly, and with acute febrile symptoms. It was

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this non-tubercular form of elephantiasis which was prone to exhibit the phenomenon of metastasis changing rapidly from one part to another. In the second form—that in which the integument becomes rugged and covered with hard, mamillated nodosities, and of which Dr. Richardson's patient afforded a good example—the cause usually recognised in Bengal was syphilis. Its usual seats were the lower extremities of the integument of the genitals. It was most common in women, and was undoubtedly often hereditary. In this form change of locality had but little influence on the course of the disease, and removal of the parts by operation was the only cure. It was the custom, whenever the disease affected the genitals, to excise the diseased tracts of integument freely, and generally with very good results. Dr. Webb had never known an instance in which the disease had returned after complete removal. He had, he stated, in very many instances, removed almost the whole skin of the scrotum and penis, always making it a point to save the testes, which were not usually involved in the disease. Dr. Webb entered in some detail into a statement of the results of microscopic examination of the diseased parts, adverting particularly to the great increase in size of the nerve-trunks passing to limbs affected by elephantiasis. He had collected a large number of drawings and preparations illustrating the subject, and hoped at some future time to bring them before the Society.

Mr. Hutchinson briefly mentioned the particulars of a case of elephantiasis of the scrotum, a stereographic portrait of which was before the Society. The patient was a young Irishman, under the care of Dr. Corry, of Belfast, to whom he was indebted for the portrait exhibited. The man had never lived in tropical climates, nor had, indeed, ever left his native country. The disease had existed five or six years, and involved the entire skin of the penis and scrotum. It was of the warty form. With regard to the general theory of this form of elephantiasis, Mr. Hutchinson would suggest as possible that it might be due to hereditary taint of syphilis contracted from the natives of the Tropics. We had good reason for believing that syphilis differed somewhat in its features in different races of men, and it was but fair to surmise that the effects of hereditary taint would differ likewise. In Dr. Richardson's patient there were some suspicious features. The girl in addition to the elephant-leg, had large patches of serpiginous ulceration on her arms, etc., which looked exceedingly like some forms of syphilitic eruption. She was the eldest in her family, and had been born soon after her father had returned from a six years' soldier's life in a tropical island. It was not at all an improbable conjecture that the man might have had syphilis of a modified form contracted from a coloured woman, and perhaps partaking of the character of yaws. Mr. Hutchinson had been greatly interested in hearing Dr. Webb express so decided an opinion as to the connexion between tubercular elephantiasis and syphilis in India. He wished to put one or two questions to Dr. Webb bearing upon the hereditary nature of the affection. It would go far to assist us in arriving at a correct conclusion if we knew whether, when inherited, it usually affected the eldest of the family, and the females by preference over the males.

Dr. Webb stated that in Bengal a very large proportion of the patients who had come under his care for the tubercular form of elephantiasis were females; but this might perhaps be explained to some extent by the fact that none but prostitutes ever sought admission into the Hospitals. He did not possess any data on which to answer Mr. Hutchinson's question as to whether the eldest of the family was most often affected.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, December 5, 1860.

Dr. Tyler Smith, Vice-President, in the Chair.

A Paper, by Dr. Kidd, was read, on

THE VALUE OF ANÆSTHETIC AID IN MIDWIFERY.

In obstetric practice, the instances where the author has found the inhalation of ether or chloroform to be called for in an especial degree, and where anæsthetic aid has proved decidedly useful, have been cases of version, forceps, twins, convulsions, and crotchet operations. He has known chloroform used in puerperal mania, but its apparent effect is perhaps a coincidence, and not of a curative nature. The Author referred the Society to his previous work on "Anæsthetics," where the result of 360 cases of midwifery treated under ether, and 1700 under chloroform, without accident from fatty heart, are described. Of these two agents (though there have been twenty-five deaths from ether in general surgery), he believes ether is superior to chloroform in relaxing rigid perinæum in labour, and otherwise acting on the muscle of the uterus, in version cases particularly. There have been no accidents from chloroform in about 30,000 cases of midwifery conducted with the aid of these agents. The mode of applying chloroform in the lying-in chamber recommended was that which is adopted now by all the chief Obstetric Practitioners in Europe and America with whom the author has personally communicated on the subject. In midwifery practice, the error of using "mixtures" of ether and chloroform was explained, as a patient supposed to be inhaling a mixture is in reality inhaling pure ether, and there is a danger of confusion arising in mistaking one anæsthetic for the other. A new anæsthetic of chloroform and ergot mixed was also mentioned. Cases of twins, where the second child presents with an upper extremity, "the pains severe and continuous, so that it is next to impossible for the accoucheur to introduce his hand to turn the child," were first described, where chloroform is invaluable, if there be no contra-indication of diseased heart, etc. The several indications in undilated os uteri for tartar emetic, liquor opii, or chloroform, from the result in actual practice, were explained. Next, these cases of twins were pointed out where at one particular stage it is judicious to allow an interval of rest to the uterus: here ammonia and ergot act like a charm; not that chloroform is injurious, but it requires to be given before or after ergot, and not at the same time. The author said that if, in journals, half the attention were given in fact to these points that is given to quack compounds of chloroform, all would be right. As in some cases of twins, so is it in some cases of "tedious labour;" the patient requires an interval of rest to renew reflex action and remove the effect of exhaustion, "false pains," emotion of a depressing kind, sleeplessness, etc. Thus, an inexperienced or constutionally delicate young women, with her first or second child, becomes alarmed, sleepless, etc., during her labour. Some indigestion, diarrhœa, or fright, has hastened her labour before its time. The first stage of labour has been attended with suffering, followed by fatigue. Here the pains are ineffectual in advancing the labour; but if there be no diseased heart or other contra-indication to anæsthetics, the author strongly advocates their adminstration in the manner pointed out in the memoir. How does sleep during labour differ from anæsthesia? Sleep, according to the author, occurs only where there is exhaustion of sensorial or muscular power; anæsthesia is best where there is no exhaustion; it is independent of sleep. The reflex power of Marshall Hall is the frontier or limiting line between sleep and anæsthesia; in sleep it is active, in anæsthesia absent. In tedious labour, the agony and pain will not permit the poor woman to sleep. Even opium is followed but by a tedious intoxication, without sleep, for hours; but chloroform is not an intoxicant, and acts at once and quite as safely. A patient in ordinary anæsthesia may be said to be doubly asleep. This is what is wanted for a short time in this class of labours, as thus reflex, sensorial, and muscular power are renewed. Emotion, also, is removed out of the way by chloroform sleep; and by a confident, cheerful demeanour on the part of the accoucheur, he may effect as much in two or three hours by chloroform as he might in almost as many days by delay, and opium, and waiting for Nature. Cases of versional delivery, with and without chloroform, were next minutely described and compared; cases especially of excessive sensibility of the os uteri and vagina, where the waters have long come away, and the uterus has closed with spasmodic force over the fœtal hand and arm. One well-known obstetrician has had 300 such cases; and he is every year more and more satisfied with the aid afforded by chloroform. The value of versional delivery and its *rationale* were also enlarged upon, as well as the much-to-be-desiderated probability of the abolishing of craniotomy, and of many cases where the forceps is unnecessarily and cruelly resorted to at

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present. Next to version cases, the usefulness of chloroform in forceps patients was explained, and directions given as to the mode of administration. Chloroform in abortion cases at the fifth or sixth month, as advocated by Dr. Tyler Smith, was also dwelt on; and even in cases of placenta prævia, as administered by Professor Simpson, Denham, and others. Chloroform, as facilitating delivery by means of version, has been tried with advantage to anticipate hæmorrhage. Ammonia or brandy is first given, chloroform then administered, the feet brought down, and the remainder left to Nature as the chloroform wears off. The treatment of particular forms of puerperal convulsion by chloroform was entered into and explained, especially its usefulness in that form common in poor unmarried women—convulsions the consequence of mental emotion, or epileptic excitement; but in the class of cases tending towards, or the result of apoplexy and those with albuminuria, the use of chloroform or opium must be somewhat secondary, Dr. Kidd thinks, to the general treatment and general relief of the congested cerebral or spinal membranes. The author is not favourable to the use of anæsthetics in the simple hysteric varieties of the disease, hysteria being generally one of the contra-indications to the administration of chloroform. The law of tolerance of chloroform in midwifery is not unlike that of the tolerance of ammonia, steel, bark, wine, opium, etc. All these medicines are of exceeding value where there is present shock to the nervous rather than to the vascular system. Chloroform is invaluable where there is exhaustion, debility, or shock, the result of great or long-continued pain; where there is loss of nerve force, or convulsions from excess of reflex irritability or pain, or mental emotion or excitement, etc. But chloroform is of less importance, as even wine, bark, iron, ammonia, etc., are of less use, where there is exhaustion the result of hæmorrhage, hectic, diarrhœa, exhausting suppuration, etc. Such diseases as chorea, asthma, whooping-cough, tetanus (not unlike puerperal convulsions), are blotted out by chloroform, no matter how apparently weak the patient may seem; but it is different with debility from hæmorrhage or diarrhœa. The author's further experience of chloroform, in operation cases of craniotomy, vesico-vaginal fistula, ovariotomy, enucleation of uterine tumours, etc., in which he has administered it largely, was, in conclusion, recited.

Dr. Tanner stated that he made it a rule always to take chloroform with him to every case of labour. When the pains become bad, he explains to the patient—provided he finds no objection to the employment of an anæsthetic—that he can relieve her of all suffering, if she wishes it, by means of chloroform. Many patients are anxious to inhale; a few decline. During the present year, Dr. Tanner had only had one case in his private practice which had caused him much anxiety; and in this the dangerous symptom arose, as he believed, from the formation of a clot in the right side of the heart. This lady did not take chloroform. Dr. Tanner observed that he was careful only to give this anæsthetic during each labour pain, taking away the handkerchief or inhaler directly the pain went off. Stating the results of his experience briefly, he might say that he had never found chloroform do harm, but, on the contrary, much good; while it shortened the after-period of convalescence. He was careful, in cases, where he feared hæmorrhage, to give large dose of ergot towards the close of the labour; but he did not object to the use of chloroform as well. In operative midwifery anæsthetics were invaluable.

Mr. Gervis referred to two cases of death from chloroform which had come under his notice in Hospital Surgical practice, in both of which the patients had previously been the subjects of delirium tremens; and in both the muscular tissue of the heart was found, after death, to be soft and greasy—a condition, indeed, which the result of many examinations showed to be tolerably uniform in most cases of death from delirium tremens. Mr. Gervis considered that these cases, though not obstetric, would tend to corroborate the views of the unadvisability of administering chloroform in labour where the patients had been the subjects of alcoholism.

Dr. Barnes rose to disclaim all responsibility in the case of death after chloroform which Dr. Kidd had cited in connexion with his name. The case had been related by Professor Faye, of Christiania. He (Dr. Barnes) had simply recorded it in an English journal. With respect to the uses of chloroform in obstetrics, Dr. Barnes had found, in large experience of turning, that in many cases chloroform did not facilitate the operation. The influence of the brain removed, the excito-motory system seemed to act more violently, and sometimes spasmodically, the uterus resenting the introduction of the hand. Under ordinary circumstances, turning could not be regarded as a severe or painful operation. Delivery by turning was sometimes less painful than by the head. Again, in ordinary forceps cases, chloroform was certainly not required either to facilitate the operation or to allay pain. In operative midwifery, chloroform was most useful in turning where there was unusual difficulty, and in difficult delivery after craniotomy. It appeared to him incomprehensible how a special immunity from the perils of chloroform should pertain to puerperal women. To say that 40,000 women had taken chloroform in labour, without any mishap, was one of those vague statements which were entitled to little weight. He had himself given chloroform to facilitate the extraction of an adherent placenta, and had witnessed such exceeding prostration for three hours afterwards as to make him and another Practitioner, who assisted, apprehensive of the instant death of the patient. He should be sorry to have it supposed that he entertained any prejudice against chloroform. He knew its value in certain cases, and gave it with care, and yet without timidity, and should not be deterred either by the bad effects he had witnessed or by those he had heard of from giving it on proper occasions. He had been especially gratified with the beneficial effects of chloroform in cases of great nervous excitement, where the patients laboured under a sense of dread of impending danger, and where even convulsions seemed to impend. He believed he had thus averted convulsions, and as certainly accelerated labour. He thought it worthy of inquiry why anæsthesia had made so little progress in Germany, where interference in labour was so much more general. It was also worthy of remark that English midwifery maintained its greatly superior success, notwithstanding the introduction of chloroform.

Dr. Gream said that, from some observations which had been made, it might be inferred that chloroform was but little used in midwifery in London; but he was sure that in no place was it more extensively employed, and he could positively state that, amongst the upper classes, it was almost universally employed, but with a general feeling of abhorrence of anything like intense insensibility. Surprise had been expressed by Dr. Barnes at the statement, that so large a number of cases had occurred in which chloroform had been used in midwifery without accident; but there appeared to be no difficulty in understanding this,—for it should be remembered that it was never right, nor was it required, to carry insensibility so far as in Surgery; and he (Dr. Gream) was sure that all the fatality which had attended the exhibition of chloroform in midwifery had arisen from some little want of care, or from a want of appreciation of its power. When anæsthesia was first introduced, he had opposed, with others, the indiscriminate use of it, for he thought that, at that time, it was recklessly employed; and he believed that the present safe and efficient manner in which it was exhibited in London was the result, in a great measure, of the opposition offered to its former indiscreet and dangerous employment. It was a fact, that no death from chloroform in midwifery had occurred in London; but allusion having been made to two authorities "beyond the Tweed," it was right to state that there the same immunity from calamity had not been enjoyed; yet he felt sure that no agent could be more safe, and none more beneficial, than chloroform in midwifery when properly administered. He thought the author of the paper had unintentionally exaggerated the ill effects (if there were any), and also the good effects, of chloroform. For three reasons he (Dr. Gream) thought chloroform most beneficial in labour; it removed pain, it rendered turning more easy, and it facilitated recovery; while the only detrimental effect was in protracted labour with pelvic contractions where, by lengthening the intervals between the uterine pains and slightly diminishing uterine power, it might cause delay; but its advantages in all other respects made full recompense for this one drawback. In instrumental delivery of every kind it was most advantageous, and he had seen fewer cases of hæmorrhage since he employed chloroform; indeed he had exhibited it to patients who had habitually been subject to this occurrence without hæmorrhage supervening—a fact worthy the attention of theorists, but nevertheless a fact. Each person had his

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own way of administering chloroform. He had tried several plans, but of late years he had employed a common tumbler, in which he placed the chloroform, together with a clean pocket-handkerchief moistened with about two drachms of the fluid. This quantity ought to last two hours or more. The patient's face projected over the side of the pillow, and the nurse or the husband (strictly under his direction) placed the tumbler under her nose and mouth at a distance of about an inch and a-half or two inches, and thus the vapour rose perpendicularly towards her. She soon expressed a sense of giddiness; but the tumbler was still retained, until there was nearly an inability to answer any simple question put to her, and that should be the point beyond which no advance should be made. The chloroform should be now removed, and be replaced in a few minutes; and by thus being replaced and removed from time to time, while the pulse is felt and the respiration watched, a labour might be conducted through its stages without danger and without pain. He had never, during the number of years he had used chloroform, had one moment's anxiety as to its effect upon any patient to whom he had administered it. The object of the handkerchief in the tumbler was to prevent any chloroform from running out or escaping on the bed if the tumbler fell over. He had found that any handkerchief or machine with which it was necessary to touch the face had the effect of rousing the patient, and thus did harm.

Dr. Druitt said that he believed there were very few labours in which chloroform might not be used with benefit at some stage or other; and that even when all the earlier stages go on easily and well, it is the greatest comfort at the final moment when the head emerges from the outlet He did not believe that chloroform predisposed to hæmorrhage; on the contrary, he knew women who had flooded severely in early labours, when they had no chloroform, and who had been confined under chloroform subsequently without hæmorrhage. Neither does it seem to retard uterine action after the first inhalation or two, provided that it be used in the small doses which reason dictates; nay, it removes that obstacle to uterine action which is created by excessive sensitiveness of the orifice and passages, and which causes uterine action to be abortive. He knew a case in which, after a very slight inhalation, enough to tranquillise, but not stupefy, the head was driven through, with rupture of the perinæum,—that external sensitiveness having been allayed which is a bar to uterine action. In cases of protracted labour from rigidity, such as happen to robust women who marry rather late in life, the blessing of chloroform was incalculable. These were the cases formerly treated by bleeding, tartar-emetic, and opium; and in opposition to the author, both opium and emetic-tartar, in minute doses, were admirable adjuvants in the proper cases. No amount of torture equalled that which many women endured from excessive uterine action and quasi-inflammatory rigidity of the os, and chloroform agreed well with any other proper remedy that might be devised. The only reservation he would make was, that chloroform should be used in the minutest quantity, and the minutest quantity sufficed. Two drachms were enough in most labours, a few drops at a time, to imitate the normal condition of labour; that is, a short snatch of refreshing sleep at the end of every contraction, and a little drowsiness beyond. He had met with two cases in which a very small quantity of chloroform produced symptoms of angina pectoris in women whose hearts were weak, and in such cases he thought that the risk ought not to be run.

Mr. Browning's experience was in favour of the use of chloroform, especially in complicated and difficult cases of midwifery.

Dr. Rogers was glad to hear Dr. Gream so candidly avow the alteration of his opinions on the subject of chloroform in midwifery. Dr. Rogers knew of one case, which occurred at Camden-town, in which death took place apparently in consequence of the employment of chloroform in midwifery. In his own practice he had never met with the slightest accident from its use.

Dr. Grailly Hewitt stated that the fatal case alluded to by Dr. Rogers, and which occurred some three years ago, was, as he had been informed, one in which the patient was labouring under alcoholism when the chloroform was administered; the gin-bottle was, in fact, found under the pillow after the patient's death. The case was therefore confirmatory of the opinion advanced by Dr. Kidd as to the danger of chloroform in such cases—an opinion also supported by Mr. Gervis's experience. With reference to the general question of the dangers of chloroform in midwifery practice, he considered that there could be no reasonable doubt that chloroform was neither more nor less safe in cases of midwifery than in other cases. It was well known that in operations generally chloroform had not proved always safe; and it was as reasonable to suppose that death might occur after the use of chloroform in midwifery as after the use of chloroform under other conditions, the result not being connected in any way with the special circumstance that the patient was in labour at the time of its administration. One question—a very important one, as he considered—had not been touched upon by the various speakers, excepting in a very incidental manner—namely, the effect of the employment of chloroform in cases of puerperal convulsions. On the data furnished by various recorded cases, he had failed to arrive at any sufficiently general conclusions in answer to this question. The difficulty of establishing the relation of cause and effect as regards the action of medicines was universally admitted; and in reference to the supposed beneficial or other effects of chloroform in puerperal convulsions, the tendency of the evidence as yet adduced was not always uniform. In a case recently published in one of the American journals, the patient being affected with uræmic symptoms, the occurrence of puerperal convulsions was anticipated, and chloroform was given to ward them off. The chloroform did not, however, prevent the access of the convulsions, although it is stated that they were modified and lessened under its influence.

Dr. Tyler Smith agreed with nearly all that had fallen from the previous speakers in favour of chloroform in obstetric practice. He thought it might be laid down as a principle in regard to its employment, that besides its value in allaying pain, it was useful in all cases, especially in operative midwifery, where it was desirable to moderate excessive action of the uterus, and to promote dilatation and relaxation. He held, on the other hand, that it was contra-indicated in cases where there was deficient action of the uterus, as in feeble and tardy labour from inertia, and in cases where hæmorrhage was expected. He had seen it stop the course of labour midway, and he believed that post-partum hæmorrhage and retention of the placenta occurred more frequently after its use than without it. One good effect of the discussion on the present paper lay in the difference of opinion which had been elicited. The causes of these differences would be studied, and the truth brought out. It could not possibly be correct that chloroform relaxed the uterus so as to facilitate turning, and made it contract so as to increase the difficulties of this operation; or that it could both cause and prevent hæmorrhage. He had himself no doubt of its usefulness in difficult cases of turning. He had met with cases in which version had been accomplished by its aid, where without it the operation would have been utterly impossible. He had seen mania follow its employment, and he thought that in some cases the relation was that of cause and effect. He had also met with bad cases of rupture of the perinæum under its use. The patients were relieved from pain, but volition was not suspended, and under these circumstances, the violent and fearless straining efforts ploughed up the perinæum by the fœtal head in the expulsive pains. It was of very great consequence to lessen, as far as possible, the dangers attending the use of this great and beneficent agent. The influence of fatty heart, alcoholism, and other conditions, in fatal cases, had been much debated; but there was one source of danger which, so far as he was aware, had not been dwelt upon. He referred to idiosyncrasy. He had known patients affected to a poisonous extent by ordinary doses of ether or chloroform. He knew two ladies, in apparently good health, in whom a few drops of chloroform would at any time produce repeated fainting. He suspected, therefore, that some of the inexplicable cases of death from chloroform depended on idiosyncrasy, and before its administration it would be useful if patients were tested as to their tolerance of its effects.

Dr. Kidd, in reply, thanked the Society for their very flattering and kind estimate of the paper. One or two points had dropped out in the reading which perhaps might be supplied. He did not himself think in forceps cases chloroform is indispensable; but he furnished the usual directions for chloform, whether before or after the blades were applied, etc. Chloroform, by facilitating versional delivery, will lessen the present number of forceps cases. The Vice-President,

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in his able summary, mentioned "idiosyncrasy" as a probable cause of death. This can scarcely be, as, in 100 deaths, about 40 of the patients had inhaled chloroform (two or three, or even in some cases ten times) previously without suffering from it. The word idiosyncrasy is vague, and would cause unnecessary alarm, which always does evil. Delirium tremens, "alcoholism," hysteria, might be substituted for idiosyncrasy. As to hæmorrhage cases and the use of tartar emetic with chloroform in undilated os, he differed from Dr. Druitt. The views expressed by Dr. Barnes were such as were held by no other practical man in Europe, —that version could be effected better without than with chloroform. Mania from chloroform is a similar error; and as to heart complications, diseased valves, etc., this is also probably a mistake of one book copied into others. The respiratory system is, in reality, the point where accidents originate; but there has not been a single death from chloroform in midwifery practice.

THE LAW OF LUNACY.

COURT OF COMMON PLEAS, WESTMINSTER,

Before LORD CHIEF-JUSTICE ERLE *and a Special Jury.*

PENNY *v.* CLARKE.

THE plaintiff was a cook and general servant, and the defendant is a Physician at Staines; and she now sued the defendant for assault and false imprisonment, and giving her into custody and causing her to be forcibly conveyed along the streets to the Union Workhouse, and detaining her there for three weeks. The plaintiff also alleged, in a second count, that the defendant, without reasonable and probable cause for believing her to be a lunatic, represented to the assistant-overseer at Staines that the plaintiff was of lunatic and unsound mind, and thereby procured a certain order for the removal and admission of the plaintiff to the Union Workhouse, under which she was conveyed to the Union, and detained there three weeks; and to which the defendant pleaded "Not guilty;" and secondly, to the first count, that the plaintiff was a domestic servant of the defendant, and was of lunatic and unsound mind, and was, immediately before the alleged grievances, outrageous and furious, and behaved in a violent and dangerous manner, and assaulted and attempted to kill the sister-in-law of the defendant, and threatened to destroy herself and do herself grievous bodily harm; that it would have been dangerous both to plaintiff and defendant and his family if the plaintiff had not been restrained; and that there was reason to suppose that the plaintiff would have destroyed herself, and have done personal harm to the members of the defendant's family, and that the alleged trespasses were necessarily committed. There was a similar plea to the second count. In support of these pleas, the defendant's wife and sister-in-law were examined, to prove the conduct of the plaintiff at the time the alleged assault was committed. The defendant was also examined, and said, "When I was informed of what had occurred, I told the plaintiff that she could not stay in my house, and that the better way was for her to go home to her parents. She said 'I shall not.' I asked for her parents' address, and she said she should not give it me. I applied to the sergeant of police, and he said he must withdraw the policeman that had been sent for, and that I must myself take steps in reference to the plaintiff. I was seriously alarmed for the safety of my family, and I feared that the plaintiff might do herself a mischief, and that odium might be cast upon me. I went to Mr. Curtis, the parish Surgeon; but both he and his son were from home. I then went to Mr. Dexter, the assistant-overseer, and asked him what I was to do. He said he really could not tell, but he would consult Mr. Horne, the solicitor to the Union. After he had seen Mr. Horne, he said his advice to me was, to proceed to the Union Workhouse, and ask Mr. Saunders if he had room for the plaintiff. I went to the Union, and afterwards to Mr. Dexter, who gave me the order. The next day after the plaintiff's admission, I enquired of Mr. Curtis how the plaintiff was. When I saw the plaintiff on the day in question she was talking incessantly, in an incoherent manner, but I saw no violence.

In opposition to this evidence, Mr. Curtis, the Parish Surgeon, stated that he saw the plaintiff on the day after she was sent to the Union, and that she then showed no signs of insanity, that he could discover, and that he found her perfectly quiet and harmless, and that he gave a certificate that she was of sound mind after she had been in the Union ten or twelve days. On this evidence it was contended for the defendant that under the circumstances he was justified in acting as he had done, and for the plaintiff that she was entitled to damages for false imprisonment in the Union Workhouse, and that no law in this country would enable one person to have another person confined on the mere ground that he suspected that person of insanity. That the first question was whether Mr. Clarke was responsible for the false imprisonment, and that upon that fact there could be no doubt that the plaintiff was conveyed to the Workhouse and left there with the letter requesting admission—"Please receive this girl of unsound mind,"—that Mr. Clarke could not shelter himself by saying that Dexter, the overseer, had no power to sign the paper of admission, and that they were both liable for the imprisonment of the plaintiff; that as to the pleas of justification that, if all the evidence on behalf of the defendant were true, there was nothing like insanity on the part of the plaintiff, and his Lordship, in summing up the case to the jury, said that no man had a right to cause a person to be confined as a lunatic unless he was dangerous and required immediate confinement; and that it was for the jury to say whether the plaintiff was really so dangerous a person as had been represented on behalf of the defendant, and whether she was a lunatic at the time she was confined, and that, for himself, he could not see that the evidence went to prove any dangerous lunacy; that the witnesses for the defence had no doubt stated what took place at the time in a very different manner from what the plaintiff herself had stated, but from the time the policeman came in there was no allegation of any conduct of the plaintiff that could be considered dangerous; that the incoherent language used by the plaintiff was certainly not proof that she was likely to be dangerous; and he concluded by saying that if the jury thought that the plaintiff had been imprisoned as a lunatic without cause, that they should give the plaintiff such damages as they considered her entitled to for the degradation she had suffered: but if they thought that there were grounds for considering her a lunatic, that they should find their verdict for the defendant. The jury, after considering the matter for a few minutes, said,—"We find for the plaintiff, but with this remark, that Dr. Clarke acted perfectly *bonâ fide;* and that upon the result of the evidence there was sufficient to justify the course he pursued. Therefore we lay the damages at £10." Upon this finding the counsel for the defendant claimed to have the verdict entered for the defendant, but the Lord Chief-Justice said he was of a contrary opinion, and the verdict was accordingly entered for the plaintiff.

MEDICINE IN MOROCCO.—M. Garcia Vazquez, Head Physician of the Spanish Army lately in Morocco, writes thus of the state of the Medical art there:—"Any one who pleases practises Medicine, which is carried on ridiculously—the practice being rather religious and mystical, than scientific. All depends on fate. Physicians attribute diseases to evil spirits, and hope to find a cure in time, or they submit to farcical proceedings unworthy of reasonable beings. One of their most efficacious remedies is sarsaparilla, which they employ with a mixture of religious acts, a sort of dietetic regimen. Here is a specimen of what happened before me in the case of the Ketif who was charged with the Treaty of Peace. At the request of our General I examined the leg of this high personage, and found there an anthrax, which had been left to itself, and irritated by the friction of his woollen clothes, had grown to a very large size. He had besides, erysipelas of the leg, and œdema of the foot. I prescribed what was requisite, but found it hard to make him understand that it would not do for him to remove the apparatus many times in the day for the sake of his ablutions and prayers, and could not overcome his repugnance to the application of cotton-thread to his skin. Fools and devotees, sort of much the same thing, are the only Doctors here. The Jews have one sent to them and paid for by Rothschild; he is also a *Pharmacien.* The people also have their *wise men,* who assist them in their diseases."

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MEDICAL NEWS.

APOTHECARIES' HALL. — Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, the 13th inst. :—

Caskie, John Boyd, Largs, Ayrshire, North Britain
Curtis, Albert, Staines, Middlesex
May, Henry, Birmingham
Nicholas, Ebenezer, Market Deeping
Schollick, Thomas James, Ulverstone, Lancaster
Watton, Brinsley Marcius, Hurstpierpoint, Sussex
Wrixon, Robert, 6, Devonshire-terrace, Camden-town.

The following Gentlemen also on the same day passed their First Examination :—

Howarth, George, Southport, Lancashire
Maling, Edwin Allan, Sunderland
Wilbearn, John E., West Auckland, Durham
Williams, Edward Humphery, Carnarvon, North Wales.

APPOINTMENTS.

LEPPINGTON.—Mr. H. M. Leppington has been elected Mayor of Grimsby, Lincolnshire.

MURCHISON.—Dr. C. Murchison has been appointed Assistant-Physician to the Middlesex Hospital.

PRIESTLY.—Dr. W. O. Priestly has been appointed Physician-Accoucheur to the Middlesex Hospital.

HEMPHILL.—Mr. J. Patton Hemphill, A.B., M.R.C.S.E., has been appointed Surgeon-Accoucheur to the Ladies' Charity, Liverpool, in the room of the late Dr. Gilmour.

DEATHS.

ATWELL.—December 9, James Buckley Falconer Atwell, of Lympstone, near Exeter, M.R.C.S. Eng.; L.S.A. Lond.

COLVAN.—December 12, John Colvan, of Newry, Co. Down, Lic. and L. Med. K.Q.C.P. Irel.; L.M. Univ. Trin. Col. Dub.; M.R.C.S. Eng.; F.R.C.S. Irel., aged 70.

FEARON.—December 10, George Fearon, of Edgbaston, Birmingham, L.R.C.S. Edin.

GILLESPIE.—October 3, at Richmond, Victoria, Australia, D. M. Gillespie.

JOLIT.—December 15, suddenly, at the French Protestant Church, St. Martin's-le-Grand, Isaac Jolit, M.D., aged 67.

PARROTT.—November 10, John Parrott, of Clapham Common, Fell. and M.R.C.S. Eng; formerly Master of the Society of Apothecaries, aged 70.

PARRY.—December 5, at Mold, Flintshire, Thomas Parry, formerly Surgeon to the Royal Merionethshire Militia, aged 69.

SKIDMORE.—December 7, at Leicester, suddenly, Peter Skidmore, of Ashover.

A FACT FOR PHYSIOLOGISTS. — At the Middlesex Sessions on the 17th inst. Henry Hamilton, 18 years of age, was tried with two other prisoners for an ordinary theft. Boden, 11 D, and Deeble, 147 D, said they knew the prisoners, and mentioned the extraordinary circumstance that Hamilton was one of a family of 32 children. His father was 66 years of age, and had had two wives, by one of whom he had had 30 children, by the other two, and of them all 24 were now living. He was married to his first wife 48 years, and the youngest of his 32 children was now seven years old.

UNWHOLESOME MEAT.—At the last City Sewers Commission in respect of the markets and slaughter-houses Dr. Letheby reported that 4133lbs., or nearly two tons, of meat, had been seized during the week as unfit for human food. Of this 3080slb. had been seized in Newgate-market, 458lb. in Leadenhall, and 595slb. in Aldgate and Newgate. 2533lbs. were seized on account of it being diseased, 597 because of its putridity, and 1003 by reason of the animals having died from natural causes. All of it had been sent to the boilers and destroyed as unfit for human food.

AT the Sixteenth Annual Meeting of the Glasgow Southern Medical Society, held on the 6th inst., the following gentlemen were elected office-bearers for the ensuing year :—President: Mr. Bryce Rankin. Vice-President: Dr. Henry Dunbar. Treasurer: Dr. H. R. Howatt. Secretary: Mr. Edward McMillan. Seal Keeper: Dr. James Stewart. Court Medical: Dr. Peter Stewart, Convener; Dr. H. R. Howatt; Dr. James Morton; Dr. James E. Newman. Officer: Thomas Robertson.

ILLEGITIMACY IN SCOTLAND.—During the month of November (according to the Registrar-General for Scotland) there were registered in the eight principal towns of Scotland the births of 2530 children, of whom 1291 were males, and 1289 females. Of that number 2329 were legitimate, and 201 illegitimate, which gives the proportion of 1 illegitimate in every 12·5 births, or 7·9 per cent of the births as illegitimate. The proportion of illegitimate births in the several towns (considering Edinburgh and Leith as one town) was the following:—In Perth, only 4·9 per cent. were illegitimate; in Paisley, 5·3 per cent.; in Greenock, 6·6; in Edinburgh and Leith, 7·2; in Glasgow, 7·5; in Dundee, 9; but in Aberdeen, 13·6 per cent.

TROUSSEAU ON MEDICAL TERMS.—"How much do I prefer the name of Bright's Disease to that of Albuminous Nephritis; not only because an homage is thereby rendered to an illustrious English Practitioner, who first described the disease, but chiefly because the term does not impose any doctrine or opinion. Scarcely twenty-five years have elapsed since the beautiful works of Bright appeared, and yet twenty different theories have succeeded each other. Let the name of diabetes remain, and after reading the ingenious experiments of Claude Bernard, leading us to employ a name which would indicate irritation of the floor of the fourth ventricle of the brain, or of the liver; wait, and even when you have become thoroughly acquainted with the cause and nature of diabetes, still preserve the name which prejudges not."

OPERATION FOR STRANGULATED HERNIA.—The following fact is worth noting, *à-propos* of an operation for the reduction of strangulated hernia, lately practised successfully by Mr. Jessop. M. Larrey stated at the Surgical Society of Paris, that in 1849 he met with the following case at the Hospital of Grôs-Caillou. A soldier, 23 years old, came into Hospital with strangulated hernia. Taxis was long tried, but in vain; and all the other usual remedies. Operation seemed the only resource left. M. Larrey determined, however, to try previously a mechanical manœuvre. He therefore had the man placed on a stretcher, and carried up-stairs, with his head downward. While being shaken by the movements of the porters, an assistant gently rubbed his abdomen, and another assistant at the same time gently compressed the tumour. Before the top of the stairs was reached, the hernia was completely reduced.

GRATUITOUS MEDICAL NURSING IN AUSTRIA.—"In the course of the examination into the abuses in the Hospital on the Wieden, it has come to light that the 'Gray Sisters,' who, as members of the Order of St. Francis of Assisi, are not allowed to hoard money, have been enriching themselves at the expense of the patients. Each of the 126 sisters—84 nuns and 42 novices—receives her board and 200fl. a-year, but the rations of the patients have been greatly reduced in quantity and quality, in order that something might be saved for religious purposes. The evidence given by the Medical men also proves that there is one great objection to the introduction of nuns, if not regular 'Sisters of Charity,' into Hospitals. They object to perform for the male sex those duties which are everywhere required of Hospital nurses. Some Surgeons once complained to the Imperial Inspector of Prisons of the great want of cleanliness of the Gray Sisters, who have the management of all the Austrian prisons, and that gentleman replied, 'If the soul is well cared for, the state of the body signifies little.'"

PRIZE SUBJECTS AT THE PARIS ACADÉMIE DE MÉDECINE FOR 1861, 1862.—The Academy Prize of 1000 francs for 1861—Disinfectants and their Therapeutical Application; for 1862—Determine by means of clinical facts, 1. What is the natural course of the various forms of pneumonia, considered with respect to the different physiological conditions of the patients? 2. What is the relative value of expectation in the treatment of these diseases? The Portal Prize of 1000 francs for 1861 — Purulent Inflammation of the Lymphatic Vessels, and its Influence upon the Economy; for 1862—Vascular Obstructions of the Circulatory System of the Lungs, and the Practical Applications which may be deduced,—That is to say, expound by means of positive observations the various species of sanguineous concretions which may obstruct the vessels of the pulmonary circulation, appreciating their causes immediate effects and ulterior consequences, investigate the mechanism of the cure of these morbid conditions, determine the signs which lead to their recognition, and indicate the treatment they call for. The

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Civrieux Prize of 2000 francs for 1861 — Angina Pectoris; for 1862—Determine the Place of "Moral Medicine" in the treatment of Nervous Diseases. The Barbier Prizes of 4000 francs for 1861 and 1862, for Assured Means of Curing Diseases hitherto deemed Incurable, as—Hydrophobia, Cancer, Epilepsy, Scrofula, Typhus, Cholera, etc. Encouragements to be awarded to those who, without attaining the aim proposed by the prize, make some approach to it. The Itard Prize of 3000 francs for 1861 for the best work on Practical Medicine or Applied Therapeutics—such work having undergone the test of publication for at least two years. The Amussat Prize of 1000 francs for 1861 for the author of the work which, based on anatomy and experiments, shall have realised or prepared the way for the most important improvement in Surgical Therapeutics—such work not having already received any prize. The Orfila Prize of 4000 francs for 1862—Poisonous Fungi. The memoirs to be sent in by the 1st of March of the respective years.

KING'S COLLEGE HOSPITAL.—The magnitude of the London Charities, their infinite variety, and the countless benefits which they confer on the sick and friendless poor of this vast Metropolis have often excited the admiration of foreigners; but the most extraordinary part of their history is the fact that they have almost exclusively been founded by private benevolence, and, with few exceptions, are supported by the voluntary subscriptions of the charitable public. In a prominent place among these institutions stands King's College Hospital. The building, which covers an area of nearly an acre, and is in the Italian style, will contain accommodation for 200 patients, and will be replete with all the conveniences and appliances which, in this philanthropic age, are considered essential to the comfort and welfare of even the poorest patients. It is six stories in height, and, from the great extent of the building, the roof forms one of the conspicuous objects to be seen from the bridges, overtopping, as it does, both of the great theatres in the neighbourhood. When completed it will have cost no less than £100,000, every shilling of which has been raised by voluntary subscriptions.

NEAPOLITAN HOSPITALS.—"I saw, no later than three days since, the dirt on the ground of one of the wards in San Sebastian 'caked' half-an-inch deep, hard dirt, while the attendants were washing pots and kettles and plates about the beds. That I may be the more precise, it was the Sala Vittorio Emmanuele. On leaving that *sala* I went to another, and listened to the whispered complaints of a poor fellow who had been shot through the lungs, that he had been robbed frequently and had not that frequent attendance necessary, as the discharge of his wound was so great. 'I give the poor fellows some money at times,' said a lady to me, 'because they are neglected if they do not give the *infermieri* something.' 'I was robbed by my *infermieri* of a piastre or two which Victor Emmanuel left to me,' said the wounded boy; 'get me into another more central place,' and I did. I said the *surveillance* of the Hospitals has been conducted principally, if not altogether, by foreigners; some honourable exceptions there have been, but still the rule holds good. English ladies have sacrificed their ease and time, and one has risked her life almost in the battle-field, while Neapolitans have for the most part remained at home at ease, apparently indifferent to the sufferings of their 'brothers.'"—*Times' Correspondent.*

THE ACCLIMATISATION OF ANIMALS.—At the meeting of the Society of Arts, on Wednesday, Nov. 28, the paper read was "On the Acclimatisation of Animals," by Mr. F. T. Buckland. The author began by speaking of the importance of the art and science of acclimatisation. It had engaged much attention in France, and in Paris there had been established, since the year 1854, a Society called "La Société Imperiale d'Acclimatation." At the present time it numbered above 25,000 members, and included thirty-five Royal names—from the Emperor of the French to the King of Siam, from the Sovereign Pontiff to the Emperor of Brazil. It possessed a splendid garden, and every convenience and appliance for carrying out its principles. The list of prizes which it offered some years since for the introduction of various animals into France—also some useful kinds of fish, insects, birds, and vegetables—showed the manner in which it carried on its operations. It was remarkable that since the Christian era the only additions to our catalogue of domesticated animals had been four in number, viz.: in 1524 the turkey, in 1650 the musk duck, in 1725 the gold pheasant, and in 1740 the silver pheasant. Indeed, it was most astonishing, that though the world furnished so large a list of animals, we limited our attention to about forty-three. Mr. Buckland then proceeded to mention the animals and birds which have been found to live in this country, remarking on their peculiar characteristics, and the uses to which they were applicable.

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 15, 1860.

BIRTHS.

Births of Boys, 1052; Girls, 918; Total, 1970.
Average of 10 corresponding weeks, 1850–59, 1050·3.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	614	594	1208
Average of the ten years 1850–59	642·0	604·2	1246·2
Average corrected to increased population..	..	..	1371
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	39	22	61

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	..	13	5	1	10	3	2
North ..	490,396	..	5	9	3	11	5	2
Central ..	393,256	..	15	3	3	4	3	2
East	485,522	3	17	17	1	8	6	1
South ..	616,685	..	5	18	6	10	3	5
Total.. ..	2,362,236	3	55	52	14	43	21	12

TO CORRESPONDENTS.

ERRATA.—Page 585, *for* Bone-Setter-Surgeon, *read* Bone-Setter = Surgeon. Page 587, col. 1, line 7 from top, *for* "where that Pinchings exercises this faculty," *read* "where Pinchings exercise their faculty."

DE LEEUW.

A pamphlet by F. H. de Leeuw, Med. and Chir. Dr., was published at Essen, bei Bädeker in 1826, under the title, "Ueber die jetzt herrschende contagiöse, sogenannte Egyptische Augenkrankheit," &c. It is in 8vo, and contains 107 pages of text. Reviews of it may be found (according to Callisen) in "Rust krit. Repertor für Heilk, Bd. iv., 1826; H. 3, s. 472—479; "Pierer allg. Medic. Annal," 1824, Nov. S. 1479-1491. This is, evidently, the work referred to by Dr. Lee, and of which Mr. Wilde is ignorant. I must, however, add, that more recent writers appear to consider it of little value, at least, the only writer who has quoted it (to my knowledge) is Eble, and he merely adduces it with a number of other works, containing descriptions of the disease as it occurred on the banks of the Rhine. T. W.

SUDBROOK-PARK.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Can you or any of your readers inform me who is the proprietor of the Water-cure Establishment at Sudbrook-park, in this village, and from whence he came? I am, &c.
Petersham, December 13. QUERO.

THE STETHOSCOPE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Every Practitioner must have experienced the difficulty of properly applying the ordinary form of stethoscope to the chest, especially in the case of emaciated individuals whose ribs are prominent. Would this difficulty not be overcome by having that end of the instrument which is applied to the chest made of India-rubber, caoutchouc, or some such material? I am, &c.
December 18. G. H. L.

ACTEA IN RHEUMATISM.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I cannot but think the observations of Dr. Simpson in your number of the 8th inst., on the effects of the tincture of actea in rheumatism, well worthy the consideration of the Profession. I am old enough to remember when the compound tincture of bark (of which snake-root forms a considerable ingredient) was considered a remedy of no little value in rheumatism, and many were the cases in which I witnessed its beneficial effects. I am, &c.
December 17. A. K.

MATRONS *v.* MEDICAL OFFICERS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The Hospital at Liverpool is not the only one where the petticoat influence, of which your correspondent, the House-Surgeon, complains, is made to be felt.

At the Hospital of which I am an Officer, one of the pupils asked my permission to give some grapes to a patient under my care. I saw the

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grapes, and told him to give them. He did so: they were taken away; and he was reprimanded by the Matron for giving them; upon saying he had my permission, he was told that I had no power to do such a thing.

The following Board-day a written report of the circumstance was made by the Matron, in which no mention was made of the pupil's having said he had my permission, nor of my having told her (as I did when I heard of her interference) that she had no business to meddle in the matter; and, without any inquiry being made of me or the pupil, the Matron's conduct received the approbation of the Board.

I am, &c. AN HOSPITAL SURGEON.

MEDICAL TITLES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—For the sake of unity and good feeling among the members of our Profession I trust that the Medical Title controversy is now closed, and that the recorded decisions of Coke, Ellenborough, Mansfield, and Denman, with the recently-delivered judgment of the Lord Chief Baron of the Exchequer, and the still more recently written and deliberate opinion of the Right Hon. Her Majesty's Attorney-General for Ireland, in respect to the Dublin College, will satisfy the most fastidious, that Licentiates of the Royal Colleges of Physicians are veritable Doctors of Medicine, and consequently are legally entitled to use the initial letters M.D. after their names.

I am, &c.

2, China-terrace, December 15. JNO. E. SMYTH, M.D., R.C.P.E.

DO MEN LIVE A HUNDRED YEARS?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—When attending the Medical classes at Dublin (Session 1834 and 1835), I one day called at Kilmanham Hospital, and saw an old pensioner who told me that he was one hundred and eight years of age; that he was a native of Peterhead, North Britain; that he was one of the sixteen volunteers from that town who joined the Duke of Cumberland's army at Fyvie; that (in the old man's words) "they then followed the Rebel army northwards until they came to the river Spey. The day before the battle of Culloden, which, being the Duke's birthday, every man got a ration of bread and cheese and a glass of whisky." On the following day he was present and fought at the battle of Culloden.

I am, &c.

Turriff, December 15. C.

A QUERY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I ask for a metropolitan opinion on the following points:—

If a Medical Charity—which has hitherto excluded from the office of Physician all Bachelors of Medicine and all Doctors of Medicine of St. Andrews, Aberdeen, and Foreign Universities, and all Members of Colleges of Physicians—now wishes to increase the number of those eligible; should you consider that Non-Graduate Members (*i. e.* Members by Examination) of the Royal College of Physicians of London were the best, and ought to be the only individuals selected?

And if there happened to be among the excluded local Physicians three who had University Degrees, and were Members of the R.C.P.L. by grace; and one, a Non-Graduate Member by Examination, should you think it savoured of impropriety if an M.D. and M.R.C.P. urged uncompromisingly that all the four gentlemen should be placed on the same footing?

I am, &c.

Liverpool, December 17. THOMAS INMAN.

[In all cases where Institutions are supported by voluntary contributions it must be remembered that the subscribers make what laws they please, and that Medical Officers have three courses before them: 1. To endeavour to alter the laws; 2. To work under laws of which they disapprove; or 3. To resign or refuse to accept office.—ED.]

CAUSES OF SYMPTOMATIC FEVER.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The following few remarks may be found, perhaps, not uninteresting to some of your numerous readers:—When a student at one of the London Hospitals, a few years since, a friend (wishing, it may be, to gain some practical experience in his profession as a Dentist) volunteered to operate on one of my teeth on which he descried a dark spot, and which he considered symptomatic of decay. I readily underwent the "slight" operation, (but which consisted in filing nearly one-half of the tooth away). So far, so good,—the dark spot was no longer present. A few hours afterwards I was seized with all the symptoms of severe fever: quick pulse (108); hot, burning skin; foul tongue; intense headache, etc. At the same time that the fever came on the remainder of the tooth was also affected with intense pain,—in fact the fever and toothache seemed to run the same course; but both ceased after about thirty-eight hours. Last week I had the remainder of the crown of the same tooth removed, and the fang bored for the purpose of fixing a false tooth;—strange to say, the same symptoms occurred as I have described as taking place three years ago, although more severe—the headache becoming almost unbearable; the whole lasting about forty-eight hours.

Now, I have not the slightest doubt in my own mind as to the cause of the fever: it was doubtless the irritation or inflammation of the peripheral nerve, which reacted on the nervous centres, and produced as its effect the morbid train of symptoms described as fever.

May not many cases of the so-called idiopathic fever be often referrible to some local cause which is generally overlooked? It was the opinion of some of the most eminent Continental Physicians but a few years since that all fevers had some local origin—perhaps they were not far wrong. In the present instance, had not the same course of events recurred, I should doubtless have set down the fever as due to some miasma, etc. Perhaps some of your readers may be acquainted with similar instances.

I am, &c.

Manchester, December 16. CHIRURGICUS.

CHLORODYNE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In reply to "Inquirer," I beg to state that I have prescribed Chlorodyne daily for several years past, and in some hundreds of cases; that I consider it to possess "an advantage over the narcotics now in use" more than counterbalancing its high price and the inconvenience that must usually attend the adoption of a secret remedy.

Chlorodyne is perfectly safe to administer, and produces effects which I have not found to result from the administration of any other remedy or combination of remedies with which I am acquainted.

I have never "seen a case where a fatal dose has been given;" but I once saw a lady take two drachms of it at a dose (she was suffering from eclampsia): she was relieved of the violent spasms almost instantly, had about two hours' tranquil sleep, then awoke and expressed herself as feeling perfectly well, and without the least headache, weariness, or other symptom of opiate poisoning.

I may say, once for all, that I am perfectly certain neither opium nor morphia enter into its composition. I can speak with some authority on this point, for I have prescribed some gallons of it. The effects it produces are utterly unlike those which follow the administration of morphia or opium; secretion is not checked, but the contrary; the pupils are not contracted by it, the breathing is not laboured, nor does the patient complain of any head symptoms afterwards. Indeed, many patients who cannot tolerate morphia in any of its forms, can take chlorodyne, not only with impunity, but with manifest advantage.

These observations apply, of course, to the Chlorodyne manufactured by Davenport, (which I suppose we must call, as he does, "the only genuine,") for all the other kinds which I have tried (Freeman's, Ogden's, and others) unquestionably do contain morphia and hydrocyanic acid also; and although, in many ordinary cases they do afford considerable relief, as might be expected from their composition, still in desperate cases, as in cholera, phthisis in its severer forms, hæmorrhage, etc. etc., they are of no service whatever, and it is in these cases that the marvellous effects of Davenport's preparation are most manifest.

I have limited myself to answering "Inquirer," without enlarging upon the class of diseases in the treatment of which, I am sure, Chlorodyne will, sooner or later, replace every other remedy.

Carshalton, December 13. I am, &c. J. H. SHORTHOUSE, M.D.

HOUSE-SURGEONS *v.* MATRONS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Seeing in your Journal of the 15th inst. a letter, headed "House-Surgeons *v.* Matrons," from the House-Surgeon of the Liverpool Northern Hospital, I beg to request that you will afford me space in your next publication for the following remarks:—

It is a rule of this Hospital as probably of most other Provincial ones, that "the appointment of the particular diet of the patients shall be under the regulation of their respective Physician or Surgeon;" or, in their absence, or in case of emergency, under that of the House-Surgeon, the Matron having nothing whatever to do with the same, except the duty of supplying the patients with the diet ordered by the Medical Officers (including among them the House-Surgeon).

The same rule also provides, that "no other provisions shall be brought into the house to them on any pretence whatever; but, should the House-Surgeon, in any particular instance, take upon himself to relax that rule, the Matron would not be allowed to put her veto upon his decision."

Having been for many months personally acquainted with the Matron of the Northern Hospital, Liverpool, while she occupied the same office in this Institution, and having had, therefore, considerable experience of her deportment in relation to the superior position of House-Surgeon, I was not at all surprised to see the letter of your correspondent; and, perhaps, I may be permitted to add my personal testimony in corroboration of his statement; for a spirit of interference with the duties of the House-Surgeon was so frequently exhibited on the part of the then Matron that it led to more or less constant differences between those two officers, to the discomfort of themselves, and, I need hardly add, of the whole household.

I am, &c.

HOUSE-SURGEON OF THE HULL GENERAL INFIRMARY.

December 17.

COMMUNICATIONS have been received from:—

Professor SIMPSON; Dr. GOODFELLOW; Mr. WOOD; Dr. RICHARDSON; Mr. SANDS COX, Birmingham; Mr. IKIN, Leeds; Dr. INMAN, Liverpool; Mr. J. V. SOLOMON, Birmingham; Dr. JAGO, Truro; Dr. SHORTHOUSE; Mr. Mr. LEECH; Mr. LEE; Mr. GWYTHER; Mr. HILL; Mr. SCHOFIELD; Dr. BATESON; Dr. SMYTHE; Mr. HENRY SMITH; Mr. WALKER, Glasgow; Dr. HILLIER; and Dr. RAINY.

APPOINTMENTS FOR THE WEEK.

December 22. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

24. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

25. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

26. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

27. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

28. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday) at 2 o'clock:—

By Mr. Fergusson—Lithotrity; Removal of Secondary Tumour from Spermatic Cord.

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DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague. "I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best Medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regard genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

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WATER BEDS.—EDMISTON and SON, 5, Charing-Cross, beg to call

the particular attention of the Managers of Hospitals and Dispensaries, and the Medical Profession generally, to the prices nd quality of their Hot or Cold Water Beds. The prices hitherto charged being so high as to limit the sale of such articles to the affluent, they are induced to offer them at such prices as will enable the public generally to realise the advantage and comfort to be derived from their use.

WATER BEDS, £4 4s., £5 5s., and £6 16s. 6d.

Water Pillows and Cushions, 7s. 6d. to 21s. Urinals, from 3s. 6d. to 12s. 6d. Cotton Elastic Stockings, 4s. 3d. Silk, 5s. 3d. Knee Caps, Leggings, Anklets, &c.

BED SHEETS, ACCOUCHEMENT BELTS, &c.

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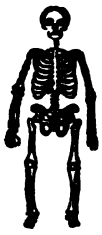

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RAGINEL, 38, Ludgate-hill, City, E.C, London. Patronised by the Royal College of Surgeons of England. Illustrated Osteology on the bones themselves. Very large Stock on the lowest possible terms. Disarticulated Skulls, in twenty-two pieces, in box. All the bones of the disarticulated skulls will be fitted in right order in the presence of the purchaser so as to show that every bone of each set belongs to the same Skull; it will be the same for all other disarticulated pieces. Skulls with Sections. Hands and Feet on cat-gut. Disarticulated Skeletons, quite complete, with the Skull same body. Articulated Male Skeletons, the bones very well marked.

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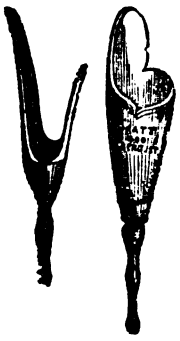

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Wooden and Artificial Legs, Crutches, Bandages, &c., at greatly reduced prices.

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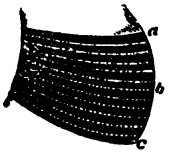
is constructed on a principle which secures the required support without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal, and Femoral Hernia, and band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods, in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality. Measures required: Circumference, at *a*, *b*, *c*; depth, from *a* to *c*. Priced and Illustrated Catalogue on application to



E. HUXLEY, 12, Old Cavendish-street, Oxford-street, W.

PULVIS JACOBI VER, NEWBERY'S.

GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D., Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"—

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol.* I. *p.* 319.

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the Newbery family in St. Paul's Churchyard, it is necessary to prescribe it as "*Pulvis Jacobi Ver, Newbery's*," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*), will be substituted for the original medicine. This, of course, cannot but have an effect other than that expected, and will thereby lead the practitioner totally to discard it from his daily Pharmacopœia, as a preparation whereon no dependance can be placed. We hope the above extract will prove that when the genuine medicine is used, faith may be reposed in it.—Yours faithfully,

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ESTABLISHMENT, 9, YORK PLACE, BAKER STREET, PORTMAN SQUARE, for the extraction of Mercury, and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

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COCOA; manufactured by DUNN & HEWETT, London.

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The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen—or flesh-producing substance,—and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which are always so unpleasant is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

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"The Combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses moreover tonic properties."

(Signed) A. H. HASSALL, M.D.

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DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE, prepared from pure Cantharidine. An elegant preparation, vesicating in much less time than the Emp. Lyttæ, P.L., easily applied and removed, and will not produce strangury, or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom. In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING, an elegant, economical and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above. In Tin Cases, containing twelve square feet, 1s. 6d. each.

EXTRACTS AND EDITORIAL NOTE FROM THE "NEW YORK JOURNAL OF MEDICINE."

"March 1, 1850.

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"Accompanying this article is a very simple and neat dressing."

"I have prescribed the Cantharidine Tissue and Dressing (as prepared by you), for the last ten years. I have much satisfaction in bearing testimony to its effectual, mild, and safe action as a vesicant on the most delicate skin, and one of the best auxiliaries in the successful treatment of congestive and inflammatory diseases; the dressing has the advantage of being cleanly, agreeable and curative in its application.

"JOHN PURSELL, M.D., F.R.C.S.E.

"Kennington Park, Surrey, February 12, 1857.

"To Mr. T. B. Brown."

"Army Medical Department, January 16, 1847.

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It is in great favour wherever it has been made known, for Puddings, Blancmange, &c., preferred to the best Arrow root, and especially suited to the delicacy of Children and Invalids.

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The Directors desire, in conclusion, to observe that all persons who shall have completed Policies on the participating scale before the 30th June, 1861, will share in the Bonus to be declared in January, 1862. This early participation in the profits offers such advantages to New Assurers, that the Directors are unwilling to close their Report without inviting attention to the announcement.

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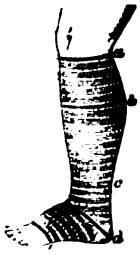

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REPORT PRESENTED AT THE ANNUAL GENERAL MEETING, Held NOVEMBER 30th, 1860.

THE Directors have much satisfaction in presenting a favourable Report of the progress of the Society during the year ending June 30th, 1860.

This year has been distinguished by the fact that a larger amount of New Assurances has been effected than in any corresponding period.

During the twelve months, **572** Policies were issued, for an aggregate sum of **£321,575**, and yielding **£10,179** in New Annual Premiums.

The Gross Income has increased, in the same time, from £179,119 to **£185,928**: and the Assurance Fund from £1,255,531 to **£1,330,621**. Thus, after the payment of all claims and expenses, the Accumulated Fund has received an augmentation of **£75,090**, a sum exceeding, by £10,300, the surplus of the previous year.

By the lamented death of the late Duke of Richmond, the Office of President of the Society, which his Grace had filled during a period of twenty-four years, became vacant. Whilst greatly regretting the severance of a connexion of such long standing, the Directors have the gratification of announcing that his Grace the Archbishop of York, previously a Vice-President, and who has been closely connected with the Society for a period of thirty-five years, has honoured the Society by accepting the office of President. The Directors have also the pleasure to state that the Duke of Marlborough has allowed his name to be added to the list of Vice-Presidents of the Institution.

The Directors desire, in conclusion, to observe that all persons who shall have completed Policies on the participating scale before the 30th June, 1861, will share in the Bonus to be declared in January, 1862. This early participation in the profits offers such advantages to New Assurers, that the Directors are unwilling to close their Report without inviting attention to the announcement.

The following are some of the Distinctive Features of the Society:—

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ORIGINAL LECTURES.

LECTURES
ON THOSE DISEASES OF THE KIDNEY
GENERALLY KNOWN AS
BRIGHT'S DISEASE.

DELIVERED AT

The Middlesex Hospital.

By S. J. GOODFELLOW, M.D.

Physician to, and Lecturer on Medicine at, the Hospital.

Lecture XII.

TREATMENT CONTINUED—CHRONIC FORMS.

Gentlemen,—In my last Lecture I described, as fully as my limited time would permit, the treatment—phrophylactic and curative—of the acute forms of these affections. In this description I am afraid I omitted many points which I ought to have noticed. For example, I did not state so fully as I ought to have done the measures to be adopted when convulsions are imminent, or are actually present, and when coma seems approaching, and becoming more and more profound. I did allude incidentally to some of the steps necessary to be taken; but there are some local measures which ought not to be omitted. Local depletion by leeches or cupping to the temples, will generally be called for, and at times even general blood-letting, in the case of convulsions alternating with coma; but in profound coma the propriety of any abstraction of blood from the arm is doubtful. A large blister to the shaven scalp, extending over the nape, would be justifiableas a last resource,—death by coma being imminent—although, as a general rule, blisters are to be avoided in these diseases, on account of strangury, which is so likely to follow their application. A comatose state alternating with convulsions, the face being flushed, the eyes suffused, and the pulse hard and labouring, will always justify the abstraction of blood from the temples, the loins, and even at times from the arm, the amount of blood taken being measured by the urgency of the head symptoms and the general powers of the patient. And contemporaneous with this depletion, a brisk hydragogue cathartic with elaterium should be administered, and both followed immediately by a hot bath, in which the patient should remain immersed until a decided calmative effect is produced. A repetition of the leeching to the temples may be required, the action of the bowels kept up by the daily administration of the hydragogue medicine, and the full action of the skin by the ammonia and antimony draught. If there be much sickness, small doses of the Epsom or Glauber's salts may be given in some carminative water, and the action of the bowels secured by copious enemata of warm water, with two or three ounces of the senna mixture. At the same time a hot linseed-and-mustard poultice should be kept to the pit of the stomach, and to the loins.

I will now endeavour to describe the treatment for the *chronic forms*. There is, however, a condition intermediate between the acute and chronic forms—a subacute state, which requires most careful management, and which it is very difficult to treat. There may be considerable anasarca, more or less pallor, much thirst, a preternaturally warm and dry skin, an irritable but not easily compressible pulse, headache, and nausea or vomiting. Most of these subacute conditions or states require a somewhat complex plan of treatment. We have to promote the action of the skin by the haustus ammoniæ, acetatis, or citratis, or other salines, to which we may add, one, two, or three drachms of the infusion of digitalis, and ten or fifteen of the vinum antim., pot.-tart.; we may give once a-day, even at this time, ten or fifteen minims of the tincture of the sesquichloride of iron, or five to ten grains of the ammonio-citrate of iron every day with one of the meals. Every other day, a dose of the pulvis jalapæ co. may be given; and, at the same time, the abstraction of four or six ounces of blood from the loins by cupping or leeches. As the symptoms indicating an inflammatory action subside, and the urine becomes freer from blood-corpuscles and albumen, you may more frequently repeat the iron medicines, omit the cupping or leeches, and give the pulvis jalapæ co. less frequently. With respect to the salines, I often find that their administration intermediately two, three, or four times a-day is advisable, even when I am giving the iron medicines more frequently, omitting from the former the antimony. Dr. Basham gives a very good formula, which is applicable for the decline of these subacute states, as well as for the chronic forms—Liq. ammon. acetatis ʒj (ʒij), acidi acetici diluti ♏xx. (♏xxx.—xl.) tinct. ferri sesquichlor. ♏x. (♏xv.), aquæ ʒj. (ʒjss.) fiat haustus. The quantities within brackets are those which I sometimes prescribe, although, in most cases, those of Dr. Basham are much more suitable. Small doses frequently repeated seem to do better than larger ones given at longer intervals.

The Chronic Forms.—(a) Those due to Scarlatina.—In these cases, notwithstanding that the structure of the kidney is permanently damaged, we may, nevertheless, by appropriate treatment, medicinal and dietetic, restore, to a great extent, the function of the organ, reduce the anasarca, and very much improve the general condition of the patient. The treatment in this chronic form will be influenced by the amount of anasarca present. If it be considerable, and there be—what there almost invariably is—more or less bronchitis, as indicated by the subcrepitant rhonchi, mixed with the snoring or buzzing and whistling sounds, you will be precluded from using some of the remedies that you could readily have recourse to when the anasarca is inconsiderable. For example, you can prescribe the dry cupping once or twice a-week, or occasionally apply a few leeches, or even abstract, by cupping, three or four ounces of blood from the loins, under the latter condition; while in the former, the same remedy would be inapplicable. When the subcutaneous structures are largely infiltrated with dropsical effusion, the application of the dry cupping-glasses, instead of giving relief, seems to bruise the parts, producing considerable extravasation, and even inflammatory reaction and sloughing. The application of leeches, and the wounds of the scarificator also produce inflammation of an erysipelatous nature, which is most difficult to check, and which goes from bad to worse. Dry cupping, even when the anasarca is inconsiderable, should not be had recourse to very frequently. I have seen it do mischief. Instead of relieving the congestion of the kidneys, and increasing their functional power, it has seemed to increase the former, and diminish the latter. The patients often complain of a bruised feeling about the loins; the quantity of urine, instead of being increased, becomes diminished, and the amount of albumen and of deposits is increasd. Seldom or never have recourse to this appliance when there is much lumbar œdema, and not often when there is but little or none. But, as a fresh inflammatory action is liable to return in this chronic form of kidney, an occasional abstraction of blood, to the extent of three or four ounces is often of great service, although you may be giving chalybeates at the same time, and although there may be more or less pallor. You are precluded from using counter-irritation in these cases. Blisters are altogether unadvisable, unless to the head and nape, in extreme cases, and even the application of the linseed poultice, with a pinch or so of mustard in it, is calculated sometimes to inflame the skin. The chalybeate, the formula for which is given above, is a very useful medicine, and may be given three times a-day for a considerable time; and you may add to it, from time to time, fifteen or twenty minims of the sp. æther. nitrici. The ammonio-chloride or ammonio-citrate of iron, in from five to ten-grain doses, with the sulphuric or chloric ether, is a good medicine. The sulphate of zinc, and the tannic and gallic acids, are sometimes recommended. If the iron medicines have been proved, after trial, to be too stimulating, you may try either of them. If there be not many blood-corpuscles and casts in the urine, which there seldom is in the purely chronic forms of these diseases, and the quantity of albumen is considerable, you may try the sulphate of zinc, in doses of one to three grains, three times a-day, either in the form of pill, with extract of hop, and with or without one grain of the nux vomica; or you may give the same dose in a draught, with ten minims of sulphuric ether, or chloric ether. The latter medicine relieves considerably the flatulence and sensation of coldness in the stomach and bowels which these patients generally complain

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of. If there happen to be actual blood, as indicated by the smoky appearance of the urine, and shown by microscopic examination, the gallic acid, in five or ten-grain doses, may be given, with a few drops of the diluted sulphuric acid, and a few drops of the tincture of hops, or other aromatic vegetable tincture, and in an infusion of the same. But the great objection to gallic, and especially to tannic acid, is the tendency they have to produce constipation, the very state which it is so imperatively necessary to avoid in these complaints. The bowels should always be kept relaxed—two or three loose evacuations should be secured daily. Patients are always better and more comfortable when they have, either spontaneously, or by the aid of medicine, one, two, or even more evacuations every morning. The medicine most generally useful is the pulv. jalapæ co. of the London Pharmacopœia, or the following saline draught:—Magnes. sulph. or sodæ sulph., ʒj.—ʒij.; ætheris sulph., ɱx.; acidi sulph. dil. ɱx.: ferri sulph., gr. j.—ij.; aq. menthæ vir., or any other aromatic water. This draught, taken the first thing in the morning once or twice a-week, acts very efficiently, producing two or three loose and watery evacuations, and relieving the general symptoms considerably. When the dyspeptic symptoms are troublesome, and there is considerable flatulency, the following pill sometimes gives relief:—Ferri sulph., gr. j., nucis vomicæ, gr. ss.—j.; pil. Galb. co. gr. ij—iij., twice or thrice daily, taking intermediately the haustus amm. acetatis, with ten, fifteen, or twenty drops of the sp. æther. nit., and half-a-drachm of the oxymel of squills, especially if there be any co-existent bronchitis. If there be much anasarca, you may add to this draught two or three minims of the diluted hydrocyanic acid of the London Pharmacopœia, or the same quantity of this acid with the haustus amm. citratis, and apply occasionally the linseed-meal-and-mustard poultice to the epigastrium. Sometimes the patient complains of a nervous headache after the operation of the morning aperient draught. In this case a little warm gin and water, if there be no contra-indication to its use, will give relief. If want of sleep be complained of, you must not give way to the importunities of the patient for "something composing." Opiates are generally, indeed almost invariably, unadvisable. They check the secretions and occasion constipation. Yet in a few cases, most probably from constitutional peculiarity or idiosyncracy, a small dose of some salt of morphia or of Dover's powder, conjoined with a grain or so of some aperient, as the pil. Rhei. co., or the watery extract of aloes, procures refreshing sleep, without (seemingly) checking secretion or producing constipation or other bad effects. Instead of the opiate we may prescribe the extract of henbane. Patients vary so much, or rather present such widely different symptoms, that it is almost impossible to lay down any uniform plan of treatment for all. If there be much anasarca, exercise will be impossible. If, however, there be little, as much exercise as he can take without inducing the sensation of fatigue should be recommended; and, in order that this may be carried into effect, a residence in a situation where the soil is sandy or chalky, and the air mild and dry should be advised. Sometimes a voyage to the Cape, or to some other warm climate, or a tour in Italy, or a residence at Naples or in the South of France, where the patient's state will admit of it, that is to say, when the anasarca has nearly, if not altogether disappeared, and only a trace of albumen is still detectible in the urine. When this is the case the diet should be light and nutritious. Well-hung mutton, or young and tender beef for dinner, with well-dressed mealy potatoes, fried or roasted, are the most suitable; but no pastry. Sound black tea, or good coffee (whichever seems to agree best), the unfermented, aërated bread, and a light-boiled egg, for breakfast. The principal meal should be in the middle of the day, not later than three o'clock, and the last meal two or three hours before bed-time; early retiring to bed, and early rising; rapid sponging with moderately cold water, and afterwards dry rubbing with a coarse but soft towel; and light, but warm woollen clothing. These are the hygienic measures which ought to be strictly enjoined. A little claret, or dry sherry, or if it be found to agree better, a small quantity of brandy, with water, may be allowed, or, with the dinner, a tumblerful of bitter ale. This treatment, with those general rules which I mentioned in my last Lecture, is that which I advise you to adopt in these cases. It must, of course, be modified in every case, according to the symptoms, and general state of your patient.

The Complications.—Diarrhœa is very liable to attack patients suffering from the chronic forms of these diseases. Let me caution you again not to stop this suddenly. The haustus aromaticus, with half-a-drachm of the tincture of kino or of catechu, after every loose motion, will, in general, be all that will be necessary; and if there be much griping and nausea, the application of a linseed poultice, with two drachms or half-an-ounce of laudanum in it, to the abdomen, will give relief.

Patients are liable, as I have often said, not only to effusion in the great serous cavities, with gradually increasing general anasarca, but to attacks of actual inflammation, accompanied by the exudation of more or less coagulable lymph. This is a difficult complication to deal with;—in fact, we are almost powerless under such circumstances. Warm, stimulating poultices, and when there is not very much anasarca, the cautious application of blisters, and the haustus potassæ nitratis of the Hospital Pharmacopœia, is all that you can do. But when this complication arises the case is next to hopeless, and the only course you can pursue is to surround the patient with such conditions as may prevent any increase of the local inflammation, and to administer such restoratives as are calculated to sustain the small amount of strength which he may still have. Sometimes the application of a few leeches, or the abstraction of a few ounces of blood by cupping, may be borne well, as with these inflammatory attacks there is a proportionate tolerance of more active treatment. This is especially the case in head complications. It requires the greatest care and caution, however, in pericarditis, on account of the great danger of death by syncope: and in pleuritis, the amount of blood which you can venture to take away, will make but a small, or scarcely appreciable, effect upon the inflammatory process affecting so extensive a membrane, the lung beneath being infiltrated with serosity, and the bronchial tubes filled with secretion. The *bronchitic condition* is another serious, and almost constant complication in these complaints, and is very frequently the immediate cause of death in the chronic forms of these diseases. Fortunate it is, that under these conditions we can administer the least stimulating diuretics; those, at least, which produce an increase in the watery constituent of the urine. These diuretics are, for the most part, expectorants also. The following formula you may find useful:—Liq. ammon. acetatis, ʒij.—ʒiij., sp. ætheris nitrici ɱxx.—ʒss., oxymellis scillæ, ʒss., mist. camphoræ et aquæ ana, ʒv. M. Fiat haust.; this to be taken every four, six, or eight hours. To this draught we may add, if the expectoration be difficult and viscid, a few drops of antimonial wine; or if there be much spasm of the bronchial tubes, as indicated by the asthmatic breathing, a few drops of the sulphuric or the chloric ether; or if the powers are feeble, and the expectoration be puriform and somewhat difficult, a few grains of the sesquicarbonate of ammonia, in which case allowance must be made for the small quantity which will be converted into an acetate by the oxymel of squill. The linseed-and-mustard poultice may from time to time be applied to the front and sides of the chest; and if the patient is going about, he may constantly wear a warm plaster, either of Burgundy-pitch or the compound cumin-plaster. Every precaution ought to be taken to prevent any increase or fresh attack of bronchitis. A great preservative is, assuredly, the habit of cold-sponging and dry rubbing every morning, wearing one of the common and very portable respirators now sold within the means of the very poor,—when the air is more than usually damp and raw, and being clad in warm woollen clothes. Flannel next the skin should always be insisted on. Occasionally it may be advisable even with the use of the above draught, to give tone to the weak heart and improve the character of the blood, by some of the least stimulating chalybeates. The ferrum redactum, as sold by the French druggists (*fer reduit*), reduced by hydrogen according to Quevenne and Homole's process, is a very good preparation; five to eight, or ten grains may be given daily, mixed in jelly, before, at, or a little after dinner, or the sulphate in doses of one or two grains.

One of the great ends we ought to aim at is to keep down as much as possible the anasarca. If once it becomes considerable, our treatment will be complicated In most of the cases that we meet with, as in patients in the Hospital, there is considerable anasarca. It is on account of

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this symptom chiefly that they seek admission; and we are called upon not only to encounter this embarrassing symptom, but also other serious complications. It is necessary to bear this in mind with reference to the treatment. In Hospital practice a more active, and a more complex treatment is required than in private practice. In private practice, except with the very poor, your treatment will in a great measure be preventive of these secondary effects and complications, by observing and carrying into effect the general principles to which I directed your attention at the beginning. Mercurial preparations are contra-indicated in these diseases, and are highly injurious. Occasionally a grain or two of blue-pill, or the hydr. c. cretâ, may be usefully combined with other aperients in the form of a pill; but in general other cholagogues, such as taraxacum, the mixed acids, with a vegetable bitter twice a-day, will be better, and the mild aperient pill given at night. As an occasional mild aperient, a small pill made according to the following formula will answer very well:—℞ Pil. Rhei. co. gr. ij. —iij.; or, Ext. aloes aquosi, gr. j., nucis vomicæ, gr. j. pil. Galb. co. gr. ii.

Such are the general directions with regard to the treatment of the sub-acute and chronic forms after scarlatina, or for the large white kidney. The same general principles are to be acted upon for (*b*)—that produced by cold. But with reference to this, you will recollect what I have before stated, that the form of kidney produced by cold is generally a mixed form, and in some respects unlike that which is produced by scarlatina. It generally partakes of the characters of both of the typical forms. It is generally the chronic state produced by a simple, and not, as in scarlatina, by a peculiar or special inflammatory process. We observe not only the alteration of the white forms, which are characteristic, but also the fibrous conversion of the exudate, as in the hard and contracted form. Generally speaking, in patients suffering from this form, the anasarca is not so considerable as in the other forms, unless after a recent and prolonged exposure to cold, and a fresh and active process is grafted upon the product of the former one. A great deal may be done in warding off the effects of changes in the kidney by proper hygienic management, and carefully looking to the secretions of other organs, especially those more or less complementary to the kidneys. In this, and in the next form, (*c*)—that due to alcohol, as well as in (*d*) that due to the other irritants, local and general, the diet should be in strict relation, so far as the nitrogenous articles of food are concerned, to the enfeebled powers of the kidneys, and the general directions which I have already given for promoting the action of the skin by tepid sponging and dry rubbing.

When you have reason to conclude that the fatty metamorphosis has taken place in the large white kidney, or is present as an independent form, abstraction of blood, and other active treatment, will be uncalled for, and the treatment by chalybeates adopted. Whatever is calculated to give tone to the system, improve the quality of the blood, and promote nutrition, should be recommended, and persisted in. The same plan of treatment will be necessary for the amyloid degeneration. You will find that patients affected with these forms of kidney-disease seem to improve by the chalybeate treatment, much more evidently than those suffering from the other forms, and bear its persistence for a much longer time.

In cases when there is a gouty condition of the system, associated with the kidney-affection, you might conjoin with your medicines a few minims of the tincture or wine of colchicum, or give the compound colchicum pill of our Pharmacopœia, at night, (ext. colch. acetici. grs. ij. pulv. ipecac. co. grs. iij.)

NEW DICTIONARY FOR THE BLIND.—Professor Dunglison, after four years' application, has produced, in conjunction with Mr. Chapin,—one the Chairman of the Committee of Instruction, the other the Principal of the Pennsylvania Institution for the Instruction of the Blind,—and has just issued, an English Dictionary for the use of the Blind, in raised letters, forming three volumes folio, of 200 pages each. It is the first book of the kind ever published; and posterity will certainly regard it as not the least valuable of the Professor's numerous publications.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS.

CASE OF CONSIDERABLE ENLARGEMENT OF SPLEEN AND LIVER,

UNATTENDED BY ANY LOCAL UNEASINESS DURING LIFE.—LEUCOCYTHEMIA—DEATH FROM HÆMORRHAGE.

By GORDON JACKSON, Assistant-Surgeon, R.N.

GEORGE B., aged 25 years, was admitted into the Royal Hospital at Haslar, under care of the Senior Inspector-General, Dr. Nisbet, complaining of palpitation, dyspnœa, and headache, the two first symptoms said to be of over two years' duration. The pulse was rapid, 146, and feeble. Tongue dry and furred, bowels open, appetite good, abdomen distended, heart's action accelerated, but no bruit audible. His habits were decidedly intemperate, and he was under treatment for delirium tremens in February, 1859.

On examination made on November 18, 1860, a large, smooth, solid tumour was discovered on the left side, extending down to within two inches of the pelvis. States that he has had no uneasiness from this swelling, and can assign no cause for its presence. Has not had ague. His appearance has latterly been unhealthy and anæmic, and he has gradually lost flesh.

On November 22, at 9.30 p.m. he was suddenly seized with vomiting of dark blood. Lost in less than a minute about four pints. Ice and gallic acid ordered. At 11.40 hæmorrhage returned, and about two pints were lost. Pulse small, rapid, and feeble.

At 1.15 a.m., November 23, lost about one and a-half pints, and at 6.30 a.m. died, having passed a large quantity of blood by mouth and rectum.

Post-mortem.—Eleven a.m., November 24, 1860.—*Body* somewhat emaciated.

Chest, cavity of, small, much encroached on by liver and spleen; lungs healthy, somewhat compressed, but fairly crepitant throughout; heart pale and flabby, slight displacement upwards; left ventricle dilated; valves healthy; right side full of imperfectly coagulated blood of a light chocolate colour, and having the appearance of containing pus; venous system generally full of blood of same character. Under the microscope the white corpuscles were found in excess of red.

Abdomen.—Spleen much enlarged, weight 7 lbs. 14 ozs., length 15 inches, breadth 9 inches; colour light brown, appearance granular, quite friable; adhesions of some standing to diaphragm, under the microscope appeared quite broken up, and presented a mass of granular matter, fibre-cells, and white and red corpuscles,—the former predominating; liver of a pale brown colour, weight 7 lbs. 1½ ozs., firmly adherent to diaphragm, under the microscope appeared much broken up. With the usual cells of that organ were immense quantities of the white and red corpuscles, the former in larger numbers.

Stomach contained a small quantity of grumous fluid. Towards great extremity, on posterior aspect, was a space about the size of the palm of the hand, having the appearance of an irregularly elevated granular mass. On handling, this appearance was found to shift over some space, some air or gas being contained under the internal lining of stomach and fluid. A sensation, as of emphysema, was experienced. A quantity of dark blood was contained in the intestines, especially in the ilium, and about the caput coli. Four well-defined ulcerated patches with elevated edges were observed; one in the ileum, one at its junction with the jejunum, one in the jejunum, and one about two inches above the caput coli. External coat of the intestine at the seat of these patches very thin, but no breach of surface detected. A portion of the intestine, about the size of a shilling, close to the ulcer in the jejunum, was of a similar appearance to that remarked in the stomach.

Kidneys, supra-renal capsules, thymoid, and lymphatics apparently healthy. The only symptoms complained of were dyspnœa, palpitation, and pain in the cardiac space, and the

case seems to me to be of some interest from there being no symptoms complained of which would indicate the organs diseased, as also from the absence of diarrhœa and dropsy.

For microscopical examinations I am indebted to Mr. Basson, Curator of the Museum.

THE HISTORY AND PRESENT STATE OF MEDICINE IN CHINA.

By B. HOBSON, M.B. Lond., M.R.C.P.
Late Medical Missionary in China.

(Continued from page 478.)

The following is a short summary of the *Diseases* most usually met with in China :—

Inflammatory Diseases, from the lymphatic temperament of the people, and the absence of stimulating food and drink, are not anything like so common among the Chinese as with us. In this country they form by far the greater proportion of the diseases treated by the English Physician; and in the invaluable reports of the Registrar-General on the causes of death, in both sexes, at all ages, the statistics show that inflammation is a more frequent cause of death than any other disease named on the list. Inflammatory diseases constitute nearly one-fifth of the whole mortality, and, doubtless, a much larger proportion, if we should include in it inflammation and its consequences.

Inflammation unquestionably exists in China, but the Chinese have no name for it; and I had to transfer the term, or a contraction of it, before I could describe its symptoms and treatment. They have a term which means hot; but a hot disease is not inflammation, nor have the well known characteristics of the disease ever been described in any book that I have seen or heard of in China; so that, though they have a large nosological list, this most important pathological affection is not even so much as named. A more striking proof of the want of accurate observation in the study of diseases could not be given. Inflammations of the eye, ear, and skin were common complaints in the Hospital under my care; but I do not remember, while I was in the South of China, to have seen one marked case of phrenitis, pneumonia, pleurisy, or peritonitis. I would not say they did not exist, because I did not see them; but assuredly they must be very uncommon. Nearly among the first cases that I saw, on taking charge of Dr. Lockhart's Hospital in Shanghae, was a mild but well-marked case of pneumonia. Fluxes are common enough, but active inflammation of the brain, lungs, heart, bowels, and kidneys, are certainly not the diseases to which the Chinese are most subject.

Inflammatory affections of the eye and other organs are of a more passive type, and require less active treatment than in this country.

Dropsical Affections, on the contrary, are very common,—arising from Bright's disease, and structural derangement of the heart, spleen, and liver, or from the effects of exposure to cold and wet. The Chinese make no distinction between the idiopathic inflammatory form or that produced from an impaired and oppressed circulation; hence the causes of dropsy to them are wrapped in mystery, and it is generally regarded as an incurable disease. I have rarely witnessed any good from tapping, especially by the trocar; but the enormous discharge of water by this operation excited the utmost astonishment in the friends and by-standers of the poor afflicted patient.

Cancer in various forms, but principally scirrhus or hard cancer affecting the female breast, was of frequent occurrence; the utmost patience was endured to get rid of the cancerous mass by a surgical operation; but there, as here, it proved of little permanent utility, and was generally abandoned latterly, except in very favourable cases. Chinese doctors profess to have many receipts for cancer, but I never could discover any actual case of cure.

Consumption (phthisis pulmonalis) seems not confined to any country or climate,—Chinese, Malays, Siamese and Japanese, are all subject to it; I do not know the proportion as compared with other diseases, because there are no statistical tables to judge by. It is, however, a frequent disease in China; but, judging from my own observation, it extends over a longer period before it proves fatal than with us. Owing to greater relaxation of the mucous membrane, discharges of blood—both from the lungs and stomach—are very common; and hence hæmoptysis, or spitting of blood, is not so alarming, nor so pathognomic of tubercle, as we have reason to regard it in our more vigorous constitution. The Chinese being ignorant of the true pathology of the disease, cannot, of course, describe it properly; nor could it be expected that they should, when they are ignorant of morbid anatomy and the modern art of auscultation. Two Europeans went out in the same ship with me in 1839, both labouring under hæmoptysis, and most likely subjects for phthisis; but their cough and spitting of blood disappeared by the time they reached China. After a residence of twenty years in Hong Kong and Canton, they continue free from phthisical symptoms. A change from a cold to a warm climate is, doubtless, a great preservative, if taken in time; but if it is to China it should be to the South,—as Canton, Hong Kong, or Macao, where the winter is the best season of the year,—and not to Shanghae, which is a changeable climate like our own. The frequent cause of phthisis among the Chinese in Canton may certainly be ascribed to scrofulous tendencies, which are increased from want of good air and food. It is a common practice for the poorer classes to live in small houses and sleep on boards removed only two feet from the ground, which is often unswept and damp; and, as if to keep out fresh air still more effectually, a Chinaman wraps himself up like a mummy (when the nights are cold) in a cotton padded coverlet, and thus sleeps all the night inhaling his own breath!

Diseases arising from deficiency or poverty of blood are far more frequent than those arising from hyperæmia or plethora; gout is extremely uncommon; rheumatism, or rather rheumatic neuralgic pains, are very frequently complained of; acute rheumatism is rare. Sanitary measures and improved drainage, etc., have done, and will yet do much more, good, in lessening the mortality in our great towns. In China the cities are densely populated, and the drains either open into sewers on the road side, emitting most unpleasant odours, or are carried along the centre of the narrow streets, covered over with granite pavement, without any regard to depth or the principles of hydraulics; all the refuse of the city collects in these open cesspools and drains, which are only emptied by a deluge of water after very heavy rains, which forces a passage to the river; or the slabs are taken up from time to time, and the sewage baled out; human ordure is also carried through the streets on men's shoulders during all hours of the day. These effluvia from decomposed animal and vegetable matters cannot be otherwise than prejudicial to the general health of the inhabitants, and every few years, during an unusual hot season, epidemic fever suddenly arises and takes off great numbers. Typhus from the close packing in Chinese dwelling-houses, and typhoid fever from these morbific emanations from open sewers and foul drains, are the most fatal forms of disease to be met with among the Chinese.

But, so far as my observation goes, continued fevers from excess of heat, poisonous exhalations, and foul air, etc. are not so frequent as I should have anticipated. In the many thousands of cases that have appeared before me, I have met with comparatively few cases of yellow fever and typhus. Intermittent fever is far more frequent, especially in those places surrounded by paddy fields. The tertian type presented itself the most frequently. Quinine had the happiest effect in relieving it. Arsenic is known by the Chinese to have antiperiodic properties, but from want of a suitable arsenite of potass, or popular ague drop, was not much used. Enlargements of spleen and liver, especially the former, from long-continued attacks of ague, were frequently under care.

Eruptive fevers—as small-pox, measles, and chicken-pox—are of common occurrence; scarlet fever, which is so fatal a disease to young persons in this country, is unknown in China. Small-pox is extremely fatal, when it spreads epidemically, which it often does in the spring of the year. Inoculation by introducing the virus into the nose has been long had recourse to as a modifying agent, and is still universally practised. Vaccination of the cow-pox has been introduced by British Physicians and to a limited extent has been carried on effectively by native Practitioners; but

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there is a great difficulty experienced in keeping up the supply; for, during the hottest months of the year the vaccine virus loses its power of reproduction. The same difficulty is met with in India. I have not seen any very strong desire on the part of the Chinese to keep up the supply, by bringing their children to be vaccinated in large numbers, or returning for Medical inspection, to learn whether the vaccination was complete. I doubt whether it will ever be possible to extend the important benefits of vaccination to this Eastern people, unless the law makes it compulsory:—the same that is now required of the ignorant and prejudiced persons in the United Kingdom.

Of the diseases affecting the nervous system, those usually met with are chronic hydrocephalus, apoplexy—which Medical books designate *chung-fung* (struck by the wind) from its suddenness, and their entire ignorance of its true pathology—*coup de soleil*, insanity, cephalgia, paralysis, epilepsy, chorea, tetanus, hydrophobia, and neuralgia. Mad dogs are not often seen, or hydrophobia often heard of, but the Chinese know that it is a dangerous and mortal disease, and recommend the part bitten to be cut out; but they never venture to do it. I have not seen a case, but have heard of death from this cause occasionally. There are no asylums for insane persons in China, and happily there is not much need for them. I append here some observations I made upon insanity some years ago:—

"Considering the phlegmatic temperament and temperate habits of the Chinese, it might be anticipated that this malady is not of frequent occurrence; and I think future inquiry will prove that insanity prevails to a much less extent in China than in Europe. It has been rarely mentioned in lists of diseases treated by Medical Missionaries, and on referring to the 'Golden Mirror of Medical Practice,' a standard work in China, I find a very meagre description of the symptoms, causes, and treatment of this disease. Idiocy is properly distinguished from lunacy, and this latter is divided into two kinds, *Kuang* and *Tsen*, the first (mania), belongs to the *Yang* principle, with an excess of fire, or excitement; the second (dementia—incoherent madness), partakes of the *Yin*, with fluidity in excess, or state of depression; there may be a transition of one into the other. Several young and grown-up persons, idiotic from their birth, have been brought for treatment; some of them with remarkably-formed heads, flattened on one side, smaller than natural, or conical; but I have had an opportunity of witnessing two cases only of insanity. They were both men about forty years of age. The former case exhibited the usual symptoms of incoherent madness. He was chained by one foot and hand to a large block of granite, and his wife and mother were in the greatest terror when I proposed that he should be unloosed for a time, for the chains were evidently galling to his flesh. They said he would kill them, or set the house on fire; he had been mischievous when his hands were free, and was often furious if displeased. He was incessantly chattering to himself; his chief theme was money and the gods. It appeared that his mind had been much depressed by losses in trade and the death of his children. When questioned by me mildly and firmly, he gave a rational reply, but immediately after relapsed into his usual state of incoherency. He seldom took food, and still more rarely slept. His mind seemed wholly absorbed with a succession of confused and imperfect ideas unconnectedly expressed. His head was hot, general circulation languid, and the body emaciated. He was visited twice, and under treatment a month, but with no permanent benefit. Large doses of opium were borne at first with advantage. The second was a mild case of mania. He was occasionally furious. He had little to say. In reply to questions he would sometimes answer rationally; at other times he would only nod his head significantly at his irons. Purgatives and blisters had a very happy effect; after a few days he was quite restored to his usual health: he was by trade a cannon founder, and addicted to free living."

Of diseases affecting the heart and respiratory organs, I would name catarrh, bronchitis, influenza, asthma, phthisis, dilatation with diseases of the valves of the heart, aneurism, aphonia, bronchial cough, and hæmoptysis, as the most frequent.

Diseases affecting the digestive and urinary organs, most commonly met with were aphthæ, glossitis, cynanche parotidæa, cynanche tonsillaris, dyspepsia, hæmatemesis, colic, diarrhœa, dysentery, cholera, obstruction of the bowels, intestinal worms, jaundice, enlargements of the liver and spleen, ascites, ovarian dropsy, tabes mesenterica, diabetes, Bright's disease of the kidney, etc. But the cases of disease which required most frequent aid, were of a Surgical character, as external hæmorrhages, abscesses, wounds of all kinds, erysipelas, ulcers, morbid growths and tumours, burns and scalds, diseases and injuries of the bones and joints, diseases of the urinary organs, hernia, and ophthalmic, aural, and cutaneous disorders.

Dysenteric affections, as is well known, are much more frequent in the East than in Europe, and the same may be said of Asiatic cholera; but this fatal disease is not so frequent in China as in India. It may be said to be annual in its visitations there, but only occasional and partial in its occurrence farther East. It seems not to have been yet seen in Australia. I saw a few cases of Asiatic cholera in Shanghae, but not one either among Europeans or Chinese, at Canton, nor could I discover that it was much feared as an epidemic; certainly small-pox committed far greater ravages than any other of the zymotic disease brought under my observation.

I have no statistical tables to guide me, but I much doubt whether the opinion commonly expressed is a correct one, that Asiatics are peculiarly the subjects of unnatural enlargements and large growths. In the West, tumours are removed by operation almost as soon as they appear, and hence are rarely seen; still, a large number come under the care of Hospital Surgeons, and are reported in the Medical Archives. In the East—I speak more particularly of China—the excision of tumours by the knife of the native Practitioner is scarcely if ever practised: I have never heard of a single case. The consequence is, that the tumours go on increasing, both in number and size, from year to year, and from their position and unnatural proportions, excite attention and produce the conviction of their greater frequency among the people. The reports of the Medical Missionaries also naturally foster this opinion. I can bear my testimony, however, since I have resided in Canton, to the great frequency of encysted tumours and tumours of the glands, especially scrofulous enlargement of the lymphatic glands. Of goître I have only seen a few cases. Ovarian tumours and chronic enlargements of the liver and spleen, with ascites, are of common occurrence.

Fractures and dislocations, from the temperate habits of the people, and the absence of machinery in the country, are comparatively infrequent. Falls from elevated bamboo scaffolding, which the Chinese put up with amazing rapidity, or injuries from immense blocks of granite, transported from place to place by men, are surprisingly few; when they do take place native Surgical skill does not afford much relief. Broken bones usually unite as they happen to lie at the time, and ride over each other fearfully; extension and counter-extension are never made to bring the broken bone into proper apposition; and, as for dislocations, they are rarely attempted to be reduced. I have heard of rough handling of the lower jaw when dislocated, but if ever it is set right, it must be by mere accident, and not from any known principle of Surgical method. Indeed, so little knowledge do the Chinese possess of Surgical anatomy, and diseases peculiar to this department of science, that they cannot be considered equal to the designation of "Barber-Surgeons." Hippocrates and Galen show by their writings that they were accomplished in the art of Surgery equally as much as they were in Medicine. But the Chinese, whatever they might have done in the earlier ages of their history, are certainly very far from being equal to perform Surgical operations in the present day. The art of bleeding or cupping is unknown; abscesses are unopened; rollers and bandages to support disabled limbs, or sticking plaster to heal wounds by first intention, are not in use or understood; tumours are undistinguished from aneurisms, and hernia from hydrocele, and no Surgical means employed to cure them. Cataract is confounded with glaucoma, and both are considered irremediable; continued pressure upon the upper eye-lid by slips of bamboo will turn out an entropium; and although diseases of the orbit might by a little observation be distinguishable one from the other (especially those affecting the external eye), yet the utmost confusion prevails in their symptomatology, and no difference is known between inflammation of the iris, cornea, and conjunctiva. Concerning that peculiar disease, Asiatic leprosy, I wrote at length in this

Journal, a few months back, and need not repeat it. I would merely add, as a concluding remark on the diseases of China, that I have received two very excellent Medical reports of the Hospital at Canton (the same which the writer superintended many years, and now under the care of Dr. Wong-Fun, M.D. Edin.), which are drawn up in a very creditable manner, and strikingly illustrate the ability the Chinese possess in acquiring knowledge and skill in Medicine, as well as in other departments of science, if they can enjoy the same advantages that we do. In one year, Dr. Wong has treated 26,000 unregistered applicants for relief; received 430 in-patients, and performed numerous operations for tumours, calculus, cataract, stricture, gun-shot wounds, etc. Want of room forbids making large quotations: let these two suffice:—

"Among the constitutional diseases treated were sixteen cases of a peculiar species of anæmia, connected, apparently, with malaria. These patients were all country people and farmers. Without any traceable cause, such as fever, etc., they had been gradually affected with loss of strength, sallowness, and anæmia; their nails, lips, and tongues being so bloodless, as to appear almost white. Yet, notwithstanding this, they appeared as if affected with no special complaint. They were capable of a certain amount of work, even more than could be expected from their anæmic condition, and they consumed a quantity of food equal, or nearly so, to that of people in health. They could not trace their complaints to fever, nor was any peculiar enlargement of the spleen observed in most of them. They have been treated with iron and quinine. Perhaps, if their blood had been examined, it might have exhibited characters similar to those in leucocythæmia."

"*Removal of Breasts.*—Eight tumours of the breast have been removed. Of these three were carcinoma, four cystic tumours and one simple mammary. The largest tumour of the breast removed last year was a cystic sarcoma of eleven pounds weight. It was of an oblong shape, the long diameter measuring one foot, and the short one seven inches. It began to grow ten years back, and was slow in its progress for a long time, till within the last year, when it rapidly attained its present size. The patient, a woman of fifty years old, had come from a distance of six days' journey, and was very anxious for its removal. Besides the inconvenience of such a great weight, she complained of much pain at one part of the tumour, which could only be neuralgic, considering the simple character of the tumour. As she was very weak, I delayed the operation for some time, and at length undertook it only at her urgent request, and when I saw that time had effected no improvement in her health. Fortunately, as I had anticipated, the attachment of the tumour was loose, so that it was rapidly detached in a few minutes. The hæmorrhage was inconsiderable, though the patient appeared faint after the operation. In the course of ten days, most of the wound, which was a foot in length, had healed by the first intention, and in three weeks she was ready to return to her home."

(To be continued.)

THE UTRECHT SCHOOL OF OPHTHALMIC SURGERY.

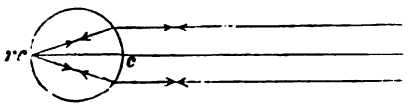
By J. ZACHARIAH LAURENCE, F.R.C.S., M.B.

Surgeon to the South London Ophthalmic Hospital.

(Continued from page 580.)

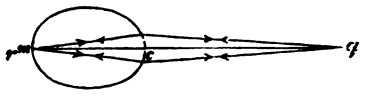
Examination of the Direct Image.—We shall assume—what is very probable, both from the investigations of Donders and from independent ophthalmoscopic results—that the dioptric systems of emmetropic, myopic, and hypermetropic eyes are, generally speaking, of the same power,—equivalent to about that of a one-inch convex lens. In the first class of eyes, the optic axis ($r^e c$) is just so long that the retina falls exactly in the plane of the focus of parallel rays; in the second class, the optic axis ($r^m c$) is too long, and the retina is behind that focus; in the third ($r^h c$), too short, and the retina is in front of that focus.

Fig. 1.—Emmetropia.



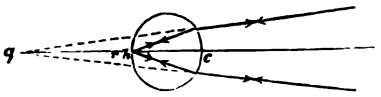
(1.) *Emmetropic Eye* (*Fig.* 1).—Parallel rays impinging on the cornea c converge to a focus on the retina r^e. *Vice versa, rays diverging from r^e emerge parallel from c.* (*Vide* "Parkinson's Optics," p. 10.)

Fig. 2.—Myopia.



(2.) *Myopic Eye* (*Fig.* 2).—For the clearer realisation of the subject, let us suppose the myopia $= \frac{1}{8}$. This means rays which diverge from a point q, 8 inches in front of c, converge (when the eye is in a state of rest) to r^m. $cq = 8$ inches. *Vice versa, rays diverging from r^m converge after quitting c to q.* If we place an 8-inch concave glass on c the rays emerge parallel from the glass.

Fig. 3.—Hypermetropia.



(3.) *Hypermetropic Eye* (*Fig.* 3).—Suppose the hypermetropia $= \frac{1}{8}$. This means that rays converging at c to a focus (q) 8 inches *behind* the cornea, will by the dioptric system of the eye, be converged to r^h. *Vice versa, rays from r^h diverge from c as if they proceeded from a point* (q) 8 *inches behind the cornea.* If we place an 8-inch convex lens on c, the rays emerge parallel from the lens. As the refractive system of hypermetropic eyes presents a little difficulty for its clear comprehension, it may not be amiss to add the following illustration:—

Fig. 4.—Artificial Hypermetropia.

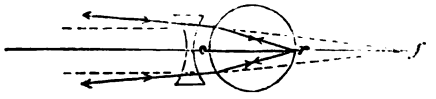


Fig. 4 represents an emmetropic eye rendered artificially hypermetropic to $\frac{1}{8}$, by placing before it an 8-inch concave glass. The rays from the retina would, but for this glass, emerge parallel: by it they obtain a divergence, as if they proceeded from a point 8 inches behind the cornea (or, more accurately, behind o). The dioptric system of an eye hypermetropic to $\frac{1}{8}$, is $\frac{1}{8}$ too weak in proportion to the length of its optic axis.

In order to see the direct image of the fundus oculi it is necessary to know,—first, the refractive system of the observed eye; secondly, that of the observing (our own) eye. We may now proceed to illustrate the method to be followed in each individual case. We shall, for the sake of simplicity, consider the observed eye to have its accommodation either suspended (by the will of the patient) or paralysed (by atropine).

Case 1.—*Observed and Observer's Eye Emmetropic.*—The rays from the observed fundus emerge parallel from the cornea. If the observer has sufficient control over his accommodation to suspend it, he will require nothing but the ophthalmoscope mirror. If he cannot help accommodating (say $\frac{1}{8}$), he will require a concave glass of $\frac{1}{8}$ behind the mirror.

Case 2.—*Observed Eye Myopic; Observer's Emmetropic.*—A concave glass must be used behind the mirror. The following supposed example will show how to determine the strength of the glass required. Let the myopia equal $\frac{1}{4}$; the rays from the fundus converge to a focus 8 inches in front of the cornea; a concave glass of 8 inches will make them parallel—when they will form a distinct image on the retina of a non-accommodating observer. If this latter cannot help accommodating say $\frac{1}{8}$, then he will require a concave glass

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of $-[\frac{1}{8}+\frac{1}{12}]$ = about $-\frac{1}{5}$ (a) for the distinct vision of the fundus oculi. It will be remarked that we may *diagnose the degree of myopia* of a given case from the power of the concave glass necessary for the distinct vision of the direct image.

Case 3.—*Observed Eye Hypermetropic; Observer's Emmetropic.*—If the hypermetropia be but slight, the mirror alone will be required; if excessive, we shall have to reduce the extreme divergence of the emergent rays by a suitable convex glass. Take, *e. g.*, an hypermetropic of $\frac{1}{8}$, and we wish to reduce the divergence to $\frac{1}{12}$, the convex lens necessary to place before the mirror for that purpose is given by the formula—

$$\frac{1}{?} = \frac{1}{8} - \frac{1}{12} = \frac{1}{24}$$

It is evident that if the observer accommodates $\frac{1}{24}$, he may dispense with any convex lens at all.

Case 4.—*Observed Eye Emmetropic; Observer's Myopic.*—If, *e. g.*, the myopic = $\frac{1}{10}$, the concave glass required will be $\frac{1}{10}$.

Case 5.—*Observed Eye Emmetropic; Observer's Hypermetropic.* If, *e. g.* the hypermetropia = $\frac{1}{12}$, a convex glass of $\frac{1}{12}$ will be required; but by accommodating $\frac{1}{24}$ no glass at all is wanted.

Case 6.—*Observed Eye Myopic; Observer's Myopic.* Let the myopias respectively be $\frac{1}{10}$ and $\frac{1}{12}$, the concave glass required is given by the equation $\frac{1}{?} = \frac{1}{10} + \frac{1}{12}$ = about $\frac{1}{5}$.

There are, of course, nine cases possible, but the above six examples will amply suffice to illustrate the methods of choosing the suitable glass necessary to place behind the ophthalmoscopic mirror for obtaining a clear view of the fundus oculi. It is of great importance for the observer's and the observed eye to be as close as possible to each other, as thereby the field of vision is greatly increased. The magnitude of the direct image is greatest in myopia, less in emmetropia, least in hypermetropia (the very reverse of what takes place in the indirect image). A very high magnifying power may be obtained by a method Dr. Snellen showed me. If we place before the observed eye a positive glass of say $\frac{1}{8}$, and use a stronger negative eye-piece (of say $\frac{1}{4}$)—we in this combination have the effect of a Galilean telescope. This terminates what I have to say on the Ophthalmoscopic Examination of the Eye.

Before quitting the optical part of my subject, I think a few remarks on the choice of glasses may be useful. Much of this depends upon the following fact:—*Within certain limits convergence of the eyes and their accommodation are associated conditions, which are to each other in a direct proportion.* The more we converge the eyes, the greater accommodation do we exercise, and *vice versa*. It is a curious fact, that we possess greater control over the lateral movements of one eyeball, than we do over the two together. In this way a myopic, by closing one eye, converges the other less; as an associated consequence, less accommodation ensues, the final result being, that he can see critically distinct further with one eye alone, than he can with the two together. The same object is attained if a myopic holds a prismatic glass with the base inwards before one eye; to overcome the double images he involuntarily turns the eyes out, they converge less, they accommodate less, the myopia is lessened. Similarly the vision of an hypermetropic is improved for distance by a prism with the base turned outwards. The effects of over-convergence of the eyes are over-accommodation, pressure of the globe by the recti muscles, and consequent internal congestions.

We may hence deduce the following indications in the use of glasses:—

1. *Myopia.*—If a person has normal power of accommodation ($\frac{1}{3}$ to $\frac{1}{4}$), we may give him for near objects the same numbered glass we do for distant ones. But many myopics have very low accommodative power. Such persons should wear two pairs of glasses,—one for distant, one for near objects,—the latter, of course, much weaker than the former. Let us illustrate this position by a fictitious example. Suppose a short-sighted person requires a glass of $-\frac{1}{4}$ for distant objects, and, further, that he possesses no more than $\frac{1}{12}$ accommodation,—*i. e.*, that he can only increase the power of his crystalline lens by a quantity equivalent to a convex glass lens of 12 inches focal length. Give such a patient a pair of concave glasses of $-\frac{1}{4}$; he is now capable of bringing parallel rays to a focus on his retina. Suppose, however, he with these glasses regards an object exactly 12 inches off, he will have to convert the rays diverging from this distance into parallel rays, in order that his 4-inch concave glasses may define as well as they did for distant objects; he will have to use *all* his accommodation,—his $\frac{1}{12}$.

If we diminish the power of his glasses by $\frac{1}{12}$, and give him 6-inch concaves, of course he can see at 12 inches without accommodating at all. For him to see at 6 inches without accommodating, he would require a glass of $-\frac{1}{4}+\frac{1}{8}=-\frac{1}{12}$. A short-sighted person wearing the same glasses for near as for distant objects, expends part of his accommodation (unnecessarily and injuriously) in neutralising the (for near objects) too deep glasses. With this excessive accommodation is associated excessive convergence of the eyes, leading to pressure on the eyeballs by the recti muscles, consequent congestions, and, in extreme cases of myopia, not infrequently to the most serious organic changes in the deeper structures of the globe.

2. *Hypermetropia.*—We must be very careful not to confound a case of hypermetropia with one of myopia. This is, however, an error, which I am convinced constantly occurs. I have at the present moment a little boy, six years old, under my care, who, to read No. 12, requires to hold the book less than three inches from his eyes. Would not such a case as this be generally regarded as a case of short-sight? It is the very reverse: it is a case of hypermetropia of about $\frac{1}{4}$. In other words, with concave glasses he cannot read a letter of any print at any distance from the eye, although with a 5-inch convex glass he can do so readily. The reason hypermetropics approximate objects to their eyes, is, probably, twofold: first, they thus gain in accommodation by converging the eyes; secondly, the pupil contracts, and thus lessens the circles of confusion on the retina. An hypermetropic patient with full accommodative power, should use the same convex glass for near, as for distant objects; but with deficiency of accommodation, a stronger glass will be required for the latter. To take a specific case: suppose a person to require a $\frac{1}{4}$ convex glass for distance; suppose further, he possesses only $\frac{1}{10}$ accommodation; then with his $\frac{1}{12}$ glass he will not be able to see distinctly nearer than 10 inches: for him to see distinctly at 6 inches, he will require a glass of $\frac{1}{12}+\frac{1}{8}-\frac{1}{10}$ = about $\frac{1}{6}$ (b).

(To be continued.)

(a) The *power* of a combination of lenses in contact is equal to the *sum of the powers of the several lenses*.—"Parkinson's Optics," p. 98.

(b) For further information on this important subject, I beg to refer to Donders' valuable paper in the fourth volume of "Graefe's Archiv."

REPORTS OF HOSPITAL PRACTICE IN MEDICINE AND SURGERY.

CONDUCTED BY

JONATHAN HUTCHINSON,

Assistant-Surgeon to the London Hospital, and Surgeon to the Metropolitan Free Hospital.

HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

CASE OF CHRONIC MYELITIS — CLINICAL REMARKS.

(Under the care of Dr. RAMSKILL.)

J. T., a printer, aged 56, was admitted under the care of Dr. Ramskill, on May 10, 1860. He had then been ill five years He had always been a steady man, was married, and had three children. There was no history of any hereditary disease in his family; he had not suffered from gout, rheumatism, or syphilis, and he never had colic nor suffered from any form of lead-poisoning. He was tall, and sparely built, of dark melancholic temperament. He had not lost flesh the last four years.

The disease came on without assignable cause. He could not remember having received a blow on the spine, nor had he been exposed to wet or cold before the attack. It came on gradually with weakness in both feet and knees. There was some feverishness about him, heat of skin, thirst, and

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headache at the time. These symptoms soon passed away, but the weakness continued, and was accompanied by cramps in the calves of his legs at night, (more frequently twitchings in the day), so that he could not hold his legs still. He never had any pain either in the legs or back. He was also at this time, subject to constipation, and had a feeling of tightness around the abdomen, as if the skin were stretched. From the first he got worse, but very gradually.

On admission on May 10, his lower extremities were found to be thin, but not more wasted than the upper limbs. They were cold, and he said that even when he was in bed or near the fire they never felt warm. On attempting to stand, he was obliged to cling to some support, and then could not keep erect or perfectly quiet, but swayed to and fro. On walking, he made extraordinary efforts, every muscle in the body seeming to be called into action. He had very slight control over his legs and feet, the latter never fell precisely where he wished them. He walked in jerks, there appearing to be but a very slight power of co-ordination of muscle. He dared not move without a stick or a crutch, or unless his hand was on some support. He walked with most difficulty early in the day, and certainly improved towards the afternoon and got worse at night. He could move his legs more easily in bed. He was very easily fatigued. Both day and night he had spasmodic twitches in both legs, more frequently in the night; sometimes they would wake him out of sleep. He suffered but rarely from cramps in the legs,—not more than four or five times in the week. Both feet and legs were numb, the feet most so. He did not know the position of his legs in bed unless he felt for, or looked at them. He was doubtful whether he could walk in the dark, and dared not try with closed eyes. Sensations of pricking normal, of heat, less perfect in the legs than the arms, to both of which, in frequent succession, a hot spoon was applied; tickling the feet readily excited reflex action. He was most annoyed by the sensation of "pins and needles" in both feet, or in one calf, less frequently in the thighs. There was no hyperæsthesia anywhere. He had a feeling of general tightness over the abdomen, but it was far most marked in a line from the crest of one ilium to the other. He said it was like a cord pulled tight around him. He had incontinence of urine both day and night. On examination, the bladder was found to be nearly empty, and the urine alkaline.

Pressure on each spinous process, beginning from above, was not complained of until the third dorsal was reached, then he suffered considerably and declined to permit further examination of that part. In all respects except numbness, both legs were now alike; formerly the left was the worse.

He has no head symptoms; no headache, vertigo, etc.; his intellect was clear; appetite good. He complained chiefly of inability to walk, twitches at night, sensation of "pins and needles" in the legs, a feeling of tightness across the abdomen, incontinence of urine, and great constipation.

He was ordered one-eighth of a grain of the extract of belladonna twice a-day, an aperient pill every other night, and a plaster of belladonna to the back.

May 29.—The incontinence of urine was better; other symptoms the same. Four grains of powder of the ergot of rye, a grain of sulphate of zinc and of sulphate of quinine were added to each dose of the belladonna.

June 16.—He reports that he is no better whatever. The sulphate of zinc was now given in two-grain doses along with the other remedies.

July 17.—He was much better, the incontinence of urine much less. The sensation of a cord round the abdomen was always present in the morning, but went off early in the forenoon. The dose of the sulphate of zinc was now increased to three grains.

October 2.—The report states: "He rarely has the feeling of a cord, or tightness, round the abdomen, but suffers from cramps in the calves of both legs every morning about breakfast time. There is no sensation of 'pins and needles' in the legs, and no spasms, but the feet have been so 'icy cold' as to prevent sleep. The bladder is irritable. He has to get up five times in the night, but has so far improved in retaining his urine 'that if he looks quick he does not wet himself.'" The ergot was now omitted and the sulphate of zinc was given in doses of five grains, the quinine increased to four grains, with one-fourth of a grain of the extract of belladonna.

November 2.—He had been giddy, and had noises in his ears; the incontinence of urine both by day and night had ceased. He had the sensation of a cord occasionally round the waist for half-an-hour, perhaps every other day. It came on early in the morning, before getting up. No cramps or feeling of "pins and needles" for the preceding fourteen days. When he wished to pass water he had time to walk out or up-stairs, and could retain a larger quantity at a time. He could stand steadily or walk without a stick, but still the power of guiding the legs was very indifferent. He walked with much less apparent effort, but the walk evinced the same want of the power of co-ordination of muscle.

November 27.—Improvement fully maintained.

Dr. Ramskill remarked that the case was clearly one of chronic myelitis and its uppermost limit in the cord was at the point where the pressure on the third dorsal vertebra gave pain. Other means of determining this limit were not tried, as the pain caused by the pressure was so great as to make the patient refuse further examination. One mode of examination was the application of a lump of ice slowly moved down the spine. It causes the ordinary sensation of coldness until the diseased spot is reached, and then a feeling of burning arises. A similar result follows the application of a sponge dipped in very hot water.

From the symptoms it was evident that the lumbar part of the cord was not implicated in the disease; had it been so, reflex action in the lower limbs by tickling, pressure, etc., would have been impossible. The portion of the cord involved was chiefly, if not altogether, the gray matter. The posterior columns were not much affected, for there was no hyperæsthesia; reflex action could be easily excited, and the power of motion was not much greater in the recumbent position than in any other. Had the anterior columns been the chief seat of the disease we should have the symptoms of myelitis much less marked; and, unless the gray matter were also involved, there would not be any anæsthesia. It was not a case of simple congestion, for although in this affection all the symptoms of myelitis are present, yet they are so in a much less degree,—and the difference in the symptoms on rising in the morning, when the spinal column contains most blood, compared with the amelioration in the after part of the day, would be much more pronounced than they were in this case, and there would be a greater variability in the degree of paralysis. From meningitis it differed in the absence of the specific symptoms of meningitis—spasm and pain of the muscles of the back, and in those muscles which are supplied by the nerves at or below the point of disease,—from white softening it differed in every respect,—from tumour in the presence of inflammation from the very beginning of the affection,—from hæmorrhage in the gradual approach and increasing severity of each symptom. It was not of cerebral origin, for there was no symptom of diseased function of cerebrum, of its ganglia, or of its nerves present to oppose the diagnosis arrived at from the special ones pertaining to the spinal cord.

The treatment from the first was by belladonna, and from the second visit by the addition of ergot, zinc, and quinine. The ergot was omitted on October 2, after four months' use, because it appeared that its contractile power on the capillaries was exerted on those of the lower extremities. The patient complained of icy coldness of the feet, which prevented sleep. It was from this very power of contraction exercised on the capillaries of the spinal cord by the ergot of rye (together with belladonna, which has the same power in a less degree), that the improvement in the case was due. It was probable that symptoms of poisoning would follow a more prolonged use of ergot similar to those recorded as occurring in the countries where ergotised wheat has been eaten. In the treatment of myelitis, there was clearly a period when the administration of the drug, for a time at least, should be withheld. The same rule did not apply to belladonna, for it was not necessary to give such a dose as continually to affect vision; but occasionally belladonna was found to produce much dryness of throat, and discomfort in endeavouring to swallow saliva, as to give just cause for suspending its use for a short time. The zinc and quinine in this case were used as general tonics, without any specific purpose of acting on the tissues of the cord; and the quinine was pushed until it produced signs of cinchonism, when all medicine except ammonia was omitted. The patient still keeps well.

GUY'S HOSPITAL.

LARGE CYSTIC TUMOUR IN THE ISCHIO-RECTAL FOSSA.

(Under the care of Mr. COCK.)

On Tuesday, October 23, Mr. Cock operated in a case which had excited considerable interest on account of the obscurity attending its diagnosis. The patient was a man, aged 34. On the left side of his anus and involving the buttock, was an ill-defined tumour, the size of three or four fists. The patient said that he had had a lump in this position for twenty years, but that it had attained its present great size chiefly during the last few months. He never had any pain in it, and applied for advice merely on account of the inconvenience its increased size was occasioning him. A careful examination detected no disease of the rectum. There was a degree of fluctuation about the tumour, but no redness or pain. It received an impulse from coughing, and was manifestly influenced by the rise and fall of the diaphragm. The patient was in quite rude health, which contradicted any idea of its being malignant. The question of its being an abscess containing hydatids or a fibro-plastic tumour was entertained, and a small exploratory trocar was introduced, but as no fluid was drawn off, the result was negative.

On October 9, the man being placed under the influence of chloroform, Mr. Cock made an incision into the tumour when immediately a large quantity of fetid, dirty-looking fluid was ejected to a considerable distance. The tumour turned out to be a cyst, which extended several inches through the lower outlet into the pelvis, along the side of the rectum. Mr. Cock introduced his finger into the sac but could not detect any communication with the rectum. The fluid had derived its fetid smell probably, he said, from mere proximity to the intestine. Mr. Cock did not attempt the removal of the cyst, as the parts were very vascular, and bleeding in that position could not be easily stopped.

The subsequent progress of the case has shown the correctness of the opinion formed as to the cystic nature of the tumour. Iodine injections have since been used, and the cavity is gradually contracting. The man is in good health.

THE LONDON HOSPITAL.

CANCER OF THE ŒSOPHAGUS—FATAL HÆMORRHAGE.

(Under the care of Dr. DAVIES.)

[Reported by Mr. WOODMAN.]

JOHN G., aged 62, a labourer: admitted into the London Hospital on October 9, 1860. He is of spare habit, much emaciated; has dark gray hair, brown eyes, dark complexion, strongly-marked features, and a very anxious expression of countenance. He states that "his father died at 85, and his mother at 76. All the family are very healthy. One brother died from 'drinking too much.'" Five brothers are now living. He worked as a biscuit-baker till he was 30, and since that time as a common labourer, at any kind of work. There is reason to believe that his habits have not been very temperate. He states that he has never drunk any hot or corrosive fluids, being accustomed to drink his tea, etc. nearly cold. He dates his present illness from three months ago, at which time he first found great difficulty in swallowing, part of the food or drink taken always returning, and the effort to swallow being always painful. This difficulty increased gradually, and led to his entering the workhouse, from which he was brought to the Hospital. Sometimes he can swallow with tolerable facility, but has taken nothing more solid than gruel for the last two months. He says the food appears to stop just opposite to a point a little below the sterno-clavicular articulation. He has a fatty tumour the size of a large orange in the posterior triangle of the neck, on the right side, and filling it completely, but very loosely attached, and the integuments being very loose over it. Has had it for thirty years, and it has been stationary for more than twenty years, never inconveniencing him. It does not appear to have any connexion with his complaint. On admission, it was found that the major part of the beef-tea, milk, and light pudding given him was rejected soon after reaching the stomach (in from two to five minutes). He swallowed very slowly, and the effort was evidently both laborious and painful. The heart-sounds, though feeble, seemed healthy, as were also those of respiration. The radial pulses were equal and isochronous. No unusual bruit, nor any other indication of an aneurism could be detected.

October 11.—Mr. Curling saw him to-day, with Dr. Davies, and concurred in the opinion that it was undesirable to pass any bougie or probang. Ordered injections of beef-tea and wine, and to take nothing per oram but very thin gruel and wine.

16th.—Some blood was found for the first time (he says) in the rejected fluid. It was of a bright colour, but small in quantity.

17th and 18th.—Still a little blood mixed with the rejected fluid. To suck ice and keep in the recumbent posture.

19th.—Is very feeble; more blood, but still in small quantity, and mixed with dark grumous-looking stuff, brought up to-day.

20th.—At two a.m. he suddenly brought up a large quantity of bright-coloured blood, so as nearly to fill the chamber utensil (about three pints), and died almost immediately.

Post-mortem Examination, twelve Hours after Death.—Rigor mortis persistent; heart small, all its cavities contracted. On tracing the aorta to that part of the descending portion underneath the left bronchus, the portion in contact with the œsophagus was found split on its outer surface, to about a third of its circumference, and a lamina about two lines in depth, and corresponding to the split, was separable for about one-third of an inch on either side. Its margins towards the split were frayed, and the corresponding part internally had a small pin-hole aperture, surrounded by a blackish margin, easily lacerable. On removing the œsophagus at the part contiguous to the diseased portion of the aorta, a cancerous mass (scirrhus) was found, which had ulcerated through at this part, and on opening it it was found to implicate the whole circumference of the œsophagus, admitting only a goosequill, very dense and ragged, and about half-an-inch in depth. The bronchial glands were found much enlarged, and one of them was occupied by a piece of calcareous matter, as big as a hazel-nut. There was no erosion of the trachea or bronchial tubes. No further examination of the body could be obtained.

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Medical Times and Gazette.

SATURDAY, DECEMBER 29.

1860.

THE year 1860 is not a very memorable one for the Medical Profession. There have been no political convulsions, no revolutionary discoveries in science, no commotions serious enough to disturb our social peace. An average amount of change and progress is all that we have to recapitulate. But even this is a matter of congratulation. We may presume that we are rightly moving forward in our career when we are free from oscillations and explosions.

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The legislation of the past Session was for the most part corrective. The object of the Medical Acts Amendment Bill was to rectify what was really a *casus omissus* in the Act of 1858; namely, to add the words "Licentiate of Surgery" after the words "Licentiate of Medicine," thereby authorising the registration of the Diplomas of Surgery granted by the University of Dublin. The Scotch Universities Bill came into operation this year. This Act, among other provisions affecting the Scottish Universities, requires that "from and after such date as may be fixed by the Commissioners hereafter appointed, by special ordinance approved by Her Majesty in Council, the University and King's College of Aberdeen and Marischal College and University of Aberdeen shall be united and incorporated into one University and College in all time coming thereafter, under the style and title of the University of Aberdeen." By an ordinance of the Commissioners, September the 15th last was fixed as the date at which the union in question was to take effect. Accordingly, there will henceforth be but one Medical School at Aberdeen, and Graduates of either College are for the future to be regarded as of the University of Aberdeen. These changes have, of necessity, led to various modifications of the curriculum for degrees at this University, of which that insisting upon residence before admission to a Degree in Medicine, is one of the most important. The Administration of Poisons Act was brought in to remedy a defect in the existing law with regard to the administration of poisons. As the law stood, if poisons were administered with the intent of committing murder, it was a capital offence; but if it was shown that there was no such intent, the law was so defective that it failed to reach an offender. The present bill contains two clauses altering this state of things. By the first it was provided, that when poison was administered with intent to do grievous bodily harm, the offence should be punished with penal servitude for life; and by the second, where poison is administered only with the intention to annoy it is held to be a misdemeanour, punishable with three years' imprisonment.

By death and resignation some considerable changes have taken place in the composition of the Medical Council. Mr. Green now holds the office of President, which, to the regret of all, was vacated by Sir Benjamin Brodie. Sir James Clark, Dr. Watson, of London, and Dr. Watson, of Glasgow, have retired. Doctors Laurie and Robert Williams are dead. In their places we find Dr. Baly, Dr. Allan Thomson, Dr. Burrows, Mr. Arnott, and Mr. Watt. The Council met in June, and transacted a large amount of business. The minutes of the several sittings were fully reported in our columns at the time. Various cases, in which questions concerning registration arose, were decided upon. The common practice of making the Licence of the Apothecaries' Company an essential qualification for office in Medical Institutions was condemned, as being "neither consistent with the letter and spirit of the Medical Act, nor expedient for the interests of the public." Several memorials presented to the Council, complaining of some recent admissions by the Royal College of Surgeons of England, drew from Mr. Green, as the representative of that body, an assurance that the practice of examining candidates who had not gone through a full curriculum of study ceased on March the 1st, and would not be renewed. The report of the Pharmacopœia Committee was received, and led us to hope that the work might be prepared for the press by the middle or latter end of November. In this matter, however, we are doomed to disappointment, notwithstanding the stimulus of the vote of an additional £500 for the purposes of the Committee. The crowning work of the Council was the passing a series of recommendations on the subject of Medical Education. These weighty resolutions have reference to the preliminary education and examination of Medical students, to their registration, and professional training and examination. After October the 1st, 1861, all Medical students are to be registered. No student can be registered who has not passed an Arts' examination. Four years must be spent in Professional study after the examination in general education. The age of twenty-one will be the earliest age at which any Professional licence can be obtained. The Professional examination is to be divided into two distinct parts, to be conducted in the presence of inspectors, partly in writing, partly *viva voce*, and to be made as practical and demonstrative as possible. The University of London, the College of Surgeons of London, and the Army Medical Board, have all issued regulations more or less in accordance with the recommendations of the Council. The University of London, acting upon the soundest advice, have instituted degrees of Bachelor and Doctor of Science, which are open to every one who can stand the test of the successive examinations required. The College of Surgeons will enforce on the candidates for its diploma who commence their Professional education on or after the 1st of January, 1861, a preliminary examination equivalent to that for a degree in Arts. The College of Physicians have for the time failed in securing the co-operation of the College of Surgeons in the formation of a joint Board for the examination and licensing of General Practitioners; and their proposal to do the same thing independently has been stayed by the interference of the Apothecaries' Company. Sooner or later, however, some such licensing union must be sanctioned by Act of Parliament, as it seems to be the general wish of that class of Practitioners most concerned in the change. In the Army Medical Department a still further advance has been made. Not only are the candidates for employment in the Service desired to obtain the better class of Medical and Surgical diplomas, but their appointments are not to be completed until after additional study and examination in special subjects. This is provided for in the new Army Medical School, the organisation of which has, in its proper place, been stated in detail. The work of this Institution has commenced under the most favourable circumstances, and with a class of students from whom there is every reason to expect a full appreciation of the advantages set before them, and a fair return of zeal and skill in their subsequent career.

The scientific discoveries relating to Medicine and Surgery have not been of a startling nature. Yet every one must be conscious of progress. Never was there expended at any time a larger amount of industrious investigation, cautious inquiry, and candid declaration of results. Our scientific troops are at present in extended skirmishing order, and we must be content to wait patiently the effect of their manœuvres. But, without being as it were at head-quarters, and witnessing, as we do, the accumulated returns of individual and combined operations, it is impossible to form any true estimate of the magnitude of the work that is being done daily in conquering and reclaiming the outlying regions of Science. We have our ambassadors and forces in the Pekin of Surgery, and at the very antipodes of Medical research; and more than silver and gold and precious stones do they send home to us. The unexpectedly favourable results of ovariotomy and of operations for the cure of vaginal fistula are worth more than a Chinese ransom; and the successive improvements in the radical cure of hernia, in the treatment of hæmorrhage and deformities, in the relief of some of the most painful diseases by hypodermic injection, are more welcome than the gold-laden ships of California or Australia. Nor have we been negligent in recording, while others have been diligent in doing. Our columns this year contain a most valuable mass of matter, from numerous able and earnest contributors. To accumulate more in two volumes than such Lectures as

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those of Claude Bernard on Experimental Physiology, of Simpson on the Diseases of Women, of Goodfellow on Disease of the Kidney, of West on the Mental Disorders of Children, and of Jenner on Rickets, would be mere hoarding; while the Recollections of Conolly, our Notes and Queries, our Records of Hospital Practice, our elaborate Reports on the Treatment of External Aneurism, on Extra-uterine Fœtation, on Rodent Ulcer, and Epithelial Cancer,—our Leading Articles on such topics as the Administration of Medical Charities, the Question of Experts, Quackery, Sanitary Reform, Infanticide, Adulteration, International Copyright, Medical Psychology, Hospital Registration, Criminal Appeal, the Social Position of Medical Men, the Treatment of Criminal Lunatics, and the Administration of the Medical Department of the Army and Navy,—are examples of the wide range of research of our coadjutors, and of the catholic spirit in which we wish to deal with all men and all subjects.

Books have this year crowded upon us. The list of those which we have reviewed in detail, or noticed as circumstances required, is long indeed. Many of them are of great interest, and will form part of the permanent literature of the Profession; and it has rarely been our misfortune to have to condemn anything as utterly worthless. It is a pleasure to point once more to such productions as the works of Priestley on the Development of the Gravid Uterus, Habershon on the Injurious Effects of Mercury, Waters on the Anatomy of the Human Lung, Clay on Ovariotomy, Salter on Asthma, Forster on the Surgical Diseases of Children, Mayne's Expository Lexicon, Parkes on the Composition of the Urine, or to the Notes on Nursing by Miss Nightingale, Todd's Clinical Lectures, Day's Chemistry in relation to Physiology and Medicine, Wynter's Curiosities of Civilisation, the Hospital Reports from Guy's, the Transactions of the Medico-Chirurgical and Pathological Societies, and the Translations of Kölliker's Microscopic Anatomy and Virchow's Cellular Pathology. This last work scarcely needed to be pressed on the attention of readers; but we thought it right to give a complete analysis of its contents, estimating as we did the importance of the facts it discloses, and foreseeing the influence it must have on pathological doctrine in this country. It would be wrong, in recapitulating the literary labours of the year, to omit to mention the youthful energy of the New Sydenham Society, or to withhold the word of praise for what it has accomplished.

Our weekly paragraphs, when taken as a whole, form a curious conglomerate, and will some day or other be a mine of wealth for those who are hunting up the social history of the Profession. Looking over them as we may, sharers in some of the events which they chronicle, familiar with all the allusions they contain, and the details which the writers have thought it superfluous to relate, and on terms of intimacy with many of the characters who figure in them, one is surprised, at the end of a year, with the infinite variety of Professional incident, and the strangely double aspect which life assumes to the Professional man. It is impossible to classify these fragments of social history. The scientific and familiar, the personal and corporate, the tragic and the comic, the good things and the bad things, are so interwoven one with the other, that one might as well try to make a summary of a private diary as of them. But few points stand out in anything like bold relief. Some things have recurred again in their appointed course, and a few that were not expected have come to pass. For instance, we have had, without let or hindrance, the usual meetings of our Scientific Associations. That of the British Association was at Oxford, and went off with great spirit. The chief matters of Professional interest were the Priestley breakfast, the papers on Sleep by Mr. Durham and on Oxygen by Dr. Richardson, a discussion on death from Chloroform after a paper by Dr. Kidd, and a debate on the Origin of Species, originating in a paper by Dr. Draper, of New York. The Medical Association met at Torquay, and its most animated talk was upon the question of Special Hospitals, which had some little time before been brought conspicuously under notice by a protest against such establishments. The Statistical Congress was roused by a paper from Miss Nightingale on the method of reporting Hospital statistics; and our London Medical Societies have been agitated by a proposal for general amalgamation. The University of Oxford has renewed the Linacre Professorship, and placed it in the worthy hands of Dr. Rolleston, and is now giving encouragement to the study of Natural Science. The College of Physicians has, at a timely moment, made discovery of its original Charter; and the Council of the College of Surgeons has discharged its conscience by putting up a miserable tablet over the remains of Hunter in Westminster Abbey, while the Members of the College have commissioned Mr. Weekes to prepare a statue in marble of the great man for their museum. Nurse-training has commenced under the auspices of Miss Nightingale at St. Thomas's Hospital. Dr. Gibson has been appointed Director-General of the Army Medical Department, and Dr. Quain was elected to fill the vacant seat in the Senate of the University of London. It is a matter also worthy of note, that while many of the people are recklessly throwing themselves into the hands of quacks, legitimate medicine is duly honoured by the heads of the nation. The Royal excursions were not undertaken without the attendance of Drs. Baly, Acland, and Sir Henry Holland.

And here this retrospect might be brought to a close, were it not for a subject which never fails us—

——"versamur ibidem, atque insumus usque,
Atque in se sua per vestigia volvitur annus."

Even we, "whose study is Life and Death, who daily behold examples of Mortality, and of all men least need artificial Memento's, or Coffins by our bed-side, to minde us of our Graves," may more than number our days by the shadows of departing friends. This year our death-roll contains the names of no less than 438 members of the Profession. The age of 271 of these is recorded, and the whole amounts to 15,029 years, giving 59 as the average age at the time of death. This does not rival the lately vaunted longevity of peers, quakers, and paupers. Our brethren die before they decay, and seem to realise the Ovidian aspiration,—

"Cum moriar, medium solvar et inter opus."

Time and space will only let us recall to notice a few of them. "Oblivion is not to be hired: the greater part must be content to be as though they had not been, to be found in the register of God." Among those best known to the public were Dr. Ayre, of Hull, Dr. Todd, Mr. Alexander, Mr. Hale Thompson, Dr. Paxon, Dr. Williams, of Dublin, Dr. Laurie, Dr. Addison, Dr. Charles Coote, and Sir Henry Marsh. Leaving his dying-bed, with a hand chilled by his farewell grasp, we sorrowfully add the name of RIGBY to the roll of departed friends. "Vale, vale, vale, nos te ordine quo natura permittet sequemur!" With this wail of the ancient mourners, we pass on, and gird ourselves up for the duties and responsibilities of another year.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

EXTRACTS from the new Bye-Laws relating to Fellows and Members, and a notification relating to Licentiates, were published on the 22nd inst. We have been favoured by the Registrar, Dr. Pitman, with copies of these documents and now lay before our readers a few of the clauses which are of the greatest interest in the present aspect of Medical affairs.

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I. As to Fellows.—The government of the Corporation is vested in the President and Fellows. The Fellows are to be elected from Members of at least four years' standing, and not less than thirty years of age. "All Members who have been either Licentiates or Members, during a period of four years on the whole, previously to the 1st day of October, 1863, shall be considered Members of four years' standing." Members are to be proposed as Fellows, and ballotted for at a General Meeting of the College, to be held annually on the 25th of June. The following clause draws the line between the Physician and the General Practitioner:—

"X. No Fellow of the College shall be engaged in trade, or dispense medicines, or make any engagement with a Chemist, or any other person, for the supply of medicines from which profit is derived, or practise Physic or Surgery in partnership, by deed or otherwise."

"XI. No Fellow of the College shall be entitled to sue in any Court of Law for payment for Professional aid rendered by him."

The fee on admission to the Fellowship is thirty guineas.

II. As to Members.—We are authorised to state that the circular upon which we commented last week as issued from the College was intended to be addressed to those Licentiates only, who, having been offered the Membership under the Bye-laws of 1859, had not formally signified their acceptance of such Membership; and that the circular was, in error, addressed also to several Members who had been admitted, and who had formally accepted the Membership. We are also informed that the error has been rectified by the issue of fresh circulars.

The Members, it is provided, "Shall not be entitled to any share in the government, nor to attend or vote at General Meetings of the Corporation." The following section provides for the admission of Medical Graduates to the Membership upon a practical examination only:—

"When such Candidate has already obtained the Degree of Doctor or Bachelor in Medicine at an University in the United Kingdom, after a course of study and an Examination, satisfactory to the Censors' Board, he shall be exempt from all parts of the Examinations hereinbefore described, except such as relate to Pathology and Therapeutics."

Non-Graduate Medical Practitioners, twenty-five years of age, who can produce proof of having studied during five years the ordinary subjects of Professional education (these rules being modified for persons who have attained the age of forty years) may be admitted to examination before the Censors' Board, but

"No such Candidate shall be admitted to Examination who is engaged in trade, or who dispenses medicine, or makes any engagement with a Chemist, or any other person, for the supply of medicine, from which profit is derived, or who practises Physic or Surgery in partnership, by deed or otherwise, so long as that partnership continues."

Having been approved by the Censors' Board, the candidate must be proposed and ballotted for at a General Meeting of Fellows. The fee on admission as Member is thirty guineas.

III. As to Licentiates.—The College has at length decided to grant licences to those who do not intend to practise as Pure Physicians: in fact, to give to English Medical Students the Medical qualification they have hitherto obtained from Apothecaries' Hall. The licences "are not to extend to make the Licentiates Members of the Corporation." A curriculum for preliminary and professional education is published, which we cannot analyse now, but which is very much like that of the Apothecaries' Company. This is intended for *Students*. The following clauses apply to those already registered:—

"VII. Any 'Registered Medical Practitioner' whose qualification or qualifications shall have been obtained before the first day of January, 1861, having been, with the consent of the College, admitted a Candidate for the Licence, will be examined on the Principles and Practice of Medicine and Midwifery: but he will be exempted from such other parts of the Examinations hereinbefore described, as his qualifications may seem to the Examiners to justify.

"VIII. Licentiates of this College shall not compound or dispense medicines except for patients under their own care.

"IX. No Licentiate of the College shall use, for the sake of gain, any remedy which he keeps secret.

"X. No Licentiate of the College shall assume the title of Doctor of Medicine, or use any other name, title, designation or distinction implying that he is a Graduate in Medicine of an University, unless he be a Graduate in Medicine of an University."

The fee for the Licence is fifteen guineas.

These we believe are the essential portions of the new regulations. It is ordained that—"No Member of the College shall be engaged in trade, dispense medicines, or make any engagement with a Chemist, or any other person, for the supply of medicines, from which profit is derived, or practise Physic or Surgery in partnership, by deed or otherwise." But it is curious that while it is provided that neither *Fellows* nor *Members* shall be "*engaged in trade*," there is no such provision made as to *Licentiates*. They are not to compound and dispense, except for patients under their own care; but they may sell drugs to anybody,—at least there is nothing in the Bye-Laws to prevent them. Whether this is an intentional or an accidental omission, we cannot say; but as the regulations stand, anyone who had obtained the Licence might open a druggist's shop, and sell drugs and perfumery, and the various articles known as "druggists' sundries," provided he only compounded and dispensed medicines for his own patients. But the whole of these Bye-Laws require careful examination.

THE WEEK.

This week another of our leading Physicians has been removed by death. Dr. Rigby died on Thursday morning, at his house in Berkeley-square. He was but fifty-six years of age, and had attained that position in his Profession for which he had laboured during a busy life. Esteemed by his Professional brethren for his great knowledge and skill in the important department of practice to which he devoted himself, and endeared to a large circle by his personal character,—the kind, honest, upright, self-denying character of the true gentleman,—he leaves behind him a good name, and will long live in the memory of his friends as one whose place must long remain unfilled. Next week we hope to be able to add some account of his life and writings.

Some months ago it was determined to have a medal struck in honour of Dr. Jacob, of Dublin. This medal is now complete; it is of bronze, and three inches in diameter; on one side it bears a likeness of the Doctor, with the word "Jacob," and on the other the following inscription:—

"Arthur Jacob, M.D., F.R.C.S., Prof. of Anat. and Phys., Roy. Coll. of Surg. in Ireland.

"In commemoration of eminent services rendered to Science and the Medical Profession in Ireland, 1860."

By those who know Dr. Jacob the likeness is stated to be perfect, and the inscription and other portions of the medal are well executed. Those who differ most widely from Dr Jacob on public questions, and who regret that the *perfervidum ingenium* with which he is endowed has been so frequently expended on personal or party objects, are delighted to acknowledge the services he has rendered to Medical Science, and regard the medal as a tribute to an eminent man well deserved from his Professional brethren. It should be known that it was proposed to present Dr. Jacob with a service of plate of considerable value; and it was on this

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being declined that it was determined to have the medal struck, in commemoration of his services to Science.

We continue to receive favourable accounts of the health of our army in China. The sick list has never exceeded a per-centage of six to the effective strength, and, when the last mail left, it was under that amount. The chief disease in the camp was diarrhœa, occasionally passing into dysentery. Supplies of all kinds for the troops were in abundance; and even if the army should have to winter under the walls of Pekin, everything that could be required for the sick had been brought up from the hospital-ships and was on the spot, so as to render the camp-hospitals independent of casual supplies from the neighbourhood or from their rear in case of communication being stopped. The weather was still most agreeable; somewhat too warm for comfort out of doors during the middle of the day, and rather chilly at night and towards early morning.

We have been requested to correct a very erroneous notion which the students in some places have taken up as to the certificate of proficiency in vaccination to be obtained at the Educational Stations appointed by the National Vaccine Establishment under the authority of the Privy Council. The students seem to think that this certificate can only be obtained by a six weeks' attendance at one of these stations; whereas a student who has learnt vaccination during his pupilage in the ordinary way, and who feels himself competent, may go on the vaccination day to Mr. Marson's station in London, or to the stations appointed in either of the Provincial Towns, satisfy the examiners practically and otherwise of his knowledge and efficiency, and obtain the certificate straightway. This is so clear by the regulations that one can hardly see how the error has arisen, but all must see the importance of having it set right.

The week before last we called attention to the laxity of a Recording Judge in the City, in allowing a farmer, convicted of having supplied one of the London markets with stinking meat, to go scot free, after a reprimand. The wise nature of the decision is bearing its fruit, as may be seen from last week's return of the amount of filthy meat, offered for sale, which had been seized.

"At the meeting of the City Court of Sewers, Dr. Letheby reported that 4133 lbs., or nearly 2 tons, of meat had been seized during the week as unfit for human food."

Now if this much was seized, how much escaped seizure? Who can doubt that the health of the people who eat the garbage must be seriously affected thereby? If Judges and magistrates encourage the traffic, by not punishing offenders when they catch them, it would be better that the sale of stinking meat should be put on a legal footing,—*i. e.*, subjected to distinct regulations!

An herbalist of Southampton, and two female accomplices, have been committed for trial on a charge of procuring abortion for a married woman. The evidence of this woman and of Mr. Keele, Surgeon to the Southampton Gaol, leave no doubt that the offence was committed; but we must reserve all comment until after the trial, with the exception of the remark that the evidence leads to the conclusion that the practice has been a very common one in Southampton.

M. SÉDILLOT.—M. Sédillot, well known in this country for his works on Purulent Infection and Operative Surgery, has been appointed Director of the new Military Medical School at Strasburg, and is likewise raised to the rank of Inspector, the highest post in the hierarchy of Military Medicine.

REVIEWS.

Mind and Brain; or, the Correlations of Consciousness and Organisation: with their Applications to Philosophy, Zoology, Physiology, Mental Pathology, and the Practice of Medicine. By THOMAS LAYCOCK, M.D., F.R.S.E., etc. etc., Professor of the Practice of Medicine and of Clinical Medicine, and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh (with Illustrations). Two Vols. 8vo. Pp. 884. Edinburgh: 1860.

THE author of this book is a profound thinker, and has elaborated a comprehensive system of mental and vital science. The reader, on first engaging in the perusal, is startled in almost every page by what he regards as false, assumptive, or untenable; but, as he enters into the spirit of the book, its pages assume a very different aspect.

A prominent feature in our author's system is his adoption of some of those striking considerations directed of late with so much success to the discovery of the relations between such physical forces as electricity, magnetism, caloric, and chemical affinity, and his application of them to the force which operates in organic nature. This force, for the sake of convenience, we shall name Organic Force, but without imputing its use in this sense to our author: and to this organic force are to be ascribed all the multiform movements, whether at sensible or insensible distances, which constitute the phenomena of living nature.

His first object is to prove that this force, unlike the simple physical forces, has a teleological character, that is, that it invariably operates, in individual forms, towards strictly definite and preconceived ends. The several members of the Vegetable and Animal Kingdoms are all of them individual fabrics constructed after a well-defined plan, and destined to endure for a nearly fixed period of time. To the force which out of the inert materials at the earth's surface originates, develops and maintains such fabrics, the character of a teleological force cannot be denied. The type of a teleological force in organic nature, is the intelligence of man exerted unceasingly in the contrivance of means to ends,—that force in individual men, by the aggregate operation of which the earth has been covered with the fruits of human ingenuity and labour, of which, as conspicuous examples, may be cited the Egyptian Pyramids, the Chinese Wall, etc. When our view is extended to the various effects of instinct in animals beneath man, as in the habitations of the beaver, the nests of birds, the honey-comb of a hive of bees, there is an analogous effort of intelligence, or of a teleological principle, manifestly exerted.

In all these cases the organic force having the same character as belongs to human intelligence is properly regarded as a mental force; and this is the name by which Dr. Laycock desires to distinguish it. According to his view organic force is truly *mind*.

Our author has next to meet the difficulty arising from the prevailing idea that consciousness is an indispensable condition of the exercise of mind. He shows that consciousness does not necessarily attend the exercise of all that force in organic nature which he represents as mental force. Dr Laycock entertains nearly the same views with Dr. Carpenter as to unconscious cerebration. He points to the acknowledged reflex function of the spinal cord in many acts having the character of contrivance, as examples of the exercise of mental force without consciousness. Moreover he claims to have been the first to observe that some processes essentially mental, and performed through the brain itself, take place without consciousness and are of a kind to be properly described as the result of a reflex function in the cerebral organs. The transition is natural from this conviction to the belief that a mental force may act without consciousness in all the operations referred to vitality throughout organic nature, vegetable as well as animal.

This organic mental force is the ruling principle of living nature; while like the great physical forces, electricity, magnetism, caloric, and chemical affinity, it is an ever active cause of movement both sensible and insensible, and differs from these in this essential particular, that it has not been coëval with the existence of our planet. There was a period when nothing living could maintain itself at the earth's surface. There could not then have been anything to

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represent, in the aggregate, what now constitutes the organic mental force operating around us. This completes our author's generalisation. The organic mental force now in full exercise at the earth's surface must at a definite moment, have been introduced into that previously desolate scene. And how could such a force be introduced? Surely by nothing short of an Infinite Mental Force, a Teleological Power. Thus the teleological force which so manifestly rules organic nature, connects itself with the teleological force which is concerned in the economy of the physical universe.

Dr. Laycock's generalisation may be stated thus:—There are four particulars in which the exercise of a teleological force can be discerned; namely, the human intelligence; the vitality on which the development and maintenance of the individuals of the Vegetable and the Animal Kingdoms are dependent; the principle which rules the special instincts of plants and animals as exhibited in their relative functions, and, the power which governs the physical universe. But teleological force is essentially spiritual, intelligent, personal,—therefore the generic force under which these several particulars fall is incontrovertibly *mind*.

Such, as we have been able to apprehend it, is the foundation-law of Dr. Laycock's system. The derivative applications of this law are much too varied and numerous for even bare mention in the present notice. By way of illustration, however, we cite a few of the class most likely to interest the Medical Practitioner. First: The transference of force, which, when once set in motion, must expend itself somewhere. If the process be simply vital, it expends itself in motion, of which muscular action is the type; if the process be mental, the vital wave passes on through the cerebro-spinal ganglia, and the results coincide with states of consciousness. Hence, in proportion as the states of consciousness are intense, will the tissue be correspondingly developed. Secondly: The "vis nervosa" is not an immediate motor force, as is generally held, but a mediate or directing force determining the mode of the evolution and exercise of force generally in the tissues, whether this be electricity (as in the torpedo), or animal heat, or muscular power. The nervous system is thus a recipient apparatus for all stimuli acting on the organism from without. The simplest form of this recipient apparatus is seen when the nerves of a sphincter muscle (as the iris) act so as to induce contraction of it, on a stimulus (as of light) being applied; the most complex is found in man's organ of vision, in which the optic nerve is in relation with the entire hemisphere, and through this with the entire nervous system. Third: Dr. Laycock considers the ganglia in the posterior roots of the spinal nerves as a distinct and connected system termed the Intervertebral, and holding the same anatomical relation to the contents of the cranio-spinal cavity as the sympathetic to the contents of the visceral cavity. Further, in relation with the cerebro-spinal centres is developed a *centripetal* nutrient force, in which the intervertebral ganglia take part. Our author cites, in proof of this doctrine, the experiments of Dr. Waller (confirmed by M. Cl. Bernard), and finds in it an explanation of such cases of symmetrical cutaneous diseases as cutaneous hemiplegia, in which the two halves of the body from half the nose downwards are of a different colour; as rubeola limited to one side, etc. The concluding paragraphs of Part VI. Chap. iv. contain some interesting applications of this law to the theory of morbid nutrition, and of bilateral symmetry in disease; but into these we may not enter. Fourth: The cerebellum is shown to be a differentiation of the intervertebral system, as well as a regulator of vaso-motor activity. The regulation of the functions of the capillaries by vaso-motor nerve-centres is one of Dr. Laycock's fundamental doctrines, and in his Lectures he has applied it especially to the pathology of epilepsy and of all morbid states of the hemispheres. He shows that there are vaso-motor nerve-centres in relation to consciousness and thought, just as there are musculo-motor nerve-centres in relation to volitional and reflex acts. The former he places in the medulla oblongata and cerebellum, and it is through these, he maintains, that those general modifications of the circulation in the encephalon take place, by which the consciousness is abolished in epilepsy or partially modified as in the minor epilepsies. According to his views the changes in the nutrition of the brain and its membranes and of the cranium itself in insanity and epilepsy are due to this morbid action of vaso-motor nerve-centres, or in other words are the effects, and not the causes, of the insane epileptic states. It is local morbid activity, or paralysis of the hemisphere, which leads to all the peculiarities of the insane and eccentric—of dreaming, etc. Fifth: The blood is regarded as a unifying and co-ordinating apparatus. That the nerves are not the only apparatus by which the functions of organs are co-ordinated is seen in plants and in animal organisms devoid of a nervous system, while it is difficult to ascribe to nervous influence the organismal movements towards unity of the sperm-cells, zoöids, and zoöspores, etc. From temporary changes in the blood, and consequent modification of the cœnæsthesis, arise the appetites, whether normal, as in health, or abnormal, as in disease. The proposition, *Lex nostri conservatio*, expresses the law by which the contingent primordial instincts operate so as to modify abnormal states of the blood or the viscera, and to which are relegated the acute or "self-limited" disorders, the vague induction known as the *vis medicatrix Naturæ*, and the conservative instincts implied in the Loathings or Aversions (as languor, desire for repose, etc.). Sixth: Our author's system of Scientific Psychology rests on vital laws from which mental force is evolved as organic force into the substratum of conscious mind and intuitive energies. The completion of our biotic laws and of the æsthetic (or conscious) states correlative with them issues in the feeling of Pleasure, or sense of fulfilment of the desired ends of our being; while, on the other hand, the feeling of Pain is present whenever the vital processes are contra-natural or stop short of their desired ends.

Such are a few of Dr. Laycock's positions, which we have indicated rather than criticised. The question whether or not they are logically secure must be answered by a more exacting test than we can here bring to bear upon them. But we will so far anticipate such a verdict as to say that by every reader whose reasoning faculty is not impaired by exclusive exercise of his so-called "observing powers," Dr. Laycock's work will be perused with pleasure as well as profit, and will be accepted as a most able and important contribution to Rational, no less than to Psychological, Medicine.

The Principles and Practice of Surgery. By WILLIAM PIRRIE, F.R.S.E., Professor of Surgery in the University of Aberdeen, Surgeon to the Royal Infirmary, etc. Second Edition, Illustrated by numerous Engravings on Wood. Pp. 876. London: 1860.

WE are glad to see a second edition of Professor Pirrie's work, which takes a deservedly high rank as an exposition of the Principles and Practice of Surgery. It is evidently the work of a practical and clear-headed Surgeon and conscientious teacher; one whose duty it is to know and weigh the opinions of others, and who possesses the power and opportunity of independent observation as well. The style is clear and straightforward, without any affectation of dialectic skill, or precise definitions: the type is clear, although smaller than in the foregoing edition,—a change which has allowed nearly one-third more matter to be added without rendering the volume more bulky. The illustrations are numerous and excellent; many will be recognised as having appeared in Dr. Hughes Bennett's works on Inflammation and Tumours; some are taken from Redfern on Cartilage; and very many from Bransby Cooper's edition of Sir Astley's work on Dislocations, and from Liston's "Practical Surgery." The last-named was one of the first of the modern series of works profusely illustrated with woodcuts; and the cuts, side by side by others later and more elaborate, are pleasing from their expressiveness and simplicity. There are, besides, many original woodcuts from preparations in the Museum of the author. The arrangement is simple, and good enough: that is, what is wanted can be found; but it is curious to find "tubercle" and "cancer" separated from "tumours," with erysipelas, burns, and wounds between. Many surgical writers are mentioned in the text, but references to their works are "conspicuous by their absence," to use a fashionable phrase. There are no foot-notes, nor the ghost of a bibliography, which a good series of such notes affords. This is a pity, since we hold that an exact reference to the author, with the title, volume, page, and date of the work quoted, is essential to enable a student to verify the researches of his Professor, and to extend his own. We meet with some

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quotations, so similar in their juxta-position to quotations in other books, that we suspect our author has unconsciously taken them at second-hand. For example, will Dr. Purrie say whence he got a quotation from Mayo, marked in inverted commas, at p. 280? We do not find that passage, although we find the substance of it, in Mayo's works; but we do find it *literatim et verbatim* in another modern work on Surgery. So also we find quotations from Mr. Toynbee at p. 868, and a notice of polypi removed from the ear by Mr. Harvey at p. 868, and of an incision behind the auricle recommended by Mr. Wilde. Where did the author get his references? At page 850, a whole page about the ophthalmoscope is copied from "an excellent writer." Why cannot Mr. Pirrie tell his readers the name of the "excellent writer," and allow them to judge for themselves of a work which their master finds so excellent? We happen to know that this description of the ophthalmoscope was written by Mr. Haynes Walton, and published last year in a modern work on Surgery, which Mr. Pirrie ought to have quoted. At p. 844 the "excellent author" is made to contribute a description of the catoptric test. These little delinquencies occur at the end of the work, when the author was probably getting weary of his task; but we hold it to be a fundamental rule in scientific works, that every quotation should be authenticated, for the sake of the reader; and that second-hand erudition is often a thing that betrays itself.

Leaving this question, we find that on all the leading subjects of Surgery the author gives full and varied information, and rational and consistent precepts for treatment. In erysipelas and pyæmia he gives the sanction of his experience to the use of the sesquichloride of iron. He is more inclined, despite theoretical considerations, to rely on opium than on any other remedy in tetanus. The account of lithotomy, and of the hernial operations, of fractures and dislocations, and of all the great surgical subjects, is good and full. The author has, justly enough, a great predilection for the opinions and practice of Mr. Liston, whose pupil he was; and this gives a good practical tone to the book throughout. Altogether, we regard this edition as highly improved, and calculated to be extremely useful to Students and Practitioners.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ERRORS RESPECTING DENTITION.

By Dr. JACOBI.

INTRODUCTORY to his Lectures on "Dentition and its Derangements," Dr. Jacobi makes the following observations:—

"You know that, among the public at large, even among the educated portion of the community, teething is regarded as one of the two scape-goats of all diseases of infantile age. Teething and worms are among matters acknowledged as the universal and all-powerful sources of disease. Whenever an innocent ascaris or puny oxyasis is observed in the fæces of a child, worms are, for years to come, considered as the undoubted cause of any disease that may occur. Teething, a normal, physiological development, taking place at an age which, for many reasons, is subject to a large number of diseases, has a strong hold on frightened maternal minds. The first dentition generally occupies the first two years of infantile life, a period in which the child is peculiarly liable to diseases both numerous and frequently dangerous. As the protrusion of a tooth (and, on the average, a tooth will cut every month) is a remarkable phenomenon, and is something new and visible, it is believed to be the cause of every unfavourable occurrence in early life. A mother will bring to you her child, thin, emaciated and anæmic, with sunken eyes and the wrinkled physiognomy of old age, and tell you that she is well aware the poor thing is suffering from teething, and that, therefore, nothing can be done to alleviate its sufferings. She will never be convinced that the child is dying from her own neglect; but she has allowed a slight catarrh of the intestines, perhaps, to degenerate into incurable follicular ulceration. . . . . Teething is thus considered the most efficient cause of most of the terrible diseases which prove fatal to thousands of the rising generation. I can assure you that the readiness to attribute all the diseases of infantile life to teething has destroyed more human beings than many of the wars described in history. For, though parents are so much impressed with the belief of the dangers of teething, still they never think of attempting to save the lives of their children by counteracting the supposed life-endangering power of a normal process.

"What is now the belief of the public has been the conviction of the Medical world through centuries down to the present time. General experience shows that the persuasion of the scientific world, after having been given up to make room for more correct opinions, has remained in the public at large, and it is to be feared that it will not soon be removed. And it would be fortunate if the prejudice were confined to the public. But, unfortunately, it still lingers in the Medical Profession, and it is for this reason that I have dwelt upon it thus lengthily. Nothing is more common than to hear Doctors, young and old, in cases of infantile disease, diagnosticate 'teething,' after mother and nurse have done so before; and nothing is more frequent than to be told that the death of a child was the consequence of dentition. I have seen in this city (New York) a certificate of death in which the direct cause of the death of a child five years of age, with his jaws full of teeth, was stated to be 'teething.' Consider for a moment the absurdity of the conclusion, that a normal, physiological process is fatal to the existence of a living being! Who has ever ventured to assert that menstruation, pregnancy, or the climacteric years are the direct causes of death? It is equally absurd to assert it of dentition; and yet such statements are daily made by Physicians. According to the Census of England for 1857, there were in the United Kingdom (England alone) 3992 deaths from teething, 3791 of which occurred in children of less than two years, and 201 in children from two to five. Between 1845 and 1850, no less than 3466 infants are reported to have died in London from teething, and the disorders caused by the general irritation attending dentition—the number of deaths from all causes being 258,271, giving the proportion of 1 death from teething to 74 from all causes. In the State of New York there died 626 children from teething in 1855; but it is not stated whether a part of these unfortunate children had not the full contingent of teeth of the first dentition."

After adverting to the graver symptoms sometimes met with during dentition, Dr. Jacobi continues:—"In a certain number vomiting will stop, but the diarrhœa continues. The deluded mother, who felt a little uneasy at the severe character which teething seemed to have assumed, is gratified, after the main symptoms have passed by, to find that her child is suffering from diarrhœa only, and that, in this manner, teething will be made easy and comfortable. But, alas! this desception on the part of the mother is too often fatal to the child. The diarrhœa is allowed to go on for days and weary weeks; the digestion becomes hopelessly destroyed, the abdomen immensely distended with gas, the mesenteric glands swollen and impermeable to chyme, the catarrh and over-secretion of the glandular follicles of the intestine lead to deep ulcerations of the intestinal canal, the diarrhœa becomes also more frequent, serous, mucous, or bloody, the arms and legs of the little sufferer dwindle away, and the countenance becomes emaciated and senile. The scene closes with a consoling certificate from some Doctor or Druggist, affirming that teething was the cause of death. Thus 'millions' of infants are destroyed by ignorant, prejudiced, and incorrigible advisers. I say incorrigible. I know that mothers will always consult their prejudices first, the prejudices of their neighbours next, perhaps, at some later time, common sense, and finally they may seek the advice of an educated Medical man. I know that a mother who has consigned a beloved child to the grave, will repeat the follies which cost her the child she has lost. If you remonstrate with her for neglecting the second as she did the first, she will reply, Was not the child teething? Would you prevent it teething naturally? Was it her fault that the child got teeth with difficulty? The true inference would be, that Nature neglected much, and that it was greatly at fault in the matter of dentition. I once read a newspaper announcement of the death of a child, in which the parents affirmed that 'the Lord had hauled the dear child up to heaven by the teeth.' Now, in this case, neither the father nor the mother was at fault. . . . . It will better answer my design to give you a sketch of what dentition is anatomically and

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physiologically, in order to show clearly the normal and abnormal course it may take. I shall thus be able to explain and limit the numberless complaints generally attributed to it. If I can relieve your minds of the impression, that dentition destroys thousands, and even tens of thousands, of innocent beings, who are yearly sacrificed, in reality, to the prejudices of other times, I shall be abundantly satisfied."—*American Medical Times*. No. 23.

EXCERPTA MINORA.

Sugar in Drunkenness.—M. Lecœur, after admitting the efficacy of ammonia in drunkenness, adds, that he has also found lump sugar, taken in indeterminate quantities, of great efficacy, especially if given when the drunkenness is only commencing.—*Gazette des Hôp.*, No. 140.

Onychomycosis.—Professor Virchow exhibited to the Berlin Medical Society a specimen of a nail affected with what he terms *onychomycosis*. It consists of a vegetable parasite, first described as affecting the finger-nail by Meissner, and very frequently observed by Virchow in the nail of the great toe at Wurzburg. It occurs far less frequently in Berlin. The preparation exhibits the characteristic white appearance of the surface of the nail, due to the presence of a fungus situated deeply at the bottom of the nail. It resembles *porrigo favosa*, but is not identical with it, porrigo of the nail being less deeply placed than onychomycosis.—*Deutsche Klinik*, No. 38.

Perchloride of Iron in Diphtheria.—M. Aubrun, in a communication to the *Académie des Sciences*, states that the greatest success has attended his administration of the perchloride of iron in diphtheria and croup. He gives the doses in rather a vague manner, stating that he adds from 20 to 40 drops of the solution of the perchloride—according to the severity of the disease and the age of the patient—to a glass of water, and causes the patient to take about two teaspoonfuls every five minutes during the day and every quarter-of-an-hour during the night. Immediately after each dose of the perchloride some cold milk, without sugar, is given. This treatment must be scrupulously followed for some days, without regard to the patient's sleep for the first three days. It is not until after the third day that the false membranes begin to soften and separate. The author considers that from 140 to 350 drops of the solution, representing from 1½ to 4½ drachms of the perchloride should be taken during each 24 hours; and he carefully avoids giving any article of diet likely to decompose it.—*Union Méd.*, No. 146.

Purifying and Scenting Cod-liver-oil and Castor-oil.—M. Jeannel, calling to mind the remarkable effect which bitter almonds exert in removing the odour of so powerful a scent as musk, has made various experiments on the removal of the disagreeable odour and taste of cod-liver-oil. The results are:—1. That the essential oil of bitter almonds in the proportion of 7½ grains to 25 drachms of even the most infected oil, is completely successful; the dose of the essence requisite varying with the degree of the fetidity of the oil. 2. One grain of anhydrous hydrocyanic acid dissolved in water, will disinfect, but does not perfume, the same amount of oil. 3. Distilled laurel-water is, however, the best means of effecting the result, it sufficing to shake well in a bottle, the oil with once or twice its volume of distilled laurel-water, according to the strength of this, and the degree of infection of the oil. The liquids are then to be separated by a funnel after forty-eight hours' rest; and if the oil is not sufficiently clarified, it may be rendered limpid by filtering through paper. This confers upon even the brownest oil a slight and pleasant flavour of bitter almonds, which abides in the mouth. Of course it does not remove rancidity, which is a very different thing from the fishy odour and taste. Three drops of essence of bitter almonds communicate a very agreeable flavour to twenty-five drachms of even nauseous castor-oil, and render its administration easy.—*Journal de Pharmacie*, November, p. 360.

Dislike of Snakes to Garlic and Tobacco.—Dr. Landerer, of Athens, states that among the plants the smell of which snakes cannot endure, garlic is pre-eminent; and in Greece, the gardeners, who suffer much from their bites while collecting their cucumbers, melons, and water-melons, under the large leaves of which the reptiles conceal themselves, find it a most excellent plan, before they commence operations, to strew among the plants crushed garlic, the animals speedily taking their departure. He adds, that tobacco-smoke is also highly disagreeable to them, and this becomes a good means of dislodging them from their concealments in houses.—*Buchner's Repert.* No. 10.

Treatment of Diphtheria.—Dr. Turner describes the treatment of this affection, which, he says, has been found of the highest efficacy by Practitioners throughout Virginia. He adopted it after proving the uselessness of attempting to treat the disease by depletants, mercurials, blisters and caustic. It consists in a combination of *tonics and disinfectants*, quinine and especially tincture of the muriate of iron constituting the first, and chlorate of potass the second. These are given freely internally, while locally the chlorate, or Labarraque's chlorine solution (℥j. to ℥iv. of water) is employed freely as a gargle, or gently applied to the parts, all rubbing, irritating, or caustic application being eschewed. When the diphtheria is confined to the buccal region, equal parts of olive oil and oil of turpentine may be applied directly. However, the free use of tonics, whatever state the patient may be in, is the great thing, and to these is to be conjoined a very good, nutritious diet of oysters, meat, poultry, port wine, brandy, etc. In advanced cases, when swallowing cannot be performed, the medicine and die must be administered by the rectum.—*American Medical Times*, No. 23.

Treatment of Dysmenorrhœa.—Dr. Snelson observes that dysmenorrhœa is not always dependent upon engorgement, displacement, or stricture of the canal of the cervix uteri, being sometimes purely neuralgic, or, according to his observation, more frequently rheumatic in its nature. His plan of treatment is to clear out the bowels with purgatives, and relieve the patient during the menstrual period with the warm bath, and some preparation of opium in combination with camphor and ipecac. In the intervals of the period he gives one of the following pills, morning, noon, and night, ℞ Sulph. quin., ferri ferrocyan., āā, grs. xl. divide into twenty pills. This plan of treatment he has pursued for several years.—*Ibid.* No. 21.

Great Hypertrophy of the Heart.—At the New York Pathological Society a heart was exhibited weighing four pounds six ounces, which was taken from a patient thirty years of age, following the occupation of a ship-builder. Dr. Clark observed that the case was interesting as showing how long a heart of that size could be carried without causing any serious disturbance to respiration, which only manifested itself a few months prior to death. In such cases the disease very frequently commences in early childhood, and as the patient grows up the action of the organ so adapts itself as to give the patient but little inconvenience.—*Ibid.* No. 21.

GENERAL CORRESPONDENCE.

THE COLLEGE OF PHYSICIANS AND ITS NON-GRADUATE LICENTIATES.

[To the Editor of the Medical Times and Gazette.]

Sir,—During the last year or two, much has been said respecting that small body of the Licentiates of the Royal College of Physicians that consists of Physicians who have not obtained the Diploma of M.D. from a University; more especially respecting their right to the title of *Doctor*.

Perhaps you will allow one of these Non-graduate Physicians to state his own case; and then you will judge whether the authorities of the College have any cause of complaint at the assumption of this title. My own case is, I believe, one of many; so let me tell it.

After some years of practice, with the qualifications indicated by M.R.C.S. and L.S.A., and afterwards F.R.C.S., I conceived that it would suit my Professional prospects to become a Physician, instead of a pure Surgeon. I therefore called on Dr. Francis Hawkins, the Registrar of the Royal College of Physicians, and sought his counsel as to the best course to be pursued. In particular, I expressed to him an intention of going to Scotland, and endeavouring to obtain the Diploma of M.D. from Aberdeen or St. Andrews.

Dr. Hawkins's advice was, in substance, this:—"Don't go to Scotland, nor trouble yourself about that Diploma. The Degree of M.D., to be worth anything, must be obtained by residence and study. In the case of the elder Universities,

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particularly, it implies social status: for instance, that the holder of it was from his youth devoted to the higher branch of the Profession, and in receipt of the highest form of general education, and mixing as equal with the flower of the youth of the country. Such a Diploma testifies to a man's whole early life and character as a gentleman; but a Diploma obtained by merely submitting to an examination at a University, without a protracted residence, is a sham and a mistake, and it can only be a counterfeit of the real thing. So don't do that; but come to our College; undergo the examination at the Censor's Board, and receive our Licence; you will then have a right to use the title of Doctor, and will be Member of the College of Physicians; and you will have all legal right to practise as a Physician in London."

There was no mistake on this point. I assert that Dr. Hawkins told me that I should have a right to the style and title of "Doctor ——, Member of the College of Physicians."

His counsel seemed to me sound in itself, and the licence of the College (as described by him) promised to give me what I wanted; so I acted on his advice, was examined at the College, called myself Doctor ever thereafter, and did not go down to Scotland for the M.D. diploma. In fact, society at that time (1852) was making itself merry at the expense of General Practitioners, who, as was said by a witty friend of mine, were seized with a queer epidemic: they vanished all of a sudden, and then as suddenly "bobbed up" again, with all the lustre that an Aberdeen degree could give them. And I confess I did not want to be confouded with those M.D.'s who (as I had the law explained to me) were illegally practising as Physicians in London, and some of whom were besides not acting fairly, inasmuch as they sought to combine the dignity of the Physician with the emolument of the General Practitioner.

This short statement will show that I, at least, in becoming a Licentiate of the Royal College of Physicians, and calling myself "Doctor," have acted directly upon the advice, and with the sanction of the legally-recognised officer of the College. In so doing, and in not practising as "M.D." without the College licence, I hold that I was obeying the law of the land. If, then, any objections to the use of the word "Doctor" are raised, they cannot be raised by the College, without directly repudiating the official acts of their Registrar. Still less can they be raised with decency by gentlemen, who although "decored" with a Scotch degree, yet set the law of the land, and the best interests of the Profession at defiance by practising in London without the College licence.

If it were worth my while, I think I could prove the right of Licentiates of the College to the title of Doctor, by precedent; and I could show that at certain times during the last two centuries (and more especially while the College exercised a headship and control over Surgery, which, to the confusion of the Profession it has now lost), Members of the College of Surgeons, and of the Apothecaries' Society, were admitted to the Licence of the College of Physicians, and were called "Doctors." I think I could prove that the title "M.D. of the Royal College of Physicians of London," is not unknown.

I am, &c.

London, December 24. DELTA.

DEODORISATION IN OBSTETRIC PRACTICE.

LETTER FROM DR. HASLEWOOD.

[To the Editor of the Medical Times and Gazette.]

SIR,—In reply to Dr. Skinner's objections to the use of deodorant injections, as suggested in the *Medical Times and Gazette* of the 1st inst., permit me to submit the following:—

That "a simple vaginal injection" will not reach the source of the mischief if administered to one in the recumbent position, and in the circumstances referred to, I do not admit; that such injection may not alter the character of the discharge, beyond deodorising it, I do admit; and I add, that this is all the immediate effect I expect. Knowing, however, as Liebig long since showed ("Organic Chemistry," 1840), that chemical activity in animal fluids (evinced by their evolving bad smells) is rapidly propagated to fresh animal matter brought into contact, I regard the suspension of such action as an important advance towards the cure; nor does the result disappoint my expectation. An experience of ten years at least, has satisfied me as to the efficacy of the plan; it enables me, also, to assure you that the remedy is administered not only without injury, but to the manifest relief and comfort of the patient.

Were I in need of further proof of the truth of my proposition, that deodorant injections are of service in the circumstances referred to, it would, I think, suffice to adduce the testimony of Dr. Skinner himself, who towards the close of his letter so far relents in favour of vaginal injections as to advise their adoption when his powders fail, as well as in cases of puerperal fever. Surely an experience of their advantages in circumstances so grave, ought not to lead to his apprehension of mischief from their employment to allay an ill of minor importance.

I am, &c.

December 24. WM. HASLEWOOD, M.D.

REPORTS OF SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, DECEMBER 3, 1860.

DR. BABINGTON, President, in the Chair.

A paper, by Dr. HOPFFERS, of the Cape de Verds Sanitary Department, was read by Dr. MCWILLIAM, entitled

NOTES ON THE EPIDEMIC OF CHOLERA MORBUS AT THE ISLAND OF ST. JAGO, CAPE DE VERDS, IN 1856.

The author commenced by stating that when the adjoining islands of the group—St. Vincent, St. Nicholas, and St. Antonio—were invaded by cholera, the disease prevailed most extensively in the principal towns and sea-ports; but that at St. Jago the chief towns were scarcely assailed, and that the sea-coasts, which are generally the localities where cholera first manifests itself, were least of all subjected to its ravages. In the month of August, 1856, cholera broke out at the island of St. Vincent, and it was supposed to have been introduced thither by an English steamer from Madeira. In September, the same disease showed itself in the Islands of St. Nicholas, and St. Antonio, into the latter of which, according to Surgeon Almeida, it was imported. Much alarm was excited in those islands invaded by the pestilence, and people fled from them in all directions. A vessel with forty persons, some of them suffering from the disorder, arrived at St. Jago, in September, and four deaths took place on board while the vessel was even undergoing quarantine. After the lapse of five days, without the occurrence of a fresh case, the passengers and crew were landed on an islet, half-a-mile from the mainland, and, after some days, were brought to St. Jago. Although neither of any of those from the vessel, nor of those in whose houses they lodged, were attacked by the disease, the alarm throughout the island was very great, and all looked forward with anxiety to some coming disaster. Dr. Hopffers, on his arrival from the Coast of Guinea, on August 31, was informed that the season had been unusually sickly, and that diarrhœa had been the principal ailment; dysentery had also been prevalent. The season had been irregular, and there had been famine in some parts of the island for nearly two years. The first case of cholera, or, as it was called, "the St. Vincent Sickness," occurred at St. Jago, on October 3, and it terminated fatally in eighteen hours. Another case fell ill on the 7th, and a third on the 12th of the same month, with the same result. From this period the disease extended in Domingo, Picos, St. Catharina, St. Miguel, and other districts in the interior of the island, where Dr. Hopffers was incessantly and usefully employed in alleviating the prevailing distress. From Dr. Hopffers's observation, it appeared that the disease at St. Jago always followed the line of communication; that it attacked mainly those living in low, damp, and marshy places: but that it also sometimes visited high and well-ventilated spots, and that the blacks were its favourite victims. Dr. Hopffers confesses his inability to trace the origin of cholera at St. Jago to any certain cause; but his

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experience led him, from being a non-contagionist, to believe that cholera was capable of being communicated from person to person.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, DECEMBER 7, 1860.

MR. LEGGATT, Vice-President, in the Chair.

A paper, by Mr. JAMES LANE, was read, on

PLASTIC OPERATIONS ON THE VAGINA AND PERINÆUM, ILLUSTRATED BY CASES.

A short clinical history was given of five cases of vesico-vaginal, recto-vaginal, and urethro-vaginal fistula, recently under the care of the author, with remarks on each. The first (vesico-vaginal) fistula was an inch or more in length, situated transversely at the upper part of the vagina, close in front of the os uteri, the posterior lip of the fistula being formed by the anterior lip of the os uteri. The patient was healthy, aged 36 years. The operation was performed in St. Mary's Hospital, by the author, after Dr. Bozeman's method (in addition to sutures), by means of a leaden plate or button, through the holes in which the ends of the wires were brought and then fastened with perforated shot. The apparatus was removed nine days after, and the wound, forming a transverse seam 1¼ inch in length, situated half-an-inch in front of the os uteri, was found firmly united throughout. In commenting on the case the author stated his preference for Dr. Bozeman's method, adding that he considered the plate to afford a greater chance of success in protecting the wound from external irritating causes, in exercising pressure on the parts, and in preventing the separation of the wound. Its special advantage was, however, in maintaining the sutures at a given distance from each other, and in preventing the wound from shortening or being thrown into folds by the movements of the parts. In all cases it was important to obtain as broad a cut surface as possible, and this might be obtained by cutting the edges obliquely instead of vertically, to the surface, at the expense of the vaginal surface. He had found it advantageous to use some non-absorbent substance (tin-foil twice doubled) to lay over the apparatus, to protect the opposite wall of the vagina from irritation. Oiled lint readily became putrid, and required frequent changing, thereby more or less disturbing the part; whereas the tin-foil proposed might remain undisturbed throughout the whole treatment. When the fistula was high up it became necessary to draw it down, as in this instance, by a double thread, through the posterior lip of the uterus, and by the vagina in front of the fistula being held by a vulsellum and drawn downwards. It was very necessary for the operator to have the fistula brought within his reach.

The next case was one of recto-vaginal fistula, the result of tedious labour, terminated by forceps. It was 1½ inches long, and half-an-inch in breadth; its long axis corresponding to that of the vagina, its inferior termination being just with the sphincter. Bozeman's operation was performed on March 18, silver sutures being used; but vomiting and purging occurring within the twenty-four hours, some escape took place through the lower angle of the wound, just above the sphincter. All the rest united, and as the inconvenience resulting was very slight, (during a period of several months the patient only twice noticed fæcal matter escaping,) the patient objected to further treatment. In comparing recto-with vesico-vaginal fistula, Mr. Lane inclined to the opinion that the probabilities of failure were greater in the former than in the latter class of cases, as the bladder could be kept at rest (by means of a catheter) more surely than the rectum, and as muscular power was essential for the expulsion of the fæces.

Three cases of vesico-urethro-vaginal fistula were then narrated. One was caused by injury during parturition, another from laceration of the urethra and neck of the bladder in extraction of a calculus, and the third was the result of syphilitic ulceration. In all there was complete incontinence of urine. The two first were completely cured by one operation, and a new urethra, of an inch long, was obtained, and perfect sphincter power at the neck of the bladder restored. In the third case four operations had been performed, and in consequence of the unhealthy condition of the ulcer, only partial success had been secured; however, the condition of the patient was much improved. In these cases the parts were more accessible, but the after management more difficult, owing to the necessity of keeping a catheter always in the bladder, and to the instrument pressing on the united part.

On the subject of ruptured perineum, Mr. Lane described a method which he had adopted and preferred; it combined the principle of the quill suture with the advantage of single wire threads passing through the tissues. The quills were represented by bars of ivory perforated with holes, through which the ends of the silver wires were passed and fastened.

LEGAL INTELLIGENCE.

A DEATH-BED WILL.

THE law of testamentary disposition, which allows a testator on his death-bed to dispose of the whole of his estate and effects, has received a very strong illustration in the case of "Potts against Potts," heard before Sir Creswell Creswell, in the Court of Probate, on the 20th inst. There the plaintiff, Mrs. Elizabeth Potts, propounded the will of her late husband, John Narney Potts, who died on the 23rd February last, at Oak Villa, Shepherd's Bush, at the age of 26, having three hours before his death executed his will in these words:—"This is the last will and testament of me, John Narney Potts. I give and bequeath unto Elizabeth Rattay all my property, real and personal, except five hundred pounds a-year, which I give and bequeath unto my cousin, Rowley Hill." The defendants—the mother, the stepfather, and the sister of the deceased—opposed probate of the will, on the ground that it was not duly executed; that it was not the will of the deceased; that the deceased was not of sound mind at the time of the execution; and that it was procured by the undue influence of the plaintiff. In support of the will, Mr. Day, a Surgeon at Acton, was examined, and, after deposing to various preliminary facts, stated that he saw the deceased about twelve o'clock at night of the 22nd February, and then recommended that Dr. Budd should be sent for; that Dr. Budd arrived at two in the morning; that the deceased had then shown no symptoms of failure of memory or understanding, and had stated his firm conviction that he should die; that the deceased asked Dr. Budd whether it was likely he should recover, and that the Doctor's answer clearly showed that he did not think the deceased would recover. The deceased then said, "I have made no will, can I do it now? I can sign it, if I cannot write it." That Dr. Budd then asked him questions about his property and his family, and the deceased told him what relations he had, and when Dr. Budd asked "what he wished to leave to his mother and sisters," the deceased replied, "Nothing." "What," said the Doctor, "will you not leave anything to your sister?" to which he answered, "No." The question was repeated by Dr. Budd, when the deceased said "I am quite sensible" Dr. Budd also asked what property he had, and the deceased described it, and in reply to the question, "To whom do you leave your property?" the deceased turned to his wife and said, "To Lizzie." Dr. Budd then proceeded to write out the will, speaking aloud the words as he wrote them. Dr. Budd asked Mrs. Pott her name, and she having stated it, he wrote "Elizabeth." It was then hinted to Dr. Budd that there was a report that she was not married. Dr. Budd asked "Are you married?" and Mrs. Potts replied "I was married in Scotland, but I cannot prove that now;" the deceased then said "Put Elizabeth Rattay." The deceased then said he would leave £500 a-year to his cousin Rowley. When the will was finished, Dr. Budd read it over and said, "Is that what you wish?" and the deceased replied "It is." The will was then signed and attested, and the deceased died three hours afterwards, having remained perfectly sensible up to the moment of his death. Dr. Budd's evidence was as follows: "I arrived at Mr. Pott's residence about half-past two in the morning of the 23rd February last. He looked very ill, as if he would not live long; Mrs. Potts was lying by his side on the bed dressed, with her arm under his neck. I put a few

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questions to him, which he answered. I gave him stimulants, as the heart's action was very feeble. Mrs. Potts asked me whether there was any hope of his recovery: I said I was afraid very slight hopes. I asked whether his relations were aware of his state, and who they were, and she named them, and stated that she had sent for them all. Mr. Potts frequently said he hoped his cousin Rowley would come before he died. The deceased expressed his desire to make his will; and to ascertain whether his mind was sufficiently clear, I put several questions to him about his family and his property, which he answered." Dr. Budd then gave a similar account as Mr. Day, of the manner in which the will was drawn up and executed, and concluded his evidence by stating that "he had not the slightest doubt that the deceased was perfectly sensible, and quite competent to execute his will." On the conclusion of Dr. Budd's evidence, the counsel for the defendant said his client would consent to a verdict for the plaintiff. Sir Cresswell Cresswell then said that the counsel for the defendants had taken a very proper course, and that no one who had heard Dr. Budd's evidence and who knew that gentleman's position, would entertain a doubt that the will was executed in a proper manner, and that the testator was perfectly competent to make a will. The verdict was then entered for the plaintiff on all the issues, and the defendants were condemned in costs.

A POLICY OF ASSURANCE.

Ralph Samuels, of Liverpool, watch-case maker, effected a policy of insurance on his own life with the Mutual Assurance Company for £500, and, becoming indebted to his Medical Attendant, Dr. Cohen, of Liverpool, he some time before his death handed over the policy to Dr. Cohen, as a security for his account. Mr. Samuels committed suicide in February last, when Dr. Cohen applied to the Office for payment of the amount assured, and, the Office having requested to be furnished with an account of his claim, Dr. Cohen accordingly wrote, stating that his bill against Mr. Samuels extended from 1854 up to the time of his death. Dr. Cohen afterwards wrote another letter, in which he stated that his claim amounted to £712, and that his services extended from 1838. The Office refused payment, on the ground that the assured had committed suicide, and that the charges made against Mr. Samuels were exorbitant. Dr. Cohen then brought an action in the name of the executrix of Mr. Samuels against the Office, and the case came on for trial at the Liverpool Assizes, before Mr. Justice Keating, on Saturday last. The declaration was upon the policy, and it claimed £645, being the amount insured, together with the bonuses declared by the Office in respect of the policy; and the Office pleaded that the policy contained a stipulation that in case the insured died by his own hand the policy should be void, and that the deceased did in fact die by his own hand. To this plea the plaintiff replied that the assured during his lifetime had delivered the policy to Dr. Cohen as a security; that Dr. Cohen had rendered Professional aid and services to Mr. Samuels for a number of years; and that the policy was transferred to Dr. Cohen to secure the payment of his account in case of Mr. Samuels death; and the question for the jury was whether Dr. Cohen had or had not, at the time the deceased committed suicide, a lien upon the policy in question. It was contended for the defendants that Mr. Samuels having committed suicide the Office was only liable to pay under the policy such an amount, not exceeding the sum assured, as was actually secured by its transfer to Dr. Cohen; that Dr. Cohen's charges were excessive; and that if they had been reasonable they would not have reached the amount payable upon the policy. It appeared from the evidence that Dr. Cohen was brought to Liverpool by Mr. Samuels, in 1838, as his Medical attendant, and that he continued to act in that capacity until 1854, when Mr. and Mrs. Samuels went to the Continent, for the purpose of having their marriage ratified according to the rites of the Hebrew church; that Dr. Cohen was asked to accompany them, as Mr. Samuels was in a weak condition; but having a large amount standing against him for Professional services, Dr. Cohen declined to proceed until he received a portion of the amount of his claim. Ultimately, however, Dr. Cohen went, Mr. Samuels promising to give him one hundred guineas for his services during the journey, which only extended over a fortnight. On his return Mr. Samuels became ill, and continued at times very unwell, until 1857, when he became insane, and was taken to a lunatic asylum. Dr. Cohen, however, continued his services both to Mr. Samuels and his family, and to the workmen of Mr. Samuels, for whom he promised to be responsible. Subsequently Mr. Samuels returned to his residence at Wavertree, where Dr. Cohen wrote to him several letters demanding payment of his claim, and thereupon Mr. Samuels gave him the policy in question as a security for his account. Dr. Cohen again commenced his services, and continued them up to the time of Mr. Samuels' death. It also appeared that a portion of the claim was for sixteen years' Medical attendance upon the workmen of the deceased, and that Dr. Cohen had, upon payment of two guineas by the workmen, given a receipt, which, it was argued, was in full of all demands. The Jury, however, returned a verdict for £500, thus reducing the claim on the policy by £145.

THE NEW POLYTECHNIC.

Our country readers who wish to be kept informed on the subject of those metropolitan amusements which are congenial to cultivated tastes, will be glad to know that the home of popular science, the Polytechnic Institution, some time ago defunct, has now, under the title of the "New Polytechnic," undergone revivification. We have taken a saunter once or twice into the present Institution, and have left it each time with the satisfaction of having been as agreeably amused as simply instructed. In the late Polytechnic, while all the exhibitions were interesting, there was too often a sacrifice of science to amusement. The Directors of the present Institution have aimed obviously at a higher standard, and not forgetting the pleasurable have struck out for a superior order of instruction, adapted to the increasing intelligence of the nation.

The most interesting lectures and series of demonstrations are, we think, those of Professor Gardner, on the "Secondary, or Induction Current." This secondary current is one of the many brilliant discoveries of Faraday, who noticed that when a wire conveying a current of electricity is brought parallel to a second wire connected with a galvanometer altogether independent of the first, and the current in the first wire is interrupted, an effect is produced in the second or independent wire by which the needle of the galvanometer is deflected; the same occurrence happening when the primary current is closed. By repeating successively the alternate interruptions and closures, the induced or second current is made to produce the most remarkable effects. For instance, the machine with which Mr. Gardner illustrates his lectures, worked by a Grove's battery of five or six cells, produces effects even superior to those caused by the seven-feet plate of the frictional electrical machine which some years ago was so great an attraction at the Institution of which we speak. The coil machine consists of two helices of carefully-insulated wire, formed by wrapping two wires round a coil. The inner coil, or helix, is brought into connexion with the wires of the galvanic battery, while the secondary or outer coil, which is independent of the first, terminates in two points, from which, when the battery is in action, and the interruptions of the primary current are sustained, the most brilliant electrical discharges are produced, sparks of ten and even fifteen inches being effected. The experiments of the transmission of the current through a vacuum are the most beautiful of the kind we have seen. Through a tube eight feet long and four inches in diameter the current passed with brilliant effect; through tubes charged with different gases in a rarified state, and through tubes of different varieties of glass the various colours were distinctly expressed, and the characters of the glass accurately determined. Another, and to the scientific mind more singular experiment, was one in which a crimson band of light, obeying magnetic force, was made to rotate round the axis of the magnet. We have only to add, in regard to this department, that Professor Gardner's experimental tact and clearness of description on matters so elaborate and abstruse is as simple and perfect as could be wished. In another part of the Institution is a clear and correct series of designs of the earth's crust, designed by Mr. J. S. Phené, under whose management and direction

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numerous artistic decorations and improvements have been carried out. A small but choice picture gallery, a gallery of sculpture, a new series of cosmoramic views, a well-selected display with the oxyhydrogen microscope under the direction of Mr. King, a series of dissolving views, and a good laboratory, are other attractions at the New Polytechnic; to which is to be added, we were informed, in a few days, the electric loom. Altogether we congratulate heartily the Directors of this popular place of instruction for the exertions they have made towards teaching science by means which are at once as amusing as they are important.

OBITUARY.

MR. CORNELIUS TRIPE, OF DEVONPORT.

It is with feelings of deep regret that we have to record the death of this highly-respected gentleman at the age of seventy-six. He died on the 21st inst. at his residence, Devonport. Among the men of whom that town may feel proud, the late Mr. Tripe holds a high position. Trained to the practice of Medicine, he held a foremost place in the profession, and was eminently successful in his career, during a period extending over half-a-century. As an active and zealous friend and promoter of every institution having for its object the advancement of his native town, and the welfare of its inhabitants, his loss will be deeply felt and extensively regretted. His friends valued him for private worth and thorough independence of character; his clear-sighted judgment caused his opinion generally to be deferred to on questions of moment. Mr. Tripe was a magistrate and an alderman of the borough of Devonport, having also twice filled the civic chair. He was connected with many of the institutions and charities of the town, in the direction and management of which he ever evinced a lively interest; and his loss will be deeply felt, and as deeply regretted.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora, held on Saturday, the 22nd inst., the following gentlemen, having undergone the necessary examination, were admitted Members of the College:—

Atkins, James Ramsay, M.D., Stoke Newington
Harley, John, M.B., King's College
Palfrey, James, M.D., Wellington-street, London-bridge
Pollock, Arthur Julius, Guildford-street
Southey, Reginald, M.A., Harley-street.

At the same Comitia, the following gentlemen, previously extra-Licentiates, were also admitted Members under the Bye-Law applicable to extra-Licentiates of the College:—

Ashton, Thomas, M.D.
Watson, Henry Waldron, M.D., Derby.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise on Thursday, the 20th inst.:—

Barton, Henry Thomas, Newcastle-on-Tyne
Beckett, Arthur Richard, Whitchurch, Shropshire
Bickendike, James Bird, York
Fawthrop, John, Queensbead, Halifax, Yorkshire
Gardner, Sebastian C. T., Peninsular and Oriental Steam Ship Co.
Hall, Augustus Robinson, Topsham, Devon
Hawkins, Frederick Rawnsby, Lynn Regis, Norfolk
Mowell, Horace Sydney, Cirencester
Lloyd, Edwin, Llanwrst, North Wales
Scholefield, William Walker, Manchester
Watson, John, Royal-terrace, Newcastle.

The following Gentlemen also on the same day passed their First Examination:—

Baseley, William, Bideford
Harrison, Charles, Lincoln
Hunter, William Frith, Margate
Phillips, Joseph Dudley
Spencer, William Henry, St. Thomas's Hospital
Wright, Alfred, St. Thomas's Hospital.

APPOINTMENT.

Falk.—On December 20, Henry Falk, M.D., was elected Surgeon to the Southampton Dispensary.

DEATHS.

Abbotson.—December 7, Robert Abbotson, of Burton, Westmoreland M.R.C.S. Eng., aged 87.

Andrews.—December 19, at 20, Bath-row, very suddenly, M. F. L. Andrews, M.D., Physician to the Queen's Hospital, and Professor of Physiology to the Queen's College, Birmingham.

Bellyse.—December 20, John Bellyse, of Acton, near Nantwich, Cheshire, late of Audlem, Cheshire, aged 74

Cooke.—December 22, at Lime-villas, Lewisham, Kent, W. H. Cooke, formerly of York-road, Lambeth, M.R.C.S. Eng., aged 71.

Dillon.—November 13, at Mhow, East Indies, John William Dillon, Assistant-Apothecary, D. Battery, Horse Brigade, Royal Artillery.

Dugdale.—Recently, David Dugdale, of Burnley, Lancashire, M.R.C.S. Eng., L.S.A. Lond., aged 45.

Finder.—December 23, at Lymington, Hants, Charles Finder, M.D., aged 55.

Irvine.—December 18, Thomas Harvey Irvine, of Camolin, County Wexford, M.R.C.S. Eng., aged 60.

Johnson.—December 21, Charles Johnson, of Lee-road, Blackheath, M.R.C.S. Eng., L.S.A. Lond., aged 53.

Ruddock.—December 19, suddenly, at Bradford, Yorkshire, William Ruddock, of French Gate, Doncaster, M.R.C.S. Eng., L.S.A. Lond.

Fiske Fund Prize Questions for 1861.—1. Aneurism, its Varieties and their Appropriate Treatment; 2. Ozone, its Relations to Health and Disease. Essays to be sent to Dr. S. Arnold, Providence, Rhode Island, before May 1, 1861.

Rejection of Dr. Morton's Attempt to Prolong the Ether Patent.—It is with sincere gratification that we announce the failure of Dr. Morton to secure an extension of his patent for the exclusive use of ether in surgical operations. Whatever may have been the original merits of Dr. Morton in bringing forward his valuable agent, it is utterly derogatory to the character of a Medical man to seek, by the renewal of the patent, to embarrass its general employment. Besides, we believe Dr. Morton has been amply paid by the Profession and the public for his labours and sacrifices; and that, too, under the belief that he never seriously intended to patent the article. The patent expired in November, 1860, and the petition for its renewal has been rejected.—*American Med. Times*, No. 23.

Proposed Ophthalmological Congress at Paris in 1861.—MM. Leport and Vauquelin have issued a proposal (which has already received the concurrence of several eminent Surgeon-oculists) of holding a Congress in Paris during 1861. They invite farther adhesions to the project, and wish those who think well of the project, to address a line to M. Vauquelin, No. 66, Rue de Rivoli, Paris. Each person so writing should state the month which he deems most convenient for holding the Congress; and the period which will be found to best suit the majority will be that chosen.

Boylston Prize Questions for 1861 and 1862.—The questions for 1861 are—1. Excision of the Joints; 2. Diagnosis and Treatment of Chronic Pleurisy. For 1862 they are—1. How far does the Microscope assist us in Medical Diagnosis? 2. On Nausea and Vomiting as Symptoms—Under what circumstances do they occur, and what indication do they afford as to the seat and character of disease? The premium for the best dissertation on either subject will be sixty dollars, or a medal of that value. Essays to be sent to Dr. Edward Reynolds, Philadelphia, before the first Wednesday in April of the respective years.

University of Dublin.—At the winter Commencement, held in the Examination Hall of Trinity College, on Wednesday, the 19th inst., the Degree of Doctor in Medicine was conferred upon the following gentlemen:—Alexander Carte (*stip. cond.*); William Daniel Moore; William Moore; and Arthur Leared. A large number of candidates were at the same time admitted to other Degrees.

The Degrees conferred at the recent winter Commencement in the University of Dublin upon the three following gentlemen were honorary, for the reasons assigned in each case. Dr. Carte and Archdeacon Maunsell being already graduates of the University, received their Degrees, *stip. cond.*, *i.e.* without payment of the usual fees; Sir Thomas Wyse, not being a graduate, was admitted *honoris causâ*. "To Alexander Carte, the Degree of M.D., on account of his invention of the instrument so successful in the cure of aneurism by compression, and on account of his long-continued and distinguished researches in comparative anatomy.—To the Venerable Archdeacon Maunsell, of New Zealand,

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the Degree of LL.D., for his labours in the cause of propagating the Gospel among the heathen. And to Sir Thos. Wyse, Kt., for the reasons assigned by the Registrar of University, 'Propter eximia erga Reginam Serenissimam, cujus vices gerit apud Athenienses, et erga Rempublican, merita; nec non propter Literas Humaniores feliciter excultas.'"

PROFESSOR TROUSSEAU and DR. DUMONTPALLIER have been engaged of late in the investigation of the history of fibrinous clots in the pulmonary artery—Virchow's emboli of the pulmonary artery—and they have arrived at certain conclusions on the subject, viz.—"1. Fibrinous obstructions of the pulmonary artery are of very frequent occurrence. 2. Generally speaking, the coagulations spontaneously formed *in situ* may be distinguished from those which are the consequence of clots brought from any distant part of the venous system. 3. Two chief varieties of coagulations in the pulmonary artery are to be noted: (1,) primitive, viz. those which are due to disease of the lung, to pneumonia, œdema, apoplexy, etc.; and (2,) secondary, viz. those which result from the migration of peripheral venous clots. 4. Every kind of cachexia, by modifying the crasis of the blood and especially its fibrine, is a chief cause of the coagulation. 5. Local and mechanical states of parts of the body may become a determining cause of the coagulations. 6. Organic disease of the heart may be a prominent cause of coagulations in the pulmonary artery, either by causing a cachectic condition of the body, or by inducing a mechanical obstruction to the pulmonary circulation."—*L'Union Méd.*

QUEEN'S COLLEGE, BIRMINGHAM.—DISTRIBUTION OF PRIZES.—The distribution of prizes to the students of this College took place on Wednesday the 13th inst., the Earl of Lichfield, Principal, presiding. The noble Principal, after expressing the pleasure he felt in fulfilling the duty, at once proceeded to distribute the prizes as follows:—Anatomy: J. C. Compson, Moseley, medalist; J. Edwards, Moseley, certificate. Physiology; J. Hatchett, Ravenstone, medalist. Demonstrations: J. Hatchett, Ravenstone, medalist; T. Thompson, Thirsk, certificate. Medicine: R. Norris, Northfield, medalist; J. Hatchett, Ravenstone, and T. Thompson Thirsk (equal), certificate. Surgery: R. Norris, Northfield, medalist; S. Smith, Coseley, and T. Thompson Thirsk (equal), certificate. Midwifery: J. Hatchett, Ravenstone, medalist. Forensic Medicine: W. H. Baddeley, Wellington, medalist; G. G. H. Cumming, Birmingham, certificate. Chemistry: C. Adcock, Birmingham, medalist; G. L. Carreg, Isle of Man, certificate. Materia Medica: G. L. Carreg, Isle of Man, medalist; J. R. Dowman, London, certificate. Botany: C. Adcock, Birmingham, medalist. Webster French Prize: H. Bath, Glastonbury, books. O'Flanagan French Prize: W. H. Robinson, books. Mathematics: Henderson, second year, first certificate. Mathematics: Lloyd, first year, first certificate. Warneford Theological Scholars: Ellis, Child, Busbragh, and Espin. Each recipient, on going up to receive his prize, was loudly applauded by his fellow-students. The Principal afterwards observed that he could not allow that opportunity to pass without offering a few words of congratulation to those students who had been successful in obtaining prizes on that occasion. He most sincerely congratulated them on the satisfactory results of the efforts they had made to distinguish themselves, and he was sure if they would only persevere, their further efforts would be rewarded in their after-life. It was impossible for any of us to command talent, but it was possible to persevere, and in the end our efforts in a right direction would be crowned with partial if not complete success. He could only say that if any of the names which he had called over with so much pleasure that day should hereafter come under his notice as being again distinguished in connexion with the College, it would be to him a source of sincere satisfaction.

BETHLEM HOSPITAL.—A correspondent of the *American Medical Times* (No. 22), in an account he gives of a visit to Bethlem, makes some rather severe strictures upon its management, written, however, in a friendly spirit. After adverting to the alteration of the former management, and the bringing the Institution under the inspection of the Lunacy Commissioners, he says:—"As at present altered, rather than reformed, the Hospital has become a fashionable show-place. This is in some degree to be deplored, inasmuch as the health and comfort of the patients are, it is to be feared, largely sacrificed for the sake of keeping up appearances. For instance: the hour of rising is six a.m.; of going to bed eight p.m.; and out of these fourteen hours *barely two* are devoted to out-of-door or, indeed, any exercise; while, to make the matter worse, the exercise hours are those most unsuited to the purpose—being either from ten to twelve (when the heat of the day in summer renders brisk locomotion unadvisable, or, rather, impossible), or else from two to four, still more unsuitable at the same season of the year, and made even more so by the fact that one o'clock is the dinner-hour. Being up at six, the patients might easily breakfast at seven instead of at eight, as at present; and for two-thirds of the year be out and have two hours' fresh morning air—the general time for exercise in an English climate—before ten, their present airing-hour. In the summer months they ought to go out in the evening from five to seven or half-past; and afternoon exercise—that is, exercise taken shortly after dinner—ought to be regulated according to the seasons and state of the weather. The immense importance of air and exercise to the insane especially, may be estimated by the fact that, stating the elements of recovery to be ten, air and exercise may be set down as equivalent to seven of the number. Various reasons would be doubtless alleged by the authorities of the Hospital in defence of this monstrous abuse, or in excuse of it. The plain truth, I am induced to believe, is, that the hours from six to ten, breakfast and its preparation included, are spent in making the galleries, wards, etc. sightly and presentable to the visitor, the hunter for *gape-seed*, or may-be a committee-man, seized once in the way with an idea that his walking through the edifice as quickly as he can stride is an act equally magnanimous, serviceable, patriotic, and philanthropic. All being cleared up and decked out, the next object is to keep it in trim; and too frequent airings in the yards and grounds might bring in a certain amount of dust into the show-rooms, and mar the effect sought to be produced on the sight-seer, who but too seldom reflects that 'all is not gold that glitters.' The deficiency of air and exercise falls most heavily on the 'criminal lunatics,' and next to them are the 'incurables,' or those chronic cases for which large funds have been bequeathed to the Hospital separately from the endowment for the 'curables,' since the latter have the advantage of occasional excursions into the country by railroad, and, I believe, by steamboat. But it is those among the 'criminal lunatics' who have been restored either wholly or partially to their senses, who are the severest sufferers." The writer makes many strictures upon the condition and management of the "criminal lunatics;" but, as these patients will shortly be removed to the State Asylum erecting for their reception (when it is to be hoped the whole subject of their present care and future discharge will undergo a careful revision), we will only mention that the writer is of opinion that the diet is deficient, and that some of the patients are overworked. "Were the coroner's inquests held here aught but a farce, very ugly things would creep out. But though an inquest is held on all who die within the Hospital, its officers and officials alone are examined. Be it borne in mind that there are among the criminal lunatics those who are as sound in mind, and as fit to give evidence, as any without the walls of the building."

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 22, 1860.

BIRTHS.

Births of Boys, 877; Girls, 903; Total, 1269.
Average of 10 corresponding weeks, 1850–59, 1519·4.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	625	644	1269
Average of the ten years 1850–59	609·3	695·8	1305·1
Average corrected to increased population..	..	..	1969
Deaths of people above 90	..	..	..
Deaths in 10 General Hospitals	..	..	..

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DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria.	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	13	9	3	7	2	5
North ..	490,396	5	10	8	5	6	4	2
Central ..	393,256	..	13	5	1	11	3	3
East	485,522	1	8	8	2	11	3	3
South ..	616,635	2	7	5	4	23	5	6
Total.. ..	2,362,236	9	51	35	15	61	17	19

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29 585 in.
Mean temperature	32·1
Highest point of thermometer	41·0
Lowest point of thermometer	24·0
Mean dew-point temperature	03·3
General direction of wind	N.
Whole amount of rain in the week	0·20 in.

TO CORRESPONDENTS.

Dr. Munro.—The case of Amputation at West Hartlepool, so far as we can gather from the local papers, appears to have been an instance of very unwarrantable interference with the Medical gentleman in charge of the patient.

A Senior Student, Glasgow.—We have made enquiry respecting the alleged grievances and are assured that the strictures of our correspondent are far too severe. We believe that publication would answer no useful purpose, and are not disposed to make any such letter public without the name of the writer.

B.—We should be happy to publish the particulars of the case and the inquest, but it would be unfair to record such a case as one of "Death from Chlorodyne," without further information.

A Constant Reader.—The "Curiosities of Civilisation" can be procured from any bookseller. The price is six shillings.

The Report of *Dr. Edmunds's* successful case of Cæsarean Section arrived too late for insertion this week.

Mr. Hughes.—The squabble about the Coroner's Order at Liverpool seems to have been a very discreditable one; but we do not see that any good could follow further publication in these columns

The Stethoscope.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In reference to the letter of G. H. L. in your Correspondence column of the 22nd inst., I beg to say he would find all he wants, in the cases he mentions, supplied by any instrument maker in the form of a small India-rubber water pad, to be used between the distal ends of the stethoscope and the body of the patient. It is also an excellent aid in minute stethoscopy.

I am, &c.

South Petherton, December 25. Hugh Norris.

[These pads are used by Dr. Scott Alison, and have been described by him in this Journal.—Ed.]

The Hofrath.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As one of your correspondents finds it as difficult to believe in the existence of a book written by the Hofrath, Dr. De Leuw, without having its name before him, as he does to understand how the said oculist can have the title of Hofrath without assisting at Councils of State, I send you the desired information with regard to the treatise, "Ueber die jetzt Herrschende Contagiöse, Sogenannte Egyptische Augenkrankheit." It was published at Essen in 1823. It not only attracted general notice, but won for its author the title of Hofrath from the Court of Prussia. By this he is generally known, though he has the higher title of Ober-Medicinalrath from the King of Hanover together with an order; of these distinctions he possesses a great number. Will you kindly insert this, and allow me to state that I have seen the work in question with my own eyes, eyes which have been materially benefited by Herr De Leuw—by means of Palm-oil, if your correspondent likes; but, nevertheless, benefited, and that after four years' ineffectual efforts towards that end by various English oculists of distinction.

I am, &c.

A Believer in "Palm-oil."

Medical Titles.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your impression of the 22nd inst. is a letter from a Mr. Smyth who trusts that the Medical Title Controversy is at an end. I have no doubt that all right-thinking members of the Profession wish it also; but perhaps not in the sense that Mr. Smyth does. As a Licentiate of the Apothecaries' Company,—obtained after a preliminary classical, and good professional examination,—I consider myself as fully entitled to be called Doctor by courtesy as any Licentiate of the Edinburgh College of Physicians; but yet I would not for a moment presume to put Dr. on my card, etc. or add the initial letters M.D. after my name any more than I should write M.A. or anything else to imply that I was what I had no legal right to claim.

Surely the Edinburgh Licentiates ought to be thankful for getting a Medical qualification so easily, without cavilling for a title to which even their own College admits they have no claim. A sufficient amount of injustice has already been done to the fully-qualified Practitioner by the Edinburgh College during their "year of grace," and I trust that, as the Universities alone can confer degrees, they will unite in prosecuting any one putting the initial letters M.D. after his name. If that is not the case, then the Medical Profession will be in a worse condition than ever, and men who wish to have an easy inroad into it will flock to the wide portals of the Edinburgh College. Trusting that all Graduates in Medicine and Members of the College and Hall will throw off that apathy which they have hitherto shown in this matter,

I am, &c. M.R.C.S. Lond., and L.A.C.

December 24.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The decision of the Attorney-General for Ireland, as to the right of the Licentiates of the King's and Queen's College of Physicians in Dublin, to assume the title of M.D., will, I have no doubt, be hailed as a triumph by the Licentiates of the College of Physicians of Edinburgh. There is, however, an essential difference between the two cases.

First, the licence of the Edinburgh College of Physicians never gave even the courtesy claim to the title of Dr., and this ought especially to be borne in mind.

Second, I am not aware that the College of Physicians in Dublin ever adopted the—what I must call disgraceful—system of selling 1000 licences at £10 a-head to all comers with testimonials.

Third, the Edinburgh College distinctly repudiated the right of the holder of the licence to take the title of Dr.

Fourth, nothing that the Edinburgh College now does will ever restore to it the respect or confidence of the Medical Profession; and no examinations to which candidates may be subject will give to its licence the slightest value among educated men; and, therefore, it can never be on the same level as the King and Queen's College.

I may add, that I think there can be nothing more derogatory to the honour and respectability, or dignity, of the Profession of Medicine than the assumption of a title to which the claimant has no right The Edinburgh College did not sell the title of M.D.—it only, in its hour of dishonour, sold that which is now worthless—its licence.

I am, &c.

Colchester, December 17. C. R. Bree, M.D. Edin., F.L.S.

Infant Feeding.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The notice in your last number of Dr. Routh's book has been pointed out to me, and I have rejoiced to read your pertinent and searching questions upon the working and the motive causes of our substitutes for that mother's milk which is often needlessly withdrawn from our future Englishmen and Englishwomen.

I do not know if a practice common among French ladies, when they do not nurse, has obtained the attention among ourselves which it seems to me to deserve. When the infant is to be fed with cow milk, that from various cows is submitted to examination by the Medical man, and if possible, tried on some child, and when the milk of any cow has been chosen, no other milk is ever suffered to enter the child's lips, for a French lady would as soon offer to her infant's mouth the breasts of half-a-dozen wet-nurses in the day as mix together the milk of various cows, which must differ even as the animals themselves in its constituent qualities. Great attention is also paid to the pasture or other food of the cow thus appropriated.

I well remember the case of a delicate infant, which was nourished with asses' milk. The selected donkey was fed principally on vine-leaves, and was tethered in a vineyard under the care of a child, where it would find out the herbs suitable to form the desired milk, with an abundance of vine-leaves. I should be happy were this suggestion of any practical aid to a cause urgently pressing upon every conscience, and most upon mothers and Physicians.

I am, &c.

Isle of Wight, December 19. A Nurse's Friend.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. Goodfellow; Dr. Pitman; Dr. Hobson; Dr. Hillier; Dr. Thomson; Dr. Graily Hewitt; Dr. Bree; Dr. Edmunds; Dr. Washbourne; Dr. Griffith Jones; Dr. Munro; Mr. Laurence; Mr. Jackson; Mr. Henry Smith; Mr Norris; Mr. Hughes; and the Registrar-General.

APPOINTMENTS FOR THE WEEK.

December 29. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

31. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

January 1, 1861. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

2. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Obstetrical Society of London, 8 p.m. Annual Meeting and Election of Officers. Dr. Tilt "On Sickness in Connexion with Uterine Disease."

3. Thursday.

Operations at St. George's, 1 p.m; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2 p.m.

4. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

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ERRATA.

Page 96, col. 2, line 45, *for* "Assistant-Physician," *read* "House-Surgeon."
Page 345, col. 2, line 21, *for* "Medicin," *read* "Medicinæ."
Page 416, col. 1, line 9, after "was," insert "iridectomy was immediately performed."
Page 546, col. 1, line 7 from bottom, *for* "in the place," *read* "on the plan."
Page 585, col. 2, line 31, *for* "Bone-Setter-Surgeon," *read* "Bone-Setter = Surgeon."
Page 587, col. 1, line 7, *for* "where that Pinchings exercises," *read* "where Pinchings exercise their."

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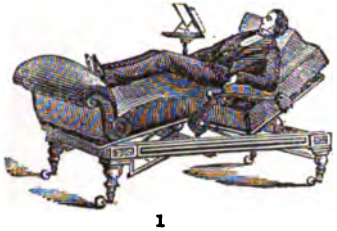
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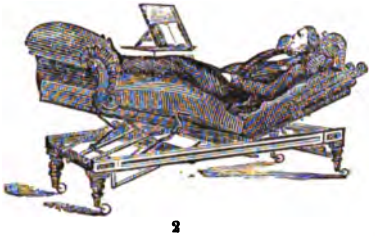
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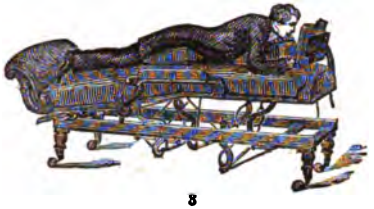
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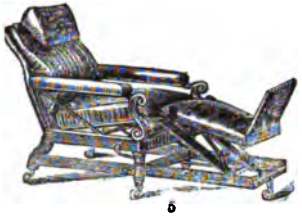
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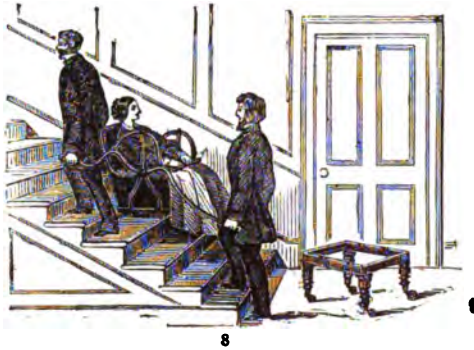
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"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of DR. DE JONGH, of the Hague.

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These conveniences are made for those who require them only occasionally, during a long journey, as well as for those invalids who use them always. MR. WALTERS has much improved them by making them of *Æthérised India-Rubber*, which adds very greatly to the strength of the India-Rubber, at the same time that it prevents its sticking together; by this means he is enabled to make them less stiff and harsh than hitherto, and yet to retain all the advantages of that stiffness. There is a patent valve, which prevents the return of the fluid; and they may be worn either sitting, walking, or lying, without the slightest inconvenience, and without being perceived by any one.

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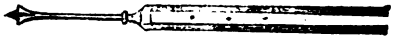

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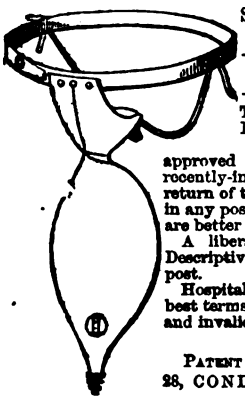

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Brown & Polson's Patent Corn Flour,

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First of the kind Manufactured and Patented in the United Kingdom and France, as explained with engravings in "The Illustrated London News," of May 26th. Supplied by Brown and Polson, to Her Majesty the Queen, by order from Buckingham Palace.

It is in great favour wherever it has been made known, for Puddings, Blancmange, &c., preferred to the best Arrow-root, and especially suited to the delicacy of Children and Invalids.

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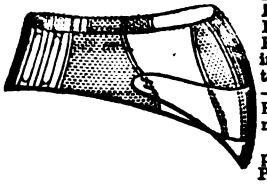

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ESTABLISHMENT, 9, YORK PLACE, BAKER STREET, PORTMAN SQUARE, for the extraction of Mercury, and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

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Attendance from 11 till 4.

The Royal Hospital for Incurables, PUTNEY.—At the ANNUAL GENERAL MEETING, held at the London Tavern, November 28, 1860, Mr. Alderman and Sheriff ABBISS in the Chair, the Report, which had been circulated to the Subscribers, together with a statement prepared by the majority of the Board who were opposed to the Coulsdon Estate, was read, and the following resolutions were adopted:—

"That the Report now read be adopted, with the exception of the fifth paragraph, commencing with the words 'In respect to,' and ending with the words 'herewith sent.'

"That this Meeting learns with considerable surprise and regret that the special instruction in reference to the Hospital building given to the Board of Managers elected last November has not been acted upon; but that, on the contrary, the Board have thought fit practically to reverse the decision of the Governors by re-opening a question upon which the subscribers have year by year since the date of the purchase expressed an unhesitating opinion.

"That further, this Meeting regrets to observe that 'a statement' has been issued under the 'authority' of the Board which omits the Medical testimony as to the eligibility of the Estate at Coulsdon, and also abstains from any reference to the important opinion of Mr. Bacon, Q.C., taken upon the case submitted to him.

"That this Annual General Meeting sees no reason for departing from its original intention of building upon the Coulsdon property; and it hereby instructs the Board to take such steps as may be deemed prudent for carrying out this resolution without further loss of time.

"That in reference to the Special Meeting called for December 11, this Meeting declines to recognise the right of the late Board to anticipate the action of the new Board about to be elected this day.

"That this Meeting of governors and subscribers to the Royal Hospital desires to record its grateful sense of the active benevolence, untiring zeal, and unswerving rectitude of its founder and gratuitous Secretary, Dr. Andrew Reed; and, while presenting him with their best thanks, request him to continue his valuable services as heretofore.

"Forty-eight gentlemen were elected the Board of Governors.

"That the best thanks of this Meeting are due, and that they be given, to the Right Hon. the Viscount Raynham, M.P., for his services as Treasurer, and that he be requested to act for the year ensuing.

"That the Board be instructed to issue to the subscribers forthwith a notice that the Meeting convened for December 11 stands adjourned *sine die*, and that the Resolutions of this Meeting be advertised forthwith to the subscribers at the discretion and under the direction of the Board.

"That the best thanks of this Meeting be given to Mr. Alderman and Sheriff Abbiss for his impartial conduct in presiding over the business of the day." ANDREW REED, D.D., Gratuitous Secretary.

Office, 10, Poultry, E.C., December 3, 1860.

The Board have pleasure in stating that the ANNUAL DINNER will be held early in the coming year, and it is hoped under distinguished presidency.

St. Luke's Hospital for Lunatics, Established A.D. 1751.—DISPENSER WANTED.—He will be required to attend at the Hospital daily (Sundays excepted) from Four till Eight, p.m. Salary £50 per annum. Further particulars as to the duties can be had on application to the Secretary, to whom Testimonials should be sent on or before 5th January next.

Old-street, London, E.C. December 21, 1860.

Medical.—Wanted, an unopposed VILLAGE PRACTICE with transferable appointments or a PARTNERSHIP in one of the Midland Counties,—Derbyshire or Staffordshire preferred. Apply by letter to "Beta," 21, Shaftesbury-terrace, Pimlico, London.

Wanted, a Resident Medical Officer for the JERSEY GENERAL DISPENSARY. Salary, £100, with apartments and attendance. Application may be addressed to the Honorary Secretary, the Rev. P. A. Le Feuvre, Oak Walk, Jersey, before January 21, 1861.

To Invalids Travelling.—A Young GENTLEMAN, a Licentiate of the Royal College of Surgeons, Edinburgh, who has passed some time in the Hospitals of Paris, desires to attach himself to an INVALID travelling either on the Continent or in the East. If required, the advertiser will act as Private Secretary. First-class Testimonials will be given on application to X. Y. Z., "Express" Office, Ayr, Scotland.

Fairford Retreat, Gloucestershire.—This Establishment, which has for nearly forty years been distinguished for its successful treatment of NERVOUS DISEASES, has been much enlarged and improved. There are now VACANCIES for PATIENTS of BOTH SEXES. The terms are very moderate. For particulars apply to Mr. ILES, Proprietor.

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Mr. Orridge, Medical Transfer Agent, Referee, and Valuer of Medical Property, may be consulted, at the above address, by Gentlemen about to receive PARTNERS, or to RELINQUISH or to COMMENCE PRACTICE.

Mr. Orridge is known to many of the Hospital Physicians and Surgeons of London.

He has been concerned professionally for a considerable proportion of the most influential Practitioners (including Partners in many of the leading Medical Firms), to whom he has the satisfaction of being permitted to refer—a privilege that he trusts will be regarded as a proof of the sincerity of his endeavours to conduct these transactions in an honourable and straightforward manner.

Gentlemen desirous of obtaining Mr. Orridge's opinion, or requiring his attendance professionally in any part of England, can obtain terms on application, by (confidentially) transmitting name and address.

Office Hours, from 11 till 4.

To Surgeons, Dentists, &c.—The Best HOUSE in LONDON for SECOND-HAND INSTRUMENTS is Mr. WM. LAWLEY'S, Lombard House, 78, Farringdon-street, City. (Established upwards of a Century.) Pocket and Dissecting Cases from 10s. 6d. each. N.B. The largest stock of Second-hand Dissecting Cases in London. Also, a great variety of New and Second-hand Army and Navy Regulation Cases. Instruments Bought, Sold, or Exchanged.

To Students and others.—You will do well to inspect the NEW STOCK of Messrs. MILLIKIN & LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses, Crutches, Splints, Legs, and all kinds of Surgical Appliances made to order with precision and despatch. Dissecting Cases complete from 10s.

Surgical Instruments, and every Implement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), retail as well as wholesale, from the Manufacturer, JAMES ARNOLD, 35, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net bandage, 4d. per yard; Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 13s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, Ivory Handles, 15s; best Bleeding Lancets, per dozen, 18s.

Bass's East India Pale Ale.—The OCTOBER BREWINGS of this Celebrated Ale are now arriving in casks of eighteen gallons and upwards. Our stock of Ale in bottles is in good condition. Barclay's Porter and Stout in bottles and casks, may also be had of

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Poultices Superseded: Spongio Piline. The Profession is respectfully informed, that the WANDLE FELT COMPANY having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 13, Hanover-street Long-acre, London, and also through the Wholesale and Retail Druggists in town and country.

Dinneford's Pure Fluid Magnesia, now greatly improved in purity and condensation.

"Mr. Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used in dispensing: for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the manufacturers.

DINNEFORD and Co., Chemists, 172, New Bond-street, London, and all Wholesale Druggists and Patent Medicine Houses.

Varicose Veins and Supporting Bands.—SURGICAL ELASTIC STOCKINGS AND KNEE CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, without the trouble of lacing. Likewise, a strong low-priced article for Hospitals and the Working-Classes. ABDOMINAL SUPPORTING BANDS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed. Instruction for measurement and prices on application, and the articles sent by post from the Manufacturers and Inventors, POPE and PLANTE, 4, Waterloo-place, Pall-mall, London, S.W.

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